

INVITATION TO BID

The CAMPBELL County Board of Education will be accepting "Sealed Bids" on Student Accident Insurance for the 2019-2020 school year

Bids will be accepted until 10:00 A.M. on Wednesday, April 3, 2019. Specifications may be obtained by contacting the CAMPBELL County Schools business office at 101 Orchard Lane, Alexandria, KY 41001. Telephone (859)-635-2173.

Mark G. Krummen, Assistant Superintendent
CAMPBELL County Schools
Mark.Krummen@campbell.kyschools.us

INVITATION TO BID

The CAMPBELL County Board of Education invites "Sealed Bids" for Student Accident Insurance for the 2019-2020 school year in accordance with the attached specifications and general conditions of this bid.

Bid's must be submitted in a "Sealed" envelope, marked on the outside, "Bid for Student Accident Insurance", and returned to Mark G. Krummen, Assistant Superintendent, CAMPBELL County Schools, 101 Orchard Lane Alexandria, KY 41001. **All bids must be received by Wednesday, April 3, 2019 at 10:00 A.M. No bids will be considered thereafter.** Failure to have bid in prior to bid opening will automatically prevent the reading of your bid. The Board of Education cannot assume responsibility for any bids that do not meet time requirements. At the specified time, all bids will be opened and read aloud. Any interested parties may attend. No immediate decision will be rendered concerning the proposals submitted.

The bidder will be required to fulfill the terms outlined in the specifications of this bid. Bid will be awarded based on the submission that satisfies best bid, not necessarily lowest bid, that meets the Student Accident Insurance needs of CAMPBELL County Schools.

The CAMPBELL County Board of Education reserves the right to reject any or all bids, and to reject any individual items when more than one item is bid. Specifications may be obtained from the CAMPBELL County Board of Education business office at 101 Orchard Lane, Alexandria, KY 41001. Telephone (859)-635-2173. In the event all bids are unacceptable, the Board of Education will invite new bids within a period of thirty (30) days.

Mark G. Krummen, Assistant Superintendent

CAMPBELL County Schools

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ALL SCHOOL PLAN

Bidder must provide accident protection for all students participating in all school sponsored and supervised activities of the CAMPBELL County School System. This includes Pre-school students, Kindergarten through grade fourteen (14) and any Other CAMPBELL County Schools student body members.

EFFECTIVE DATES

Policy coverage must begin July 1, 2019 and end July 1, 2020.

STUDENT ACCIDENT INSURANCE SPECIFICATIONS

Bids submitted must meet or exceed the following criteria:

Medical Maximum	\$25,000 per injury
Deductible	None
Benefit Period	2 years
Accidental Death	\$10,000

The policy must include benefits to cover 100% of Usual & Customary expenses incurred for treatments and services of a legally qualified physician, surgeon, dentist and hospital or ambulatory surgical center for injuries requiring treatment. Plan may include an option for a limit on physical therapy. Benefits shall be paid up to a maximum of \$25,000 for any one injury subject to an excess basis, meaning that the student's parental (primary) coverage must contribute its maximum first before the policy has liability, and without inside scheduled benefit limitations. The insured shall have free choice of a physician or hospital for treatment. **Failure to provide a policy that adheres to the above language shall result in disqualification.**

CATASTROPHIC

Medical Maximum	\$5,000,000
Medical Deductible	\$25,000
Accidental Death	At least \$10,000

Catastrophic coverage is provided by the KHSAA for students engaged in KHSAA sanctioned events. Catastrophic Coverage must also be provided for non-sanctioned KHSAA activities for Pre-

school students, Kindergarten through grade Fourteen (14) any Other CAMPBELL County Schools student body members, including the dead period June 25th thru July 09th of each calendar year.

PRIMARY COVERAGE

This insurance shall be secondary coverage. In the event that a student does not have primary coverage, this insurance shall be the primary insurance coverage.

STUDENTS COVERED

All students, preschool - 14th grade shall be covered.

NUMBER OF STUDENTS

5,100 (Approximate for Preschool - Grade 14)
432 High School Student Athletes - UNDUPLICATED
304 Middle School Student Athletes - UNDUPLICATED
135 Band Members - UNDUPLICATED
15 Work Based Learning - UNDUPLICATED
0 JROTC

EXPERIENCE

Bidding agency must have at least 10 years of experience with Student Accident Insurance. Please include a list of at least 25 districts for which your agency currently handles the Student Accident coverage.

ERRORS & OMISSIONS

Each agent participating in the bid must submit a copy of their Errors & Omissions insurance coverage.

SAMPLE POLICY

Please include a sample Student Accident Insurance Policy.

LICENSES

All companies/individuals must be licensed as insurance agencies/agents in the state of Kentucky. Third Party Administrators must be licensed in the State of Kentucky.

CONFLICTS OF INTEREST-KRS

45A.455 prohibits conflicts of interest, gratuities or kickbacks to employees of the Board of Education in connection with contracts for supplies or services whether such gratuities or kickbacks are direct or indirect. KRS 45A.990 provides server penalties for violations of the laws relating to gratuities or kickbacks to employees which are designed to secure a public contract for supplies or services.

DISCRIMINATION

The CAMPBELL County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, or handicap in employment, educational programs, or activities as set forth in Title M Title VI, and Section 504.

AWARD

The award of the Student Accident Insurance bid by the CAMPBELL County Board of Education will be for a period of one year beginning July 1, 2019 thru July 1, 2020 with the option of renewal for up to three (3) additional one-year terms on a year-to-year basis at the mutual agreement of both parties. The Board reserves the right of cancellation at any time for any reason with thirty (30) days prior written notice of its intent to terminate.

PLEASE USE THIS PAGE TO RECORD THE TOTAL DOLLAR AMOUNT OF YOUR BID. YOU MAY INCLUDE ADDITIONAL DOCUMENTATION WITH YOUR BID, BUT THE STUDENT INSURANCE COMMITTEE WILL ONLY GIVE YOUR COMPANY CONSIDERATION IF THE STUDENT ACCIDENT INSURANCE BID AMOUNT ON THIS PAGE IS FILLED IN WITH THE TOTAL DOLLAR AMOUNT THE COMPANY IS BIDDING FOR THE YEAR.

CAMPBELL COUNTY SCHOOLS
BID FOR STUDENT ACCIDENT INSURANCE
2019-2020 SCHOOL YEAR

STUDENT ACCIDENT INSURANCE BID AMOUNT \$ _____

COMPANY NAME _____

COMPANY OFFICIAL AUTHORIZING THE BID

ADDRESS

CITY

STATE

ZIP CODE

PHONE

Date _____

STUDENT ACCIDENT INSURANCE 2019-2020

THIS CERTIFICATE MUST BE EXECUTED BY THE BIDDER

In compliance with this invitation to bid, in consideration of the detailing description attached herto, and subject to all conditions therefor, the undersigned agrees if this bid is accepted within the time stipulated, to furnish any or all services upon which prices are quoted in accordance with the specifications.

Terms of _____% cash discount to apply if invoices are paid within _____ days after delivery and acceptance of services.

Firm Name_____

Authorized Signature_____

Title _____

Address_____

Telephone_____

Date_____

CAMPBELL COUNTY SCHOOLS LOSS RUNS AS REPORTED BY STUDENT ACCIDENT INSURANCE COMPANIES:

POLICY YEAR	NUMBER OF STUDENTS	CLAIMS PAID as of March 15, 2019
2013-2014	66	\$34,560.60
2014-2015	53	\$30,692.17
2015-2016	46	\$24,931.66
2016-2017	54	\$38,523.27
2017-2018	57	\$42,323.45
2018-2019	28	\$14,422.58

Campbell County Schools

Alexandria Education Center
Campbell County High School
Campbell County Middle School
Campbell Ridge Elementary School
Crossroads Elementary School
Cline Elementary School
Grant's Lick Elementary School
Reiley Elementary School

Premium for current school year: \$56,379.00

2018-19
CAMPBELL COUNTY SCHOOLS
\$5,000,000 CATASTROPHE PLAN

SCHEDULE OF BENEFITS MEDICAL ONLY	
Covered Accident Deductible:	\$25,000
Medical, Dental, and Rehabilitative Care Expense Benefits:	
Benefit Percentage	100%
Deductible Establishment Period	24 Months
Maximum Benefit Period	10 Years
Maximum Benefit Amount	\$5,000,000
Maximum for Medically Necessary Hospital Inpatient Services and Supplies	Included in Medical Maximum
Maximum for Confinement in an Extended Care Facility Per Calendar Year	Included in Medical Maximum
Daily Room and Board Limit For: Private or Semi-Private Room	Average Semi-Private Rate of Hospital In Which Confined Reasonable And Customary Charges
Intensive Care	
Combined Home Health and Custodial Care Maximum Benefit Per Calendar Year	Included in Medical Maximum
Treatment of Mental or Nervous Disorder	
Doctor Fees: Amount Per Visit/Visits Per Day/ Visits Per Calendar Year	Included in Medical Maximum
Inpatient Hospital	Included in Medical Maximum
Chiropractic Benefit Maximum Amount Per Calendar Year	Included in Medical Maximum
ADDITIONAL ALLOCATED BENEFITS	
Accidental Death & Dismemberment Benefits:	
<u>Covered Loss For:</u>	<u>Benefit Amount</u>
Life	\$10,000
Two or more Members	\$20,000
One Member	\$10,000
Thumb and Index Finger of the Same Hand	\$ 5,000
Loss Established Period	365 Days
Excess Coverage:	Full Excess

Additional information may be requested by contacting:

CAMPBELL County Schools
 Attn: Mark G. Krummen
 101 Orchard Lane
 Alexandria, KY 41001

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 Email Mark.Krummen@campbell.kyschools.us