Voluntary Student Accident Insurance

NATIONAL
2013-2014

Health Special Risk, Inc.
880 Sibley Memorial Highway
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Mendota Heights, MN 55118

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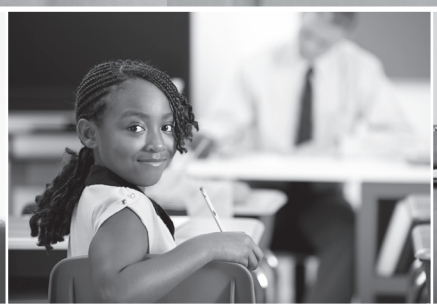


HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

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

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Health Special Risk, Inc.

MC34919_0613-NATL Policy Form T5MP Series 6440S

2013-2014
K-12 Voluntary
Student Accident Insurance Coverage
(Not Available in AR, FL, GA, KS, KY, NC, NY, OK, SC & TX)

Coverage underwritten by: Mutual of Omaha Insurance Company; 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 U&C Charges 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.

Excess Coverage: Benefits are payable for covered expenses that are not recoverable from any other insurance policy, service contract or workers' compensation. In **Maryland** the benefits payable are for expense which is not recoverable from any other insurance policy or service contract. In **Oregon** benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. In **Pennsylvania** when $100.00 has been paid in benefits for an accident, any subsequent benefits for such accident will be payable only for such expense which is not covered under any group insurance policy or service contract.

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
"Injury" means accidental bodily Injury: (a) received while insured under this policy; and (b) resulting, independently of sickness and all other causes.

"Hospital" means any of the following places: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals; or (d) a place certified as a hospital by Medicare. Not included is a hospital or institution or a part of such hospital or institution which is licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

"Usual and Customary Charges" are those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

EXCLUSIONS AND LIMITATIONS

Exclusions may vary by state. Exclusions within the policy may include but are not limited to: this policy does not cover: (1) suicide, attempted suicide or intentionally self-inflicted injury while sane or insane (in Missouri, while sane only); (2) injuries caused by an act of declared or undeclared war; (3) injuries received while in the armed service (upon notice to us of entry into an armed service, the pro rata premium will be refunded); (4) injuries received while acting as a pilot or crew member; (5) injuries resulting from air travel, except while as a passenger for transportation only; (6) injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (7) injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (8) injuries received while Intoxicated; (9) injuries sustained while traveling except as described in the covered activities section; (10) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (11) injuries covered by workers' compensation or employer's liability laws; (12) injury sustained as a result of operating, sitting or riding in or upon, alighting to or from, or working on or around any motorcycle or recreational motor vehicle including but not limited to: two or three wheeled motor vehicle; four wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle; (13) injuries sustained while operating a motor vehicle without possessing a current and valid motor vehicle operator's license (except in a Driver's Education Program); (14) injuries sustained while skiing, scuba diving, surfing, roller skating, riding in a rodeo; (15) injuries sustained while skydiving, parachuting, hang; gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding or ballooning; (16) fighting or brawling; except in self-defense; (17) re-injury or complications of a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a 6 month period preceding the effective date of individual insurance; (18) injuries covered under a mandatory no-fault automobile insurance contract; or (19) expense incurred for treatment of temporomandibular joint dysfunction and associated myofacial pain.

STUDENT ACCIDENT INSURANCE SCHEDULE OF BENEFITS

INPATIENT:	**LOW OPTION**	**HIGH OPTION**
Room & Board/Hospital Miscellaneous	Semi-Private Room Rate/$150 per day maximum	80% of U&C/Semi-Private Room Rate
Hospital Miscellaneous	Up to $600 per day maximum	Up to $1,200 per day maximum
Registered Nurse	75% of U&C	100% of U&C
Physician's Nonsurgical Visits	Up to $40 per visit first day; $25 per visit each subsequent day)	Up to $60 per visit first day; $40 per visit each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery)		
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to $1,000 maximum	Up to $1,200 maximum
Physician's Nonsurgical Visits	Up to $40 per visit first day; $25 per visit each subsequent day	Up to $60 per visit first day; $40 per 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 $30 per visit first day, $20 per visit each subsequent day/5 day maximum (Benefits are limited to one visit per day)	Up to $60 per visit first day; $40 per visit each subsequent day/5 day maximum (Benefits are limited to one visit per day)
Emergency Room	Up to $150 maximum	Up to $300 maximum
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
X-Ray Services (Includes charges for reading)	$200 maximum	$600 maximum
Cat Scan/MRI	$300 maximum	$600 maximum
Laboratory	$50 maximum	$300 maximum
Injections	No Benefits	No Benefits
Prescription Drugs	$75 maximum (30 day supply per prescription in MD)	$200 maximum (30 day supply per prescription in MD)
Orthopedic Braces and Appliances	$75 maximum	$140 maximum
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	$1,000 maximum (No more than one procedure through the same incision will be paid)	$1,200 maximum (No more than one procedure through the same incision will be paid)
Anesthetist	20% of surgeon's allowance	25% of surgeon's allowance
Ambulance	$300 maximum	$800 maximum
Consultant	$200 maximum	$400 maximum
Dental	Up to $200 per tooth (Benefits are paid on sound natural teeth only)	Up to $500 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	$200 maximum (When broken as a result of a covered injury)	$300 maximum (When broken as a result of a covered injury)

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	LOW OPTION RATES	HIGH OPTION RATES
24-Hour	$ 86.65	$132.65
24-Hour Summer Only	$ 22.45	$ 35.30
At School	$ 21.40	$ 31.00
High School Football	$147.65	$230.05
Spring High School Football	$ 58.85	$ 92.00
Extended Dental	$ 9.65	$ 9.65

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 T5MP. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.

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Health Special Risk, Inc.

2013-2014
STUDENT ACCIDENT INSURANCE ENROLLMENT FORM

Student's Last Name | Student's Date of Birth (MM-DD-YYYY)

Student's First Name | MI | Telephone Number

Student's Social Security Number | Grade | Student Identification Number

Street # | Address

City | State | Zip Code

Name of School District (**Required to Process**) | Name of School/Campus

X_____ _____ _____@_____

Signature of Parent or Guardian | Date | E-mail Address

PLEASE CHECK YOUR SELECTION BELOW:		
COVERAGE PLANS	LOW OPTION	HIGH OPTION
24-Hour	☐ $ 86.65	☐ $132.65
24-Hour Summer Only	☐ $ 22.45	☐ $ 35.30
At School	☐ $ 21.40	☐ $ 31.00
High School Football	☐ $147.65	☐ $230.05
Spring High School Football	☐ $ 58.85	☐ $ 92.00
Extended Dental	☐ $ 9.65	☐ $ 9.65

COMPANY USE ONLY:
Check # _____
Amount Rec'd _____

Enclose check for total payment payable to: Health Special Risk
TOTAL All Selections HERE: $_____

COMPLETE THIS SECTION ONLY IF YOU WISH TO PAY WITH MASTERCARD OR VISA

First Name | MI | Last Name

Street # | Address

City | State | Zip Code

Card Number | Expiration Date (MM/YYYY)

X_____
Cardholder Signature ***A 3% administrative charge will be added for Credit Card Orders***

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

Once completed, mail this form to:

Health Special Risk, Inc.
P.O. Box 674239
Dallas, TX 75267-4239

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