



Health Special Risk, Inc.

TEXAS

2022/23 BASE PLAN Benefits

Benefit	Premier
Accidental Death and Dismemberment Benefits	
Covered Loss must occur within	365 days of the Covered Accident
Accidental Death	\$10,000
Accidental Dismemberment	\$10,000
Loss of Life	
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	
Loss of One Hand or Foot and Sight in One Eye	
Loss of One Hand and Foot	\$5,000
Loss of Sight in One Eye	
Loss of One Hand or Foot	
Loss of Thumb and Index Finger of Either Hand	\$2,500
Exposure and Disappearance	Included
Accidental Medical Expense - FULL EXCESS	
Full Excess Accident Expense Benefit Maximum	\$25,000 (Includes coverage for Day Field Trip)
First Covered Expenses must be received within	90 days after the Covered Injury
Benefit Period	52 weeks from the date of the Covered Accident
Motor Vehicle Accident Benefit (one accident total)	\$5,000
In-Patient Hospital Services - Room & Board	
Semi-Private Room	100% U&C
Intensive Care Unit/Critical Care Unit	
Hospital Miscellaneous Services - 100% U&C	
Hospital Miscellaneous Expenses	Up to \$300 per day, Subject to a Maximum of \$5,000 per Hospital Stay
Nurse Services (per Hospital Stay)	100% U&C; Up to \$400
Orthopedic Appliances (Outpatient) up to:	100% U&C; \$600 Max per Covered Injury
Emergency Room Treatment - 100% U&C	
Emergency Room & Supplies	Up to \$150
Emergency Room Physician	Up to \$50
Ambulatory Medical Center - 100% U&C	
100% U&C; Per Covered Injury Maximum of:	\$1,500
Physician Services	
Surgery	75% of U&C; \$3,750 Max
Assistant Surgeon	25% of Surgeon's allowance
Use of Physician's Surgical Facilities, 100% U&C:	Maximum of \$1,500
Anesthesia and its Administration	25% of Surgeon's allowance
Physician In-Hospital Visits, 100% U&C	Up to \$50 per visit
Out-Patient Services - 100% U&C	
Physician Office Visits maximum per visit	\$40
X-Ray - Per Covered Injury Maximum of:	\$225
CT scan, MRI - Per Covered Injury Maximum of:	\$525
Laboratory tests - Per Covered Injury Maximum of:	\$75
Outpatient Physiotherapy - Per Covered Injury Maximum of:	Up to \$150/visit; Max of \$750/Covered Injury, max of 1 visit/day
Ambulance Services	100% U&C (first trip to the Hospital only)
Medical Equipment Rental-Covered Injury maximum:	\$150
Dental Services	Up to \$250 per tooth
Prescription Drugs (Outpatient)	100% U&C
Eyeglasses, Contact Lenses, Hearing Aids	100% U&C
Heart & Circulatory Conditions - Covered Conditions: heat exhaustion & heat stroke	100% U&C
Hernia Benefit	Included
Post Injury Concussion Management Testing	Office Visits (see above) & Testing treated as any other Injury - 100% U&C
Deferred Treatment/Surgical Expense Benefits	Maximum Benefit: 80% U&C up to maximum for all Accident Medical Benefits; Deferred Treatment Benefit Period of 180 days
Bereavement & Trauma Counseling Benefit	Counseling Must begin within 30 days of Covered Loss; \$50 Benefit max per session; 5 sessions maximum & \$250 max benefit per Covered Loss
Crisis Death Benefit	Covered Loss must occur within: 30 days of the Covered Accident; Maximum benefit \$1,000/Insured person; Maximum of \$50,000 per Incident.

New for 2022 !

ATTENTION PARENTS AND GUARDIANS

Supplemental Student Accident Insurance is Now Available



Health Special Risk, Inc. is offering two options for supplemental student accident insurance.

AT-SCHOOL COVERAGE

At-School coverage provides protection for students enrolled full time in Kindergarten through 12th grade during regular school hours for the entire school year.

24-HOUR COVERAGE

This coverage provides protection 24 hours a day, seven days a week for any covered student accident that occurs anywhere, not just on school grounds.

The premium for either option is paid annually. This one-time payment provides coverage for the entire year. Both coverage options provide protection beginning from the date of enrollment in the plan.

Supplemental student accident insurance is applicable for any covered activity. Certain exclusions and limitations apply. Please read the policy information carefully for an overview of the plan. If you wish to purchase this coverage, here's how to enroll:

Go to: www.K12StudentInsurance.com

New Visitors

- 1 Browse rates
- 2 Open a new account – Once you've determined your school is covered, you'll need to open a new account and add student and coverage
- 3 Add student(s) and coverage on the MyAccount page

Returning Account Holders

- 1 MyAccount Logon
- 2 Maintain Student Data
- 3 Maintain Insurance Coverage

For information or assistance regarding all student insurance, contact our customer service department at (866) 409-5733.

Underwritten by Mutual of Omaha Insurance Company,
3300 Mutual of Omaha Plaza, Omaha, NE 68175.

Policy Form T5MP Series 6440S NC; Series 6754S FL

Policy Form B33MP Series 8408S TX

Policy Form SR2014 TX

Riders: 868MS-EZ, 0KV5M, 6785M, 0CX5M, 867MS-EZ, 6773M, 0KV4M, 1359MS-EZ, 6653M, 850MS-EZ, 851MS-EZ, 6425M Rev 04-10, 0LJ8MS, 9130MS, 6925M, 1364MS, 0LC7M.



HSR
Health Special Risk, Inc.

ATENCIÓN, PADRES Y GUARDIANES

Ahora está disponible el Seguro contra accidentes estudiantiles adicional



Health Special Risk, Inc. ofrece dos opciones de seguro contra accidentes estudiantiles adicional.

COBERTURA EN LA ESCUELA

La cobertura en la escuela brinda cobertura para los estudiantes inscritos tiempo completo en Kindergarten hasta el grado 12 durante el horario normal de escuela para todo el ciclo lectivo.

COBERTURA LAS 24 HORAS

Esta cobertura brinda protección las 24 horas al día, los siete días de la semana, para cualquier accidente estudiantil cubierto que ocurra en cualquier lugar, no solo en el territorio de la escuela.

La prima para cualquiera de las dos opciones se paga anualmente. Este pago único ofrece cobertura para todo el año. Ambas opciones de cobertura ofrecen protección desde la fecha de inscripción en el plan.

El seguro contra accidentes estudiantiles adicional es aplicable a cualquier actividad cubierta. Se aplican ciertas exclusiones y limitaciones. Lea cuidadosamente la información de la póliza para ver una descripción general del plan. Si desea comprar esta cobertura, esta es la forma de inscribirse:

Suscrito por Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175.

La póliza o certificado que afecta la cobertura y los servicios descritos en este aviso se proporciona exclusivamente en inglés. Así mismo, toda la documentación relacionada también se proporcionará exclusivamente en inglés. En caso de adquirir este producto, le recomendamos contactar a un traductor.

Nota: Las pólizas y certificados de aseguramiento se encuentran disponibles en español para los residentes de Puerto Rico, previa petición.

Vaya a: www.K12StudentInsurance.com

Nuevo visitante (New Visitors)

- 1 Buscar tarifas (Browse Rates)
- 2 Abrir una nueva cuenta: una vez que haya determinado que su escuela está cubierta, tendrá que abrir una nueva cuenta, y agregar al estudiante y la cobertura
- 3 Agregar estudiantes y cobertura en la página MyAccount

Titulares de cuenta frecuentes

- 1 Inicio de sesión en MyAccount
- 2 Mantener datos del estudiante
- 3 Mantener la cobertura del seguro

Para información o asistencia sobre todos los seguros del estudiante, póngase en contacto con el departamento de servicio al cliente al (866) 409-5733.





2022-2023 TEXAS K-12 VOLUNTARY PLANS SCHEDULE OF BENEFITS

Coverage underwritten by Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza, Omaha, NE 68175

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000 (\$5,000 for Motor Vehicle Injuries). Treatment of covered injuries must begin within 60 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. Coverage also includes \$10,000 Accidental Death & Specific Loss. **Includes Day Field Trips.**

INPATIENT:	PREMIER VOLUNTARY PLAN	ECONOMY VOLUNTARY PLAN
Room & Board	Semi-Private Room Rate	Semi-Private Room Rate
Intensive Care	1.5 times the Semi-Private Room Rate	1.5 times the Semi-Private Room Rate
Hospital Miscellaneous	Up to \$250 per day, to a maximum of \$5,000	Up to \$250 per day, to a maximum of \$4,000
Registered Nurse	Up to \$400 per injury	Up to \$400 per injury
Physician's Nonsurgical Visits	Up to \$40 per visit	Up to \$20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery)		
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit	Included in Hospital Miscellaneous Benefit
Family Travel (outside a 100 mile radius from home)	\$400 per day/5 days maximum (after 5 days confinement)	\$400 per day/5 days maximum (after 5 days confinement)
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to \$1,250 per injury	Up to \$750 per injury
Physician's Nonsurgical Visits	Up to \$40 per visit	Up to \$20 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to \$30 per visit, to a \$100 maximum (Benefits are limited to one visit per day)	Up to \$20 per visit, to a \$40 maximum (Benefits are limited to one visit per day)
Emergency Room	Up to \$150 per injury	Up to \$75 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
Physician Emergency Room	Up to \$60/injury	Up to \$40/injury
X-Ray Services (includes \$25 for reading)	Up to \$200 per injury	Up to \$100 per injury
Cat Scan/MRI Services (includes \$25 for reading)	Up to \$500 per injury	Up to \$250 per injury
Laboratory	Up to \$50 per injury	Up to \$25 per injury
Injections	Up to \$25 per injury	Up to \$25 per injury
Prescription Drugs	100% of Allowable Expense	100% of Allowable Expense
Orthopedic Braces and Appliances	Up to \$300 per injury (When prescribed by a physician for healing)	Up to \$300 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	Up to \$150 per injury	Up to \$150 per injury
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	75% of Allowable Expense up to a \$3,750 maximum (Limited to the primary procedure per surgery)	75% of Allowable Expense up to a \$3,500 maximum (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	25% of surgeon's allowance
Ambulance	100% of Allowable Expense, first trip to the hospital	First trip to the hospital up to a \$100 maximum
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Dental	Up to \$250 per tooth (Benefits are paid on sound natural teeth only)	Up to \$150 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense for replacement if broken due to injury	100% of Allowable Expense for replacement if broken due to injury
Extended Dental Coverage	This is supplemental coverage for expenses resulting from covered accidental injuries. The dental benefits provided are: (a) 100% of Allowable Expense for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000 and (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof.	
Concussion Benefit	\$100 in addition to other benefits	