



## Voluntary Student Accident Insurance

**Health Special Risk, Inc.**  
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HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

Coverage underwritten by: Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175.

***HSR***  
Health Special Risk, Inc.



TEXAS
K-12 Voluntary Student Accident Insurance Coverage

ELIGIBILITY:

All registered students of a participating school/district in grades PreK-12.

COVERAGE OPTIONS

AT SCHOOL COVERAGE: Insurance coverage is provided during the hours and days when school is in session, while attending or participating in school sponsored and supervised activities on or off school premises (i.e. day field trips) and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities).

24-HOUR COVERAGE: Provides coverage for injuries incurred 24-Hours a day, 365 days a year, at home, at school and while participating in interscholastic athletics (except injuries incurred while participating in High School Football events/activities).

FOOTBALL ONLY: Insurance coverage is provided for High School Football athletes during athletic tryouts, preseason play, practice, state interscholastic governing body approved conditioning, regular and post season play and for travel to, during or after covered athletic activities as a member of a group in transportation furnished and arranged by the school.

EXTENDED DENTAL COVERAGE: This is supplemental coverage for expenses resulting from covered accidental dental injuries. The dental benefits provided are: (a) 100% of U&C Charges for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000; or (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250.

COVERAGE PERIOD - Coverage under the At School, 24-Hour and Football programs begins on the date of premium receipt but not before the start of the school year activities. At School Coverage ends at the close of the regular nine-month school term.

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 60 days of the date of the accident; we will pay benefits as shown in the Schedule of Benefits, in excess of the Medical Deductible, if any.

Excess Coverage: Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Table with 2 columns: Description of loss and Amount. Rows include Loss of Life (\$2,000.00), Loss of both hands, both feet, sight in both eyes, speech and hearing (\$10,000.00), Loss of one hand, one foot, sight in one eye, speech or hearing (\$5,000.00), and Loss of Thumb and Index Finger of the Same Hand (\$500.00).

"Loss" means, with regard to hands and feet, actual severance above the wrist or ankle joint, with regard to sight, speech or hearing the total and irrevocable loss thereof. Loss means, with regard to thumb and index finger of the same hand, severance of two or more entire phalanges of both the thumb and index finger.

DEFINITIONS

"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

## EXCLUSIONS AND LIMITATIONS

This policy does not cover: (1) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (2) injuries caused by an act of declared or undeclared war; (3) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (4) injuries received while acting as a pilot or crew member; (5) injuries resulting from air travel, except while as a passenger for transportation only; (6) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (7) injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (8) injuries received while Intoxicated; (9) injuries sustained while traveling except as described in the covered activities section; (10) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (11) injuries covered by workers' compensation or employer's liability laws; (12) injury sustained as a result of operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle; four wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle; (13) injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program); (14) injuries sustained while skiing, scuba diving, surfing, roller skating, riding in a rodeo; (15) injuries sustained while skydiving, parachuting, hang, gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding or ballooning; (16) fighting or brawling; except in self-defense; (17) re-injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the effective date of individual insurance; (18) injuries covered under a mandatory no-fault automobile insurance contract; or (19) expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

### **STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS**

<b>INPATIENT:</b>	<b>ECONOMY SCHOOL</b>	<b>PREMIER OPTION</b>
<b>Room &amp; Board/Hospital Miscellaneous</b>	Semi-Private Room Rate	Semi-Private Room Rate
<b>Hospital Miscellaneous</b>	Up to \$250 first day, to a maximum of \$4,000	Up to \$250 first day, to a maximum of \$5,000
<b>Registered Nurse</b>	Up to \$400 per injury	Up to \$400 per injury
<b>Physician's Nonsurgical Visits</b>	Up to \$20 per visit	Up to \$40 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery)		
<b>OUTPATIENT:</b>		
<b>Hospital Outpatient Surgery – Facility Charge</b>	Up to \$750 per injury	Up to \$1,250 per injury
<b>Physician's Nonsurgical Visits</b>	Up to \$20 per visit	Up to \$40 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
<b>Physiotherapy</b>	Up to \$20 per visit, to a \$40 maximum (Benefits are limited to one visit per day)	Up to \$20 per visit, to a \$100 maximum (Benefits are limited to one visit per day)
<b>Emergency Room</b>	Up to \$75 per injury	Up to \$150 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
<b>X-Ray Services (Includes charges for reading)</b>	Up to \$100 per injury	Up to \$200 per injury
<b>Cat Scan/MRI</b>	Up to \$250 per injury	Up to \$500 per injury
<b>Laboratory</b>	Up to \$25 per injury	Up to \$50 per injury
<b>Injections</b>	No Benefits	No Benefits
<b>Prescription Drugs</b>	100% of U&C	100% of U&C
<b>Orthopedic Braces and Appliances</b>	Up to \$300 per injury (When prescribed by a physician for healing)	Up to \$300 per injury (When prescribed by a physician for healing)
<b>Durable Medical Equipment (Post Surgical Only)</b>	Up to \$150 per injury	Up to \$150 per injury
<b>INPATIENT AND/OR OUTPATIENT:</b>		
<b>Surgeon's Fees</b>	75% of U&C up to a \$3,500 maximum (Limited to the primary procedure per surgery)	75% of U&C up to a \$3,750 maximum (Limited to the primary procedure per surgery)
<b>Anesthetist</b>	25% of surgeon's allowance	25% of surgeon's allowance
<b>Ambulance</b>	First trip to the hospital, up to a \$100 maximum	100% of U&C, first trip to the hospital
<b>Consultant</b>	No Benefits	No Benefits
<b>Dental</b>	Up to \$150 per tooth (Benefits are paid on sound natural teeth only)	Up to \$250 per tooth (Benefits are paid on sound natural teeth only)
<b>Replacement of Eyeglasses, Contact Lenses &amp; Hearing Aids</b>	100% of U&C (When broken as a result of a covered injury)	100% of U&C (When broken as a result of a covered injury)

### **PLAN & RATE OPTIONS**

(Make your selection on the enrollment form attached).

COVERAGE PLANS	ECONOMY OPTION RATES	PREMIER OPTION RATES
24-Hour	\$128.00	\$184.00
At School	\$ 60.00	\$ 88.00
High School Football	\$177.00	\$272.00
Spring High School Football	\$ 71.00	\$109.00
Extended Dental	\$ 8.00	\$ 8.00

**RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check, money order receipt or credit card receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form T5MP. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.**

