



January 7, 2026

Roberts Insurance would like to thank you for the opportunity to provide quotes for your Student Accident Insurance. Our primary focus has been, is and always will be Student Accident Insurance programs, products, and consulting. What differentiates Roberts Insurance from other agencies is our philosophy that student insurance programs should be uniquely designed for each individual institution. Our personalized service and attention to detail throughout the entire year is essential for our mutual success. As a result of continued support, we now insure over 160 districts throughout the state.

For the 2026/27 policy year, we are pleased to offer Bellevue Independent Schools the following renewal options through Zurich American Insurance Company, including a \$7.5 million Catastrophic policy also with Zurich American Insurance Company. **K&K Insurance** will continue to process the claims:

- **Plan 3: 100% Usual & Customary with a \$1,000 limit on physical therapy - \$16,928.43**
- **Plan 4: Scheduled Benefit - \$11,494.43**
- **Plan 4.5: Scheduled Benefit - \$9,683.43**
- ***Renewal* Plan 5: Scheduled Benefit - \$8,803.43**

If you have any questions, please contact us by phone at 859-623-7684. We can also be reached by email:

Joe Roberts: joe@bobrobertsins.com
John Roberts: john@bobrobertsins.com

We appreciate the opportunity to handle your insurance needs again during the upcoming policy year. We look forward to hearing from you!

| BASE COVERAGE | ZUR Plan 3 | ZUR Plan 4 | ZUR Plan 4.5 | ZUR Plan 5 |
|--|--|--|---|---|
| Maximum Benefit per Insured per Injury | \$25,000 | \$25,000 | \$25,000 | \$25,000 |
| Base Benefit Period | 2 years | 2 years | 2 years | 2 years |
| First Expense Incurred Within | 180 days | 180 days | 180 days | 180 days |
| Accidental Death | \$10,000 | \$10,000 | \$10,000 | \$10,000 |
| Room & Board (Inpatient) | 100% U&C | 100% U&C | \$1,000 Max/day | \$150 Max/day |
| Hospital Misc Expenses (Inpatient) | 100% U&C | \$5,000 Max | \$2,500 Max/day | \$600 Max/day |
| Hospital Misc Expenses (Outpatient) | 100% U&C | 100% U&C | 100% U&C | 100% U&C |
| Day Surgery Miscellaneous | 100% U&C | \$5,000 Max | \$2,500 Max | \$1,000 Max |
| Registered Nurse Services | 100% U&C | 100% U&C | 100% of U&C | 100% of U&C |
| Emergency Room Services | 100% U&C if rendered within 72 hours of Accident | 100% U&C if rendered within 72 hours of Accident | \$300 Max if rendered within 72 hours of Accident | \$150 Max if rendered within 72 hours of Accident |
| Physician Non-Surgical Services | 100% U&C | 100% U&C | \$100 Max/visit | \$40 Max/visit |
| Physician Surgical Services (Inpatient or Outpatient) | 100% U&C | 100% U&C | \$2,500 Max | \$1,000 Max |
| Assistant Surgeon/Physician | 100% U&C | 100% U&C | \$750 Max | \$200 Max |
| Anesthetist Services (Not including supervision) | 100% U&C | 100% U&C | 30% of Physician Surgical Max | 20% of Physician Surgical Max |
| X-rays | 100% U&C | \$500 Max | \$500 Max | \$250 Max |
| Diagnostic Imaging (MRIs & CAT Scans) | 100% U&C | \$500 Max | \$500 Max | \$300 Max |
| Radiological Procedures | 100% U&C | 100% U&C | \$500 Max | \$200 Max |
| Laboratory Services | 100% U&C | \$500 Max | \$100 Max | \$50 Max |
| Combined Ground & Air Ambulance Services | 100% U&C | 100% U&C | \$1,000 Max | \$300 Max |
| Rehabilitative Appliances | 100% U&C | \$500 Max | \$250 Max | \$75 Max |
| Physical Therapy | \$1,000 Max | \$40/visit, Max \$400 | \$50/visit: Max \$500 | \$30/visit; Max \$150 |
| Prescription Drugs | 100% U&C | \$100 Max | \$100 Max | \$75 Max |
| Dental (10-year benefit period) | 100% U&C | \$2,500 Max | \$2,500 Max | 100% U&C |
| CATASTROPHIC COVERAGE | ZURICH | ZURICH | ZURICH | ZURICH |
| Accidental Death | \$10,000.00 | \$10,000.00 | \$10,000.00 | \$10,000.00 |
| Accidental Dismemberment | \$20,000 Max | \$20,000 Max | \$20,000 Max | \$20,000 Max |
| Deductible* | \$25,000 | \$25,000 | \$25,000 | \$25,000 |
| Catastrophic Benefit Period | 10 years | 10 years | 10 years | 10 years |
| Catastrophic Maximum Benefit | \$7,500,000 Max | \$7,500,000 Max | \$7,500,000 Max | \$7,500,000 Max |
| *Catastrophic deductible satisfied by Base Coverage | | | | |
| NOTE: These policies contain some benefits that are scheduled. This comparison represents a summary of benefits. Please refer to the actual policy for a complete description of limitations and benefits. | | | | |