

Inscríbese ahora en www.K12StudentInsurance.com

HSR K-12 PLANES DE COBERTURA DE SEGURO PARA ESTUDIANTES

El producto de HSR Cobertura de Seguro para Estudiantes, ayuda a proteger a miles de niños/niñas de los golpes y moretones del crecer.

COMO INSCRIBIRSE

**Inscribirse en línea, es tan sencillo, y solamente toma unos minutos.
Por favor entre a la página www.k12studentinsurance.com**

1. **Revise** las tarifas disponibles.
2. Elija su Estado y confirme que su escuela este disponible por el año escolar en curso.
3. **Abrir una Nueva Cuenta**- Una vez que haya verificado que su escuela ofrece cobertura, devera abrir una nueva cuenta para el año escolar en curso. (Devera crear una nueva cuenta cada año escolar). Ha creado su cuenta para el año en curso... **recuerde su identificación de usuario y la contraseña.**
4. Agregue el nombre del estudiante y la cobertura, oprimiendo el boton "add student" arriba de la pagina. *Continue agregando los nombres por cada estudiante, hasta terminar con todos los nombres necesarios.*
5. Seleccione el boton de "checkout".
6. Seleccione su forma de pago oprimiendo el boton "continue checkout" al final de la pagina para continuar con el pago.
7. Llene la direccion a donde recibe su correspondencia y oprima el boton "continue checkout" al final de la pagina.
8. Para continuar con su orden, oprima el boton "Pay and View Receipt".
9. Guarde su recibo como **referencia**, por si lo necesita en el futuro.

Los planes de pólizas K12 en caso de accidente o enfermedad, disponibles por su escuela incluyen: 24 horas solamente en caso de accidente; Exención de plan dental y accidente durante el deporte de Fútbol Americano.

Si tiene preguntas por favor llámenos al: 1 866 409 5733.

Cobertura de accidente suscrita por Mutual of Omaha Insurance Company, Omaha, Nebraska



2015-2016
TEXAS
K-12 INSURANCE
VOLUNTARY RATE SCHEDULES

Coverage Underwritten by: Mutual of Omaha Insurance Company; Mutual of Omaha Plaza; Omaha, NE 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).		
	<u>PREMIER VOLUNTARY</u>	<u>ECONOMY VOLUNTARY</u>
With Extended Dental	\$205.00 Per Student	\$138.00 Per Student
Without Extended Dental	\$196.00 Per Student	\$128.00 Per Student
OPTION B: AT SCHOOL COVERAGE		
Provides coverage for injuries incurred at school, during school sponsored and supervised activities (except injuries incurred while participating in High School Football events/activities).		
	<u>PREMIER VOLUNTARY</u>	<u>ECONOMY VOLUNTARY</u>
With Extended Dental	\$103.00 Per Student	\$73.00 Per Student
Without Extended Dental	\$94.00 Per Student	\$64.00 Per Student
OPTION C: FOOTBALL COVERAGE		
Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for High School Football events		
Note: Any 9th grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage.		
	<u>PREMIER VOLUNTARY</u>	<u>ECONOMY VOLUNTARY</u>
With Extended Dental	\$300.00 Per Student	\$198.00 Per Student
Without Extended Dental	\$291.00 Per Student	\$189.00 Per Student
Spring Football With Extended Dental	\$125.00 Per Student	\$85.00 Per Student
Spring Football Without Extended Dental	\$116.00 Per Student	\$76.00 Per Student

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.



**2015-2016
TEXAS
K-12 VOLUNTARY PLANS
SCHEDULE OF BENEFITS**

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 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
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 \$20 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 charges for reading)	Up to \$200 per injury	Up to \$100 per injury
Cat Scan/MRI Services (includes charges 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.	