Texas Student Resources
Student Athletic/Activities Insurance
Mutual of Omaha / Health Special Risk

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2026-27Student Insurance Renewal for **Italy ISD**
Two Year Rate Guarantee – 2025-26; 2026-27

No Rate Increase

BLANKET ATHLETIC & ACTIVITIES COVERAGE

Coverage Option	Grades	Plan Option	Premium
All UIL Athletics & Activities*	7-12	Premier Plan*	$ 8,878.00

Includes All UIL Athletics/Activities, cheerleading, band drill team, vocational classes, ROTC, FFA and 4-H (Includes Cheerleading, Band & Drill Team Summer Camps).
***Includes Day Field Trips PK-12 (up to $25,000 medical).**

***Premier, Premier Plus and Custom U&C 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 Features:**
Post Injury **Concussion** Management Testing;
Ambulance **Ground or Air** 100% U&C (first trip);
PK-12 Day Field Trips;
Enhanced Concussion Benefit.

Claim administered and paid locally in Texas (Health Special Risk 866 409-5734).

Voluntary Accident Plan available to students (Underwritten by Mutual of Omaha).

Visit our Website: www.K12StudentInsurance.com

CATASTROPHIC COVERAGE (Underwritten by Mutual of Omaha).
Catastrophic Coverage includes medical benefits up to **$10,000,000.**

Coverage Option	Grades	Deductible	Medical Benefit	Premium
Class I *	PK-12	$25,000	$10,000,000	$ 955.60

Includes $10,000 AD&D and Loss of Life due to Heart or Circulatory Malfunction
* Class I includes all enrolled Students of the School District including coverage interscholastic and intramural sports activities/events. Student Coaches, Student Managers and Student Trainers are also eligible.

Underwritten by:
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68715

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

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

HSR
ACCIDENT INSURANCE SOLUTIONS

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)**

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

HSR
ACCIDENT INSURANCE SOLUTIONS

2026-2027
TEXAS
CATASTROPHIC MEDICAL
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 (including occupational therapy if prescribed by a Physician)	Home Health Care*
Prosthetic Devices	Custodial Care*
ADDITIONAL FEATURES:	
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.