

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, OKV5M, 6785M, OCX5M, 867MS-EZ, 6773M, OKV4M, 1359MS-EZ, 6653M, 850MS-EZ, 851MS-EZ, 6425M Rev 04-10, OIJ8MS, 9130MS, 6925M, 1364MS, OLC7M.



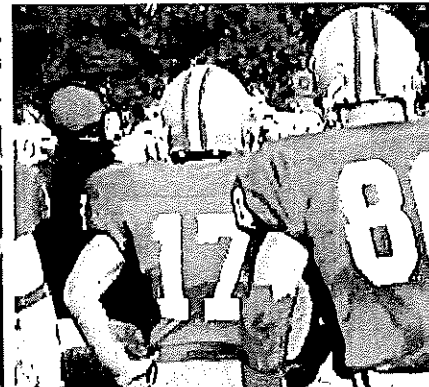
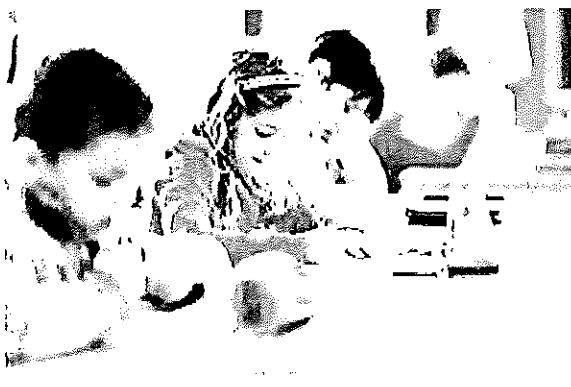
Mutual of Omaha

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

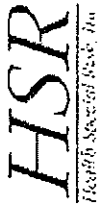
Para información o asistencia sobre todos los seguros del estudiante, póngase en contacto con el departamento de servicio al cliente al (866) 409-5733.



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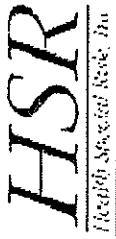
2024-2025
NATIONAL
SCHEDULES OF BENEFITS

(All states except: AR, KS, KY, NC, NY, and TX)

Insurance 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. 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:		HIGH VOLUNTARY PLAN	LOW VOLUNTARY PLAN
Room & Board	80% of Allowable Expense/ Semi-Private Room Rate	Semi-Private Room Rate/ \$150 per day	
Hospital Miscellaneous	Up to \$1,200/ day maximum	Up to \$600/ day	
Private Duty Nursing (Registered Nurse)	100% of Allowable Expense	75% of Allowable Expense	
Physician's Nonsurgical Visits	Up to \$60/ visit 1 st day; \$40/ visit each subsequent day (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	Up to \$40/ visit 1 st day; \$25/ visit each subsequent day	
OUTPATIENT:			
Hospital Outpatient Surgery - Facility Charge	Up to \$1,200/ day maximum	Up to \$1,000 maximum	
Physician's Nonsurgical Visits (Non-Emergency Room)	Up to \$60/ visit 1 st day; \$40/ visit each subsequent day	Up to \$40/ visit 1 st day; \$25/ visit each subsequent day	
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)			
Physiotherapy	Up to \$60/ visit 1 st day; \$40/ visit each subsequent day; 5 day maximum (Benefits are limited to one visit per day)	Up to \$30/ visit 1 st day; \$20/ visit each subsequent day; 5 day maximum (Benefits are limited to one visit per day)	
Emergency Room	Up to \$300 maximum (Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	Up to \$150 maximum	
X-Ray Services (includes \$25 for reading)	\$600 maximum	\$200 maximum	
Diagnostic Imaging (Cat Scan, MRI)	\$600 maximum	\$300 maximum	
Laboratory	\$300 maximum	\$50 maximum	
Injections	Up to \$25/injury	Up to \$25/injury	
Prescription Drugs	\$200 maximum (30 day supply per prescription in MD)	\$75 maximum (30 day supply per prescription in MD)	
Orthopedic Braces and Appliances	\$140 maximum	\$75 maximum	
INPATIENT AND/OR OUTPATIENT:			
Surgeon's Fees	\$1,200 maximum (No more than one procedure through the same incision will be paid)	\$1,000 maximum (No more than one procedure through the same incision will be paid)	
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	20% of surgeon's allowance	
Ambulance	\$800 maximum	\$300 maximum	
Consultant	\$400 maximum	\$200 maximum	
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense	
Dental	Up to \$500/ tooth (Benefits are paid on sound natural teeth only)	Up to \$200/ tooth (Benefits are paid on sound natural teeth only)	
Eyeglasses, Contact Lenses & Hearing Aids	\$300 maximum for replacement if broken due to injury	\$200 maximum 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.		



**2024-2025
NATIONAL
K-12 INSURANCE
RATE SCHEDULES**

(All states except AR, KS, KY, NC, NY, and TX)

Coverage Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

OPTION A: 24-HOUR COVERAGE*		
Provides coverage for injuries incurred 24-Hours a day, 365 days a year (except injuries incurred while participating in High School Football events/activities).		
	HIGH VOLUNTARY PLAN	LOW VOLUNTARY PLAN
With Extended Dental	\$142.30 Per Student	\$96.30 Per Student
Without Extended Dental	\$132.65 Per Student	\$86.65 Per Student
24-Hour Summer Only with Extended Dental	\$44.95 Per Student	\$32.10 Per Student
24-Hour Summer Only without Extended Dental	\$35.30 Per Student	\$22.45 Per Student

OPTION B: AT SCHOOL COVERAGE INCLUDING INTERSCHOLASTIC ATHLETICS AND ACTIVITIES*

Provides coverage for injuries incurred at school, during school sponsored and supervised activities (excluding injuries incurred while participating in High School Football events/activities).

	HIGH VOLUNTARY PLAN	LOW VOLUNTARY PLAN
With Extended Dental	\$40.65 Per Student	\$31.05 Per Student
Without Extended Dental	\$31.00 Per Student	\$21.40 Per Student

OPTION C: INTERSCHOLASTIC FOOTBALL COVERAGE (GRADES 10-12)*

Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for Football events.

Note: Any 9th grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage at the High School rate.

	HIGH VOLUNTARY PLAN	LOW VOLUNTARY PLAN
With Extended Dental	\$239.70 Per Athlete	\$157.30 Per Athlete
Without Extended Dental	\$230.05 Per Athlete	\$147.65 Per Athlete
Spring Football With Extended Dental	\$101.65 Per Athlete	\$68.50 Per Athlete
Spring Football Without Extended Dental	\$92.00 Per Athlete	\$58.85 Per Athlete

Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program, it cannot be purchased as a stand alone coverage.

*In the state of Florida there must be at least 51 eligible insureds at the school.