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	