



Texas Student Resources, Inc.
Student Athletic/Activities Insurance

Mutual of Omaha / Health Special Risk

Kent Holbert
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2024-25 Student Insurance Revised Renewal for DeSoto ISD
Multi-Year Option Included

Rate Reduction

BLANKET ATHLETIC & ACTIVITIES COVERAGE

<u>Coverage Option</u>	<u>Grades</u>	<u>Plan Option</u>	<u>Premium</u>
All UIL Athletics & Activities*	7-12	Premier Upgrade*	\$34,300.00

*Includes all UIL Athletics/Activities, cheerleading, band drill team, vocational classes, ROTC, FFA and 4-H (Includes Cheerleading, Band and Drill Team Summer Camps).

*Includes Day Field Trips PK-12 (up to \$25,000 medical – no deductible).

*Premier and Premier Plus Plans – Optional use of Texas Student Resources and Health Special Risk (HSR) Networks. Providers have agreed to accept plan benefits as payment in full with no balance billing to parents. .

*Plan Highlights: Upgrades: Post Injury Concussion Management Testing \$75.00;
MRI/Cat Scan - **\$1,000 Benefit**;
Physiotherapy \$30 Visit / 5 Visits.
Ambulance includes **Ground or Air** 100% U&C

Claims administered and paid locally in Texas (Health Special Risk – 866 409-5734)

Visit our Website: www.K12StudentInsurance.com

CATASTROPHIC COVERAGE (Underwritten by Mutual of Omaha).

Catastrophic Coverage includes medical benefits up to **\$10,000,000**.

<u>Coverage Option</u>	<u>Grades</u>	<u>Deductible</u>	<u>Medical Benefit</u>	<u>Premium</u>
Class 3 *	7-12	\$25,000	\$10,000,000	\$2,313.00**

****Includes \$100,000 Cat Cash Benefit**

Includes \$10,000 AD&D Benefit and loss of life due to Heart or Circulatory Malfunction.

* Class 3 includes all interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.

Underwritten by:
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

Claims Administration:
Health Special Risk
P.O. Box 250649
Plano, TX 75025

Marketing:
Texas Student Resources
P.O. Box 581
Commerce, TX 75429



**2024-2025
TEXAS K-12 INSURANCE
PREMIER - MANDATORY
SCHEDULES OF BENEFITS**

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. Coverage also includes \$10,000 Accidental Death & Specific Loss. **Includes Day Field Trips.** **DeSoto ISD - Premier Upgrade**

INPATIENT:	
Room & Board	Semi-Private Room Rate
Intensive Care	1.5 times the Semi-Private Room Rate
Hospital Miscellaneous	Up to \$300/day to a maximum of \$5,000
Registered Nurse	Up to \$400/injury
Physician's Nonsurgical Visits	Up to \$40 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
Family Travel (outside a 100 mile radius from home)	\$400 per day/5 days maximum
OUTPATIENT:	
Hospital Outpatient Surgery – Facility Charge	Up to \$1,500 per injury
Physician's Nonsurgical Visits	Up to \$40 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	Up to \$30 per visit, up to 5 visits per injury (Benefits are limited to one visit per day)
Emergency Room	Up to \$200 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
Physician Emergency Room	Up to \$60 per injury
X-Ray Services (includes \$25 for reading)	Up to \$225 per injury
Cat Scan/MRI Services (includes \$25 for reading)	Up to \$1,000 per injury (Upgrade)
Laboratory	Up to \$50 per injury
Injections	Up to \$25 per injury
Prescription Drugs	100% of Allowable Expense
Orthopedic Braces and Appliances	Up to \$500 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	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)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance
Ambulance	100% of Allowable Expense, first trip to the hospital
Treatment of Heat Exhaustion	100% of Allowable Expense
Dental	Up to \$250/tooth (Benefits are paid on sound natural teeth only)
Replacement of Eye glasses, Contact Lenses & Hearing Aids	100% of Allowable Expense (When broken as a result of a covered injury)
Post Injury Concussion Management Testing	Up to \$75/test; (Upgrade)
Concussion Benefit	\$100 in addition to other benefits

Coverage Underwritten By: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175



Health Special Risk, Inc. Student Insurance - District Form

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

Section 1 - District Information

Name of School/District:		DESOTO ISD	
Policy #:	SR2014TX-P-100255	School Year:	2024-2025
Contact Name:	MICHAEL SMITH	Title:	PURCHASING MANAGER
Address:	200 E. BELTLINE ROAD	City:	DESOTO
State:	TX	Zip:	75115
		Phone:	(972) 274-8212 Ext. 8702
Email Address:	MICHAEL.SMITH021@DESOTOISD.ORG		(Policy & Invoice will be sent to this email address)

Section 2 - Program Specifics

Voluntary Enrollment Offered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Estimated # Student's Enrolled in School/District:	4500
Effective Date / First Class Day:		Last Class Day:	
<i>Note: Athletic coverage begins August 1st if the signed application is received prior to the first athletic start date. Exception: Dates set by state governing organization which are prior to August 1st.</i>			
High School Football Information (Complete if applicable)			
Is Offseason Program Permitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Athletic Effective Dates:	From: 8/01/24 To: 7/31/25
Is Contact Practice Permitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Who pays Football Premium?	<input checked="" type="checkbox"/> School <input type="checkbox"/> Parents

Section 3 - Mandatory Plans - Coverage Selected by School/District

	Product/Option	Division	Grades	Total # Insured	Rate	Premium*
At-School	<input type="checkbox"/> With Athletics/Activities					
	<input type="checkbox"/> Without Athletics/Activities					
Athletics & Activities Only	Premier Upgrad	6A	7-12			\$34,300.00
Total:						\$34,300.00

Benefit changes from last year? Yes No (If Yes, explain): Catastrophic Coverage includes \$100,000 Cat Cash Benefit

Section 4 - Catastrophic Plans

Maximum	Plan Type	HH/CC Max	Benefit Period	FB	Covered Class	Grade Level	# of Students	# of Athletes	Rate Per Person	Total Premium*
\$10,000,000	D	N/A	10 Yrs	Y/N	3	7-12	1 HS 3 Jr HS			\$2,313.00

Section 5 - Invoice

Invoice To/Supplies (email address):	% Michael Smith- michael.smith021@desotoisd.org	Invoice Date	9/01
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Section 6 - Comments

Gene Morrow - gene.morrow@desotoisd.org

Coverage Includes: UIL Summer Conditioning; Heat Exhaustion: PK-12 Day Field Trips David J. Young, LAT (409) 256-0077 - david.young@desotoisd.org

Premier Plan Upgrades: MRI/CT Scan \$1,000; Physiotherapy \$30 Visit / 5 Visits; Post Concussion Management Testing \$75

Acceptance: The benefits, conditions and premium for this coverage are as outlined within the coverage materials and this form. If acceptable, in AL, IN, KS, LA, ME, NE, OH, VA & WV; please sign the Participant Accident Insurance Application (Form SR2014 APP) and return with this signed form and the premium to the address below.

Section 7 - Coverage Authorization

We hereby enroll with Mutual of Omaha Insurance Company for the coverage indicated above. We understand that insurance will be in force as of the requested effective date indicated, if all information is accurate and the required premium is received by Mutual of Omaha.

	Superintendent	
Signature of Authorized Official	Title	Date Signed
Dr. Usamah Rodgers	J. Kent Holbert	<i>Kent Holbert</i>
Name of Authorized Official - Printed	Agent Name - Printed	Agent Signature

Mail Completed Enrollment form to:

4100 Medical Parkway · HSR Plaza II, Suite 200 · Carrollton, TX 75007 · (866) 345-2680 · Fax (972) 512-5819
K12insurance@hsri.com