



**Health Special Risk, Inc .**  
**TEXAS - BASE PLAN Benefits**



Benefit	HSR TX Premier Plan
<b>Accidental Death and Dismemberment Benefits</b>	
Covered Loss must occur within	365 days of the Covered Accident
Accidental Death & Dismemberment	\$10,000
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$5,000
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	\$2,500
Loss of One Hand or Foot	
Loss of Thumb and Index Finger of Either Hand	\$2,500
Exposure and Disappearance	Included
<b>Accident Medical Expense - FULL EXCESS</b>	
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
<b>Inpatient Hospital Services - Room &amp; Board - 100% U&amp;C</b>	
Semi-Private Room	Included
Intensive Care Unit/Critical Care Unit	
<b>Hospital Miscellaneous Services - 100% U&amp;C</b>	
Hospital Miscellaneous Expenses	Up to \$300 a day, Subject to a Max of \$5,000 per Hospital Stay
Nurse Services (per Hospital Stay)	Up to \$400
Orthopedic Appliances (Outpatient)	Up to \$600 per Covered Injury
<b>Emergency Room Treatment - 100% U&amp;C</b>	
Emergency Room & Supplies	Up to \$150
Emergency Room Physician	Up to \$50
Ambulatory Medical Center	Up to \$1,500
<b>Physician Services</b>	
Surgery	75% of U&C; Up to \$3,750
Assistant Surgeon	25% of Surgeon's allowance
Use of Physician's Surgical Facilities	100% U&C per Covered Injury; subject to a \$1,500 Maximum
Anesthesia and its Administration	25% of Surgeon's allowance
Physician In-Hospital Visits	100% U&C; Up to \$50 per visit
<b>Out-patient Services - 100% U&amp;C</b>	
Physician Office Visits	Up to \$40 per visit
X-Ray Examinations	Maximum of \$200 per Covered Injury
X-Ray Readings	Subject to a Maximum of \$25 per Covered Injury
CT scan, MRI	Subject to a Maximum of \$525 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 \$150 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	Up to \$250 per tooth
Prescription Drugs (Outpatient )	Included
Eyeglasses, Contact Lenses, Hearing Aids	Included
Heart and Circulatory Conditions	Included
Hernia Benefit	Included
<b>BEREAVEMENT AND TRAUMA COUNSELING BENEFIT</b>	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
<b>CRISIS DEATH BENEFIT</b>	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
<b>DEFERRED TREATMENT EXPENSE BENEFITS</b>	Maximum Benefit Amount: 80% of the U&C charges up to the maximum for all Accident Medical Benefits. Deferred Treatment Benefit Period: 180 days
<b>Deferred Surgical Expense Benefit</b>	
Telehealth Benefit	Included

**AIG***Health Special Risk, Inc.***TEXAS CAT BENEFITS****Benefits****Plan D****Medical Only****Accidental Death and Dismemberment Benefits**

<b>Accidental Death</b>	<b>\$10,000</b>
<b>Accidental Dismemberment</b>	<b>\$10,000</b>
<b>Incurral Period:</b>	<b>365 days of the Covered Accident</b>
Both Hands or Both Feet	<b>100% of the Principal Sum (\$10,000)</b>
Sight of Both Eyes	
One Hand and One Foot	
One Hand and the Sight of One Eye	
One Foot and the Sight of One Eye	
Speech and Hearing in Both Ears	
One Hand or One Foot	<b>50%</b>
The Sight of One Eye	
Speech or Hearing in Both Ears	<b>25%</b>
Hearing in One Ear	
Thumb and Index Finger of Same Hand	<b>Included</b>
Heart & Circulatory	
Seat Belt and Air Bag	<b>\$5,000</b>

**Accident Medical Expense Benefits (Full Excess)**

<b>Medical Expense Limit</b>	<b>\$10,000,000</b>
<b>Deductible (Integrated):</b>	<b>\$25,000</b>
<b>Benefit Period:</b>	<b>520 weeks</b>
<b>Incurral Period:</b>	<b>365 Days</b>

**Catastrophic Cash Benefit**

<b>Maximum Benefit amount</b>	<b>N/A</b>
<b>Initial Payment</b>	
<b>Monthly Benefit</b>	
<b>Coma</b>	
<b>Paralysis of Two or More Limbs (Upper and/or Lower)</b>	
<b>Paralysis of One Limb (Upper or Lower)</b>	
<b>Paralysis of One or More Other Parts of the Body</b>	

**Brain Death Benefit**

<b>Benefit Amount</b>	<b>N/A</b>
<b>Incurral Period:</b>	