

Benefit	HSR TX Premier Plus Plan
Accidental Death and Dismemberment Benefits	
Covered Loss must occur within	365 days of the Covered Accident
Accidental Death & Dismemberment	\$10,000
Loss of Life	\$52,369 current
Loss of Two or More Hands or Feet	
Loss of Sight of Both Eyes	
Loss of One Hand or Foot and Sight in One Eye	
Loss of One Hand and Foot	
Loss of Sight in One Eye	\$5,000
Loss of One Hand or Foot	
Loss of Thumb and Index Finger of Either Hand	\$2,500
Exposure and Disappearance	Included
Accident Medical Expense - FULL EXCESS	
Full Excess Accident Expense Benefit Maximum	\$25,000 (Includes coverage for Field Trips)
First Covered Expenses must be received within	90 days after the Covered Injury
Benefit Period	52 weeks from the date of the Covered Accident
Motor Vehicle Accident Benefit (one accident total)	\$5,000
Inpatient Hospital Services - Room & Board - 100% U&C	
Semi-Private Room	Included
Intensive Care Unit/Critical Care Unit	
Hospital Miscellaneous Services - 100% U&C	
Hospital Miscellaneous Expenses	\$800 1st day, \$300 per day thereafter subject to Max of \$5,000
Nurse Services (per Hospital Stay)	Included
Orthopedic Appliances (Outpatient)	Up to \$600 per Covered Injury
Emergency Room Treatment - 100% U&C	
Emergency Room & Supplies	Up to \$350
Emergency Room Physician	Up to \$100
Ambulatory Medical Center	Up to \$2,000
Physician Services	
Surgery	90% of U&C; Up to \$4,500
Assistant Surgeon	25% of Surgeon's allowance
Use of Physician's Surgical Facilities	100% U&C per Covered Injury; subject to a \$2,000 Maximum
Anesthesia and its Administration	25% of Surgeon's allowance
Physician In-Hospital Visits	100% U&C; Up to \$50 per visit
Out-patient Services - 100% U&C	
Physician Office Visits	Up to \$40 per visit
X-Ray Examinations	Maximum of \$225 per Covered Injury
X-Ray Readings	Subject to a Maximum of \$25 per Covered Injury
CT scan, MRI	Subject to a Maximum of \$800 per Covered Injury
Laboratory tests	Up to \$75 per Covered Injury
Outpatient Physiotherapy & Occupational Therapy	Up to \$30 per visit up to a maximum of \$300 per Covered Injury, limited to 1 visit per day
Ambulance Services	100% U&C (first trip to the Hospital only)
Medical Equipment Rental	Up to \$150 per Injury
Dental Services	Included
Prescription Drugs (Outpatient )	Included
Eyeglasses, Contact Lenses, Hearing Aids	Included
Heart and Circulatory Conditions	Included
Hernia Benefit	Included
BEREAVEMENT AND TRAUMA COUNSELING BENEFIT	Counseling must occur within 30 days of Covered Loss; Benefit Amount: \$50 per session; Maximum Number of Sessions: 5; Maximum Benefit per Covered Loss: \$250
CRISIS DEATH BENEFIT	Covered Loss must occur within 30 days of the Covered Loss; Benefit Amount: \$1,000 per Insured Person; Up to a Maximum of \$50,000 per incident
DEFERRED TREATMENT EXPENSE BENEFITS	Maximum Benefit Amount: 80% of the U&C charges up to the maximum for all Accident Medical Benefits.
Deferred Surgical Expense Benefit	Deferred Treatment Benefit Period: 180 days