



2015-2016 TEXAS K-12 INSURANCE SCHEDULES OF BENEFITS

Insurance coverage underwritten by Mutual of Omaha Insurance Company; 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.

INPATIENT:	PREMIER PLUS MANDATORY PLAN	PREMIER MANDATORY 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 \$750 1st day, \$250/ day thereafter to a maximum of \$5,000	Up to \$250/ day to a maximum of \$5,000
Private Duty Nursing (Registered Nurse)	100% of Allowable Expense	Up to \$400/ injury
Physician's Nonsurgical Visits	Up to \$40/ visit	Up to \$40/ visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit	Included in Hospital Miscellaneous Benefit
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to \$2,000/ injury	Up to \$1,500/ injury
Physician's Nonsurgical Visits (Non-Emergency Room)	Up to \$40/ visit	Up to \$40/ visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to \$25/ visit, up to \$250/ injury (Benefits are limited to one visit per day)	Up to \$25/ visit, up to 5 visits/ injury (Benefits are limited to one visit per day)
Emergency Room	Up to \$250/ injury	Up to \$150/ injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
Physician Emergency Room	Up to \$100/ injury	Up to \$60/ injury
X-Ray	Services: Up to \$200/ injury	Services: Up to \$200/ injury
Diagnostic Imaging (Cat Scan, MRI)	Services: Up to \$750/ injury	Services: Up to \$500/ injury
Laboratory	Up to \$50/ injury	Up to \$50/ injury
Injections	Up to \$25/injury	Up to \$50/ injury
Prescription Drugs	100% of Allowable Expense	100% of Allowable Expense
Orthopedic Braces and Appliances	Up to \$500/ injury (When prescribed by a physician for healing)	Up to \$500/ injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	Up to \$150/ injury	Up to \$150/ injury
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	90% of Allowable Expense up to a \$4,500 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	100% of Allowable Expense, first trip to the hospital	100% of Allowable Expense, first trip to the hospital
Treatment of Heat Exhaustion	100% of Allowable Expenses	100% of Allowable Expenses
Dental	100% of Allowable Expense (Benefits are paid on sound natural teeth only)	Up to \$250/ tooth (Benefits are paid on sound natural teeth only)
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
Post Injury Concussion Management Testing	Up to \$75/ injury	Up to \$50/ injury