



2026-2027

**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.**

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 (after 5 days confinement)
OUTPATIENT:	
Hospital Outpatient Surgery – Facility Charge	Up to \$1,500 per injury
Physician's Nonsurgical Visits (includes Telemedicine)	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 \$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 \$525 per injury
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)
Deferred Surgical Benefit	If a device is installed and needs to be removed after the 52 week benefit period, the benefits will be payable the same as when first installed
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 Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense (When broken as a result of a covered injury)
Post Injury Concussion Management Testing	Up to \$40/test; not to exceed three tests
Concussion Benefit	\$100 in addition to other benefits
Trauma Counseling (At School Coverage Only)	\$500 maximum (5 visit limit)



**2026-2027
TEXAS
CATASTROPHIC CASH
SCHEDULE OF BENEFITS**

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

Excess Medical Expense Benefits:	
Benefit Percentage	100%
Deductible Establishment Period	24 Months
Covered Accident Deductible	\$25,000
Maximum Benefit Period	10 Years
Maximum Benefit Amount	\$7,500,000 or \$10,000,000
The following services/treatment are scheduled benefits and subject to the maximum medical benefit amount.	
Hospital Confinement	Mental or Nervous Disorders Care
Spinal Treatment	Extended Care Facility
Physical Therapy <small>(including occupational therapy if prescribed by a Physician)</small>	Home Health Care*
Prosthetic Devices	Custodial Care*
ADDITIONAL FEATURES:	
Catastrophic Cash Benefit: One-Time Amount Payable	\$100,000
Heart or Circulatory Malfunction Loss of Life Benefit	\$10,000 Benefit if loss within 90 days of covered accident
Accidental Death and Dismemberment Benefit	\$10,000 Benefit if loss within 365 days of covered accident

*The coverage documents issued will reflect the selections made by your authorized representative.

This policy covers injuries as a result of a Felonious Assault, committed
by someone other than the insured person.