



2018-2019 TEXAS K-12 VOLUNTARY PLANS SCHEDULE OF BENEFITS

Coverage underwritten by Starr Indemnity & Liability Company, Dallas, TX

Coverage is provided for loss due to a covered injury up to a maximum per covered accident benefit 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 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.

	PREMIER VOLUNTARY PLAN	ECONOMY VOLUNTARY PLAN
INPATIENT:		
Room & Board	Semi-Private Room Rate	Semi-Private Room Rate
Intensive Care	1.5 times the Semi-Private Room Rate	1.5 times the Semi-Private Room Rate
Hospital Miscellaneous	Up to \$250 per day, to a maximum of \$5,000	Up to \$250 per day, to a maximum of \$4,000
Registered Nurse	Up to \$400 per covered accident	Up to \$400 per covered accident
Physician's Nonsurgical Visits	Up to \$40 per visit	Up to \$20 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	Included in Hospital Miscellaneous Benefit
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to \$1,250 per covered accident	Up to \$750 per covered accident
Physician's Nonsurgical Visits	Up to \$40 per visit	Up to \$20 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)	Up to \$20 per visit, to a \$40 maximum (benefits are limited to one visit per day)
Emergency Room	Up to \$150 per covered accident	Up to \$75 per covered accident
(use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
Physician Emergency Room	Up to \$60 per covered accident	Up to \$40 per covered accident
X-Ray Services (includes charges for reading)	Up to \$200 per covered accident	Up to \$100 per covered accident
Cat Scan/MRI Services (includes charges for reading)	Up to \$500 per covered accident	Up to \$250 per covered accident
Laboratory	Up to \$50 per covered accident	Up to \$25 per covered accident
Injections	Up to \$25 per covered accident	Up to \$25 per covered accident
Prescription Drugs	100% of Usual & Customary charges	100% of Usual & Customary charges
Orthopedic Braces and Appliances	Up to \$300 per covered accident (when prescribed by a physician for healing)	Up to \$300 per covered accident (when prescribed by a physician for healing)
Durable Medical Equipment (Post-Surgical Only)	Up to \$150 per covered accident	Up to \$150 per covered accident
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	75% of Usual & Customary charges up to a \$3,750 maximum (limited to the primary procedure per surgery)	75% of Usual & Customary charges up to a \$3,500 maximum (limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	25% of surgery allowance	25% of surgery allowance
Ambulance	100% of Usual & Customary charges, first trip to the hospital	First trip to the hospital up to a \$100 maximum
Treatment of Heat Exhaustion	100% of Usual & Customary charges	100% of Usual & Customary charges
Dental	Up to \$250 per tooth (benefits are paid on sound natural teeth only)	Up to \$150 per tooth (benefits are paid on sound natural teeth only)
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	100% of Usual & Customary charges for replacement if broken due to injury	100% of Usual & Customary charges for replacement if broken due to injury

The coverages described in this document are only a brief description of available insurance coverage. It is intended for general information purposes and does not provide any guidance regarding coverage that may or may not be available under the policy as respects any claims. Any Policy issued by Starr Companies will contain limitations, exclusions and termination provisions. Not all coverages are available in all jurisdictions. For costs and complete details of specific policy coverage, please contact Health Special Risk, Inc.