Voluntary Student Accident Insurance

2025-2026
TEXAS

Health Special Risk, Inc.
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Plano, TX 75024

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www.healthspecialrisk.com

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 ACCIDENT INSURANCE SOLUTIONS

Mutual of Omaha

TEXAS
2025-2026
K-12 Voluntary Student Accident Insurance Coverage

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

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). Coverage is provided while traveling to, during or after such activities as a member of a group in transportation furnished or arranged by the Policyholder and traveling directly to or from the Insured's home premises and school premises when school is in session. If the Policyholder provides mandatory coverage for students under an At School, Interscholastic Athletic/Activity or Football program, benefits will be payable under those programs before being considered under an At School Voluntary program.

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). If the Policyholder provides mandatory coverage for students under an Interscholastic Athletic/Activity, Football or At School program, benefits will be payable under those programs before being considered under a 24-Hour Voluntary program.

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. If the Policyholder provides mandatory coverage for Football athletes under an Interscholastic Athletic/Activity or Football program, benefits will be payable under those programs before being considered under a Voluntary Football Only program.

EXTENDED DENTAL COVERAGE: This is supplemental coverage for expenses resulting from covered accidental dental 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; or (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. Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program; it cannot be purchased as stand alone coverage.

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. 24-Hour Coverage ends when school reopens for the following fall term. Coverage is available under both plans throughout the school year at the premiums quoted **(no pro rata premiums available).**

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. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of $25,000 ($5,000 for motor vehicle accidents). We will pay the Medical Expenses an Insured incurs for covered services that exceed amounts payable by any Other Insurance Plan, subject to the Deductible, Benefit Percentage, and Benefit Period.

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:

Loss of Life	$10,000.00
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
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

Allowable Expense means a Medical Expense otherwise payable under the policy that is not in excess of the 80th percentile identified on Context4HealthCare (the "Database"). When there is, in Our determination, minimal data available from the Database for a Medical Expense, We will determine the amount to pay by calculating the unit cost for the applicable service category using the Database and multiplying that by the relative value of the Medical Expense based upon a commercially available relative value scale selected by Us. In the event of an unusually complex medical procedure, a Medical Expense for a new procedure or a Medical Expense that otherwise does not have a relative value that is in Our determination applicable, We will assign a relative value. The Medical Expenses We pay may not reflect the actual charges of a provider and does not take into account the provider's training, experience or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount We pay under the policy. The Database will be updated by us as information becomes available from the supplier, up to twice each year. We may modify the Database in Our discretion to reflect Our experience. We have the right, in Our discretion, to substitute or replace the Database with another database or databases of comparable purpose, with or without notice.

Injury means bodily harm which: (1) requires treatment by a Physician; (2) results in loss due to an Accident, independent of Sickness and all other causes; and (3) occurs within the Scope of Coverage.

Hospital means an institution which: (1) is operated pursuant to law; (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; (3) is under the supervision of a staff of Physicians; (4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and (5) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis.

Hospital does not include: (1) a clinic or facility for: (a) convalescent, custodial, educational or nursing care; (b) the aged, drug addicts or alcoholics; (c) rehabilitation; or (2) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (a) the services are rendered on an emergency basis; and (b) the individual has a legal liability to pay for the services given in the absence of insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a loss due to or expenses incurred for:

(1) intentionally self-inflicted injury, suicide while sane or insane; (2) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician; (3) Injury caused by, attributable to, or resulting from the Insured's Intoxication; (4) Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (5) operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (6) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred; (7) commitment of or an attempt to commit a felony, or engagement in an illegal activity; (8) participation in a riot or insurrection; (9) any Injury that results from fighting, brawling, assault or battery; (10) an act of declared or undeclared war; (11) active duty service in any Armed Forces; (12) operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the INSURED RISKS section of this policy; (13) mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); (14) parachuting, except for self-preservation; (15) snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing; (16) participation in professional or amateur racing; (17) injuries associated with activities or travel outside the United States; (18) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; (19) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth; (20) orthodontic braces or appliances; (21) any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law; (22) charges which the Insured would not have to pay if the Insured did not have insurance; (23) a charge which is in excess of the Allowable Expense; (24) cosmetic surgery, except reconstructive surgery due to a covered Injury; (25) participation in semi-professional and professional sports, play or practice, or any related travel; (26) participation in practice or play of any sports activity, including travel to and from games and practice, unless specified in this policy; (27) assistant surgeon services, unless specified in this policy; (28) elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved; (29) Pre-existing Conditions; (30) human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC); (31) any Heart or Circulatory Malfunction; (32) loss caused by or resulting from nuclear radiation or the release of nuclear energy; (33) services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan; (34) services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited; (35) travel in or upon: (a) a snowmobile; (b) any two or three wheeled motor vehicle; (c) any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated; (36) any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program); (37) treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy.

TEXAS VOLUNTARY STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS

INPATIENT:	**ECONOMY OPTION**	**PREMIER OPTION**
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 $4,000	Up to $250 per day, to a maximum of $5,000
Registered Nurse	Up to $400 per injury	Up to $400 per injury
Physician's Nonsurgical Visits	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)		
Orthopedic Braces & Appliances	Included in Hospital Miscellaneous Benefit	Included in Hospital Miscellaneous Benefit
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to $750 per injury	Up to $1,250 per injury
Physician's Nonsurgical Visits	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)		
Physiotherapy (including occupational therapy if prescribed by a Physician)	Up to $20 per visit, to a $40 maximum (Benefits are limited to one visit per day)	Up to $30 per visit, to a $100 maximum (Benefits are limited to one visit per day)
Emergency Room	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)		
Physician Emergency Room	Up to $40 per injury	Up to $60 per injury
X-Ray Services (Includes charges for reading)	Up to $100 per injury	Up to $200 per injury
Cat Scan/MRI (includes charges for reading)	Up to $250 per injury	Up to $500 per injury
Laboratory	Up to $25 per injury	Up to $50 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 / 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 $3,500 maximum (Limited to the primary procedure per surgery)	75% of Allowable Expense up to a $3,750 maximum (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	25% of surgeon's allowance
Ambulance	First trip to the hospital, up to a $100 maximum	100% of Allowable Expense, first trip to the hospital
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Dental	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)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense (When broken as a result of a covered injury)	100% of Allowable Expense (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	$109.00	$167.00
At School	$ 54.00	$ 80.00
High School Football	$161.00	$247.00
Spring High School Football	$ 65.00	$ 99.00
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 SR2014 TX. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.

2025-2026
VOLUNTARY
STUDENT ACCIDENT INSURANCE
ENROLLMENT FORM

Student's Last Name:_____ Student's Date of Birth:_____

Student's First Name:_____ MI:_____ Telephone Number:_____

Student's Social Security Number:_____ Grade:_____ Student ID Number:_____

Address:_____
Street City State Zip

Name
of School District:_____ Name
of School Campus:_____
(**Required to Process**)

Signature
of Parent or Guardian:_____ Date:_____ E-mail
Address:_____

PLEASE CHECK YOUR SELECTION BELOW:		
COVERAGE PLANS	ECONOMY OPTION	PREMIER OPTION
24-Hour	☐ $109.00*	☐ $167.00*
At School	☐ $ 54.00*	☐ $ 80.00*
High School Football	☐ $161.00*	☐ $247.00*
Spring High School Football	☐ $ 65.00*	☐ $ 99.00*
Extended Dental	☐ $ 8.00*	☐ $ 8.00*
COMPANY USE ONLY: Check # _____ Amount Rec'd _____	**Enclose check for total amount payable to: Health Special Risk** TOTAL All Selections HERE: $_____	

***There is a $1.00 administration fee due with each paper enrollment form submission.**

Once completed, mail this form to:

Health Special Risk, Inc.
P.O. Box 957824
St Louis, MO 63195-7824

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at **1-866-409-5733**

IF YOU WISH TO PAY WITH MASTERCARD OR VISA: Go to www.K12StudentInsurance.com**

***A 5% administrative charge will be added for Credit Card Orders*

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