**Texas Student Resources, Inc.**
**Student Athletic/Activities Insurance**
*Mutual of Omaha / Health Special Risk*

Kent Holbert
P.O. Box 581
Commerce, Texas 75429
Phone: 903 886-6943
Fax: 903 886-6947
Kent@diversified-insurance.net

---

# 2026-27 Student Insurance **Revised Renewal for DeSoto ISD**
## Multi-Year Option Included
## No Rate Increase

## Guaranteed Rates: 2025-26; 2026-27

**BLANKET ATHLETIC & ACTIVITIES COVERAGE**

| Coverage Option | Grades | Plan Option | Premium |
|---|---|---|---|
| All UIL Athletics & Activities* | 6-12 | Premier Upgrade* | $34,300.00 |

*Includes all UIL Athletics/Activities, cheerleading, band drill team, vocational classes, ROTC, FFA and 4-H (**Includes Cheerleading, Band and Drill Team Summer Camps).**
***Includes Day Field Trips PK-12 (up to $25,000 medical – no deductible**).

***Premier and Premier Plus 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 Highlights:** Upgrades: Post Injury **Concussion** Management Testing $75.00;
MRI/Cat Scan - **$1,000 Benefit;**
Physiotherapy $30 Visit / 5 Visits.
Ambulance includes **Ground or Air** 100% U&C

Claims administered and paid locally in Texas (Health Special Risk – 866 409-5734)

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 3 * | 6-12 | $25,000 | $10,000,000 | $2,313.00** |

****Includes $100,000 Cat Cash Benefit**
**Includes** $10,000 AD&D Benefit and loss of life due to Heart or Circulatory Malfunction.

* Class 3 includes all interscholastic athletes, cheerleaders, band members, majorettes, intramural sports participants, gym class participants, student coaches, student managers, student trainers and student participants of school sponsored non-sport extracurricular activities.

**Underwritten by:**
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

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

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

HSR
Health Special Risk, Inc

# 2025-2026
# 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.**

**DeSoto ISD - Premier Upgrade**

| | |
|---|---|
| **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 |
| **OUTPATIENT:** | |
| Hospital Outpatient Surgery – Facility Charge | Up to $1,500 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 $30 per visit, up to 5 visits per injury<br>(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 $1,000 per injury (Upgrade) |
| 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<br>(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<br>(Limited to the primary procedure per surgery) |
| 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<br>(Benefits are paid on sound natural teeth only) |
| Replacement of Eyeglasses, Contact Lenses & Hearing Aids | 100% of Allowable Expense<br>(When broken as a result of a covered injury) |
| Post Injury Concussion Management Testing | Up to $75/test; (Upgrade) |
| Concussion Benefit | $100 in addition to other benefits |

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

HSR
ACCIDENT INSURANCE SOLUTIONS

# 2026-2027
# TEXAS
# CATASTROPHIC CASH
# 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** | **$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:** | |
| **Catastrophic Cash Benefit: One-Time Amount Payable** | **$100,000** |
| | |
| **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.**