



County of Roanoke

Finance Department - Purchasing Division

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IFB #2019-102

March 22, 2019

		K & K Insurance Group, Inc.	Star City Insurance
Line	Item		
1a	School time coverage, \$25,000 minimum	\$25,000.00	15 year low plan, see table
1b	24-hour coverage, \$25,000 minimum	\$25,000.00	68 year, see table
1c	Football coverage, \$25,000 minimum	\$25,000.00	Annual \$109 Spring \$38
1d	Dental coverage	\$10,000.00	Included with Low Plan \$150/tooth
1e	Field trip coverage	Covered under school time/24 hour coverage	Included motor vehicle limit \$2,500
2	Policy Deductible	\$0.00	\$0.00
3	Accidental Death Benefit, \$2,500 minimum	\$10,000.00	Included with Low Plan \$5,000
4a	Dismemberment Benefit: single, \$2,500 minimum	\$2,500/\$5,000/\$7,500 - Details in Exhibit A	Included with Low Plan \$5,000 cov.
4b	Double dismemberment, \$2,500 minimum	\$10,000.00	Included with Low Plan \$10,000 cov.
5	Time limit for incurring medical expense	1 year from date of injury	pay claims for 52 weeks after injury is reported
6	Initial medical treatment must commence within what time period to be eligible for benefits?	60 days from date of injury	within 30 days
7	In-Patient hospital care must begin within what time period to be eligible for benefits?	60 days from date of injury	within 30 days
8	Daily hospital room and board benefit	Low option - \$150/day High option - 80% of reasonable & customary charges	\$125/day included with Low Plan
9	Out-patient physical therapy (including whirlpool, ultrasound massage, etc.)	Low option: \$30 first day/\$20 ea subsequent day, 5 days max High option: \$60 first day/\$40 ea subsequent day, 5 days max	\$25/visit, max 10 visits included with Low Plan
10	Hospital out-patient benefit (including emergency room and x-rays)	See Exhibit A	see chart
11	Prescription drugs	Low option: \$75 maximum High option: \$140 maximum	\$25 - outpatient; see chart
12	Dental benefits	\$10,000 maximum per policy term	\$150 per tooth, included with Low Plan
13	Ambulance service	Low option: \$300 maximum High option: \$800 maximum	\$150 included with Low Plan
14	Other special benefits	See Exhibit A	see chart
15	Premium	See Exhibit B (see below)	see application; 4 different plans

K & K Insurance Group, Inc.: Premium Rates				
Coverage	High Option with Extended Dental	High Option without Extended Dental	Low Option with Extended Dental	Low Option without Extended Dental
School Time	\$36	\$27	\$28	\$19
24 Hour Coverage	\$127	\$118	\$86	\$77
24 Hour Summer Only	\$41	\$32	\$29	\$20
Football	\$215	\$206	\$141	\$132
Football Spring Only	\$91	\$82	\$62	\$53

Star City Insurance: Premium Rates			
Coverage	Level 1 - Low	Level 2 - Middle	Level 3 - High
School Time	\$15	\$36	\$66
Around the Clock	\$68	\$144	\$266
Voluntary Football (Annual)	\$109	\$294	\$435
Voluntary Football (Spring)	\$38	\$118	\$174
Summer Day Camp/Off- Season Conditioning	\$11	N/A	N/A