



**2011 TEXAS SCHEDULE OF BENEFITS
PREMIER VOLUNTARY PLAN**

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.

INPATIENT:	
Room & Board	Semi-Private Room Rate
Hospital Miscellaneous	Up to \$250 first day, to a maximum of \$5,000
Registered Nurse	Up to \$400 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)	
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit
OUTPATIENT:	
Hospital Outpatient Surgery – Facility Charge	Up to \$1,250 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 \$20 per visit, to a \$100 maximum (Benefits are limited to one visit per day)
Emergency Room	Up to \$150 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
X-Ray Services (includes charges for reading)	Up to \$200 per injury
Cat Scan/MRI Services	Up to \$500 per injury
Laboratory	Up to \$50 per injury
Injections	No Benefits
Prescription Drugs	100% of U&C
Orthopedic Braces and Appliances	Up to \$300 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 U&C up to a \$3,750 maximum (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance
Ambulance	100% of U&C, first trip to the hospital
Consultant	No Benefits
Dental	Up to \$250 per tooth (Benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of U&C (When broken as a result of a covered injury)

This is an outline only of the Premier Voluntary Benefit Plan. Exclusions & Limitations may apply. Complete coverage details are in the master policy. Should there be any discrepancy between this outline and the policy, policy provisions will prevail.

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

**TEXAS
PREMIER (VOLUNTARY) PLAN
2011-2012 RATES**

OPTION A: 24-HOUR COVERAGE	
Provides coverage for injuries incurred 24-Hours a day, 365 days a year (except injuries incurred while participating in High School Football events/activities).	
With Extended Dental	\$192.00 Per Student
Without Extended Dental	\$184.00 Per Student
OPTION B: AT SCHOOL COVERAGE	
Provides coverage for injuries incurred at school, during school sponsored and supervised activities (except injuries incurred while participating in High School Football events/activities).	
With Extended Dental	\$96.00 Per Student
Without Extended Dental	\$88.00 Per Student
OPTION C: FOOTBALL COVERAGE	
Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for High School Football events	
Note: Any 9th grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage.	
With Extended Dental	\$280.00 Per Student
Without Extended Dental	\$272.00 Per Student
Spring Football With Extended Dental	\$117.00 Per Student
Spring Football Without Extended Dental	\$109.00 Per Student

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 a stand alone coverage.