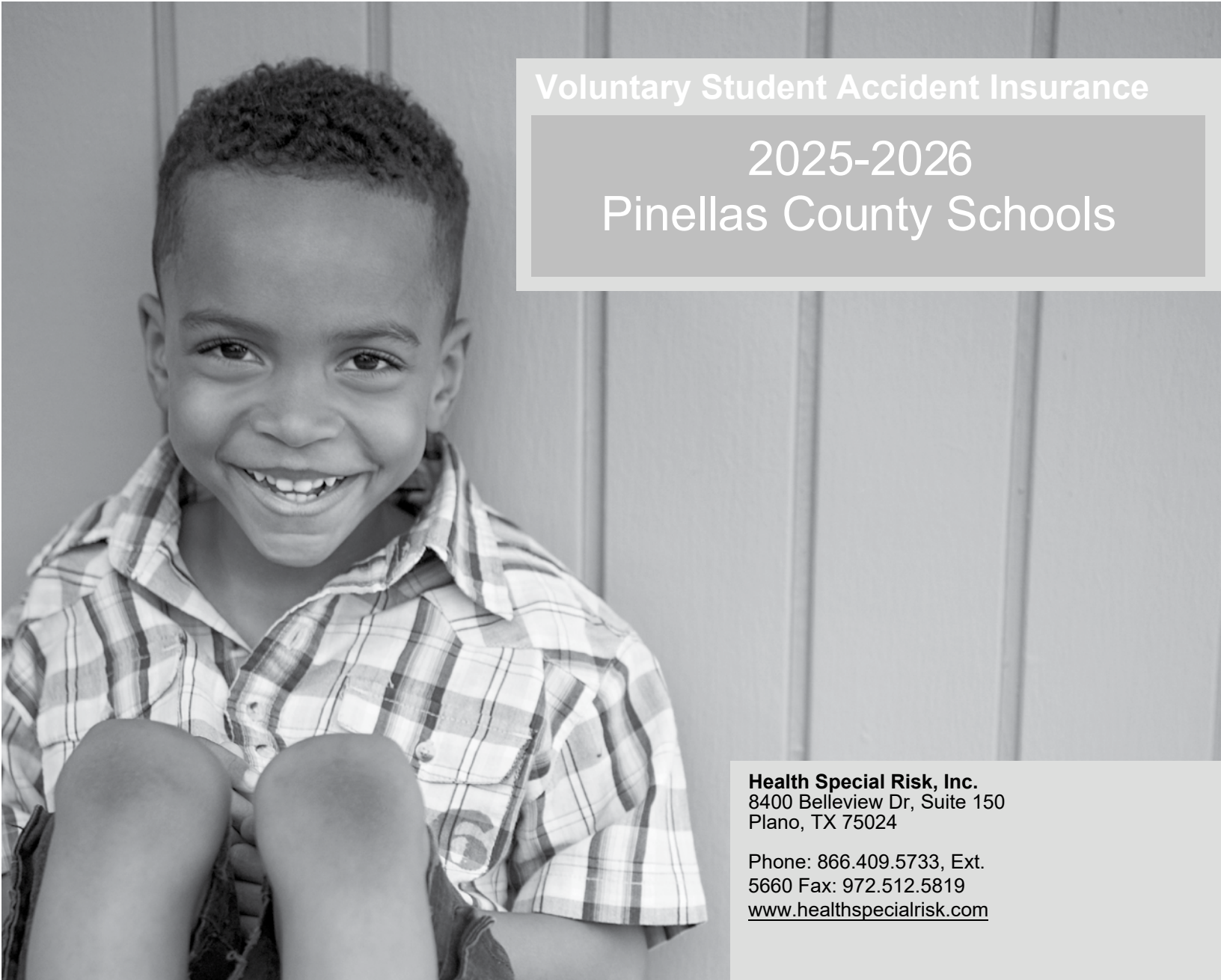




Voluntary Student Accident Insurance

2025-2026 Pinellas County Schools

Health Special Risk, Inc.
8400 Belleview Dr, Suite 150
Plano, TX 75024

Phone: 866.409.5733, Ext.
5660 Fax: 972.512.5819
www.healthspecialrisk.com



HSR is an independent licensed insurance agency and is authorized to sell this student accident insurance on behalf of Mutual of Omaha Insurance Company.

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



PINELLAS COUNTY SCHOOLS

2025-2026

Voluntary Student Accident Insurance Coverage

Coverage underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, NE 68175

ELIGIBILITY:

Class 1: All enrolled students (grades PK-12 including Pinellas Technical College PTC), are covered under the Policyholder/Sponsoring Organization 24-Hour Program. Excludes practice or play of interscholastic football.

Class 2: All enrolled students – non athletes (grades PK-12 including Pinellas Technical College PTC), all interscholastic student athletes (excluding football) and extracurricular activities are covered under the Policyholder/Sponsoring Organization School Time Program. Excludes practice or play of interscholastic football.

Class 3: All enrolled football athletes (grades 6-12), equipment manager, scorekeeper, trainer or volunteer workers for the team are covered under the Policyholder/Sponsoring Organization Football program.

Class 4: All enrolled summer football (new players only, grades 6-12) are covered under the Policyholder/Sponsoring Organization Summer Football (New Players only) program.

NOTE: All students who participate in extra-curricular programs, interscholastic sports including football are required to purchase coverage.

INSURED RISK

Class 1: 24-Hour Coverage – Coverage is provided for injuries incurred 24-Hours a day while the policy is in force.
Class 2: At School Coverage - Coverage is provided while attending school and while participating in Sponsored and Supervised activities; and while participating in preseason tryouts or regularly scheduled athletic games or competition or practice sessions; and while participating in Off-season Physical Conditioning for the sports listed on file with the Policyholder/Sponsoring Organization. Coverage is also provided while traveling as part of a group in transportation authorized or arranged by the Policyholder/Sponsoring Organization or while traveling directly and without interruption between the Insured's home and approved locations authorized by the Policyholder/Sponsoring Organization.
Class 3: Football Coverage – Coverage is provided while attending school and while participating in Sponsored and Supervised activities; and while participating in preseason tryouts or regularly scheduled athletic games or competition or practice sessions; and while participating in Off-season Physical Conditioning for the sports listed on file with the Policyholder/Sponsoring Organization. Coverage is also provided while traveling as part of a group in transportation authorized or arranged by the Policyholder/Sponsoring Organization or while traveling directly and without interruption between the Insured's home and approved locations authorized by the Policyholder/Sponsoring Organization.
Class 4: Summer Football New Players Only – Coverage is provided why participating in a Sponsored and Supervised Activities and while participating in Off-season Physical Conditioning for the sports listed on file with the Policyholder/Sponsoring Organization. Coverage is also provided while traveling as part of a group in transportation authorized or arranged by the Policyholder/Sponsoring Organization or while traveling directly and without interruption between the Insured's home and approved locations authorized by the Policyholder/Sponsoring Organization.

BENEFITS

ACCIDENT MEDICAL EXPENSE: When a covered injury to an Insured results in treatment by a physician or surgeon beginning within 90 days of the date of the accident; we will pay benefits as shown in the **Schedule of Benefits**, in excess of the Medical Deductible, if any. Only eligible medical expenses incurred by the Insured within 52 weeks from the date of the accident are covered. Benefits for any one accident shall not exceed in the aggregate the maximum Medical Benefit of \$25,000. We will pay the Medical Expenses an Insured incurs for covered services that exceed amounts payable by any Other Insurance Plan, subject to the Deductible, Benefit Percentage, and Benefit Period.

EXTENDED DENTAL COVERAGE: This is supplemental coverage for expenses resulting from covered accidental dental injuries. The dental benefits provided are: (a) 100% of Allowable Expense 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 stand alone coverage.

ACCIDENTAL DEATH AND SPECIFIC LOSS: Benefits are paid for losses incurred within 180 days from the date of Injury. The following benefits (the largest applicable amount) are paid in addition to the medical benefit:

Loss of Life	\$10,000.00
Loss of both hands, both feet, sight in both eyes, speech and hearing	\$10,000.00
Loss of one hand, one foot, sight in one eye, speech or hearing	\$5,000.00
Loss of Thumb and Index Finger of the Same Hand	\$2,500.00

HEART AND CIRCULATORY MALFUNCTION BENEFIT

Malfunction Loss Period.....	Occurs within 72 hours after participation
Loss of Life Benefit.....	\$10,000.00
Loss of Life Loss Period.....	Loss within 90 days of Injury

DEFINITIONS

Allowable Expense means a Medical Expense otherwise payable under the policy that is not in excess of the 80th percentile identified on Context4HealthCare (the "Database"). When there is, in Our determination, minimal data available from the Database for a Medical Expense, We will determine the amount to pay by calculating the unit cost for the applicable service category using the Database and multiplying that by the relative value of the Medical Expense based upon a commercially available relative value scale selected by Us. In the event of an unusually complex medical procedure, a Medical Expense for a new procedure or a Medical Expense that otherwise does not have a relative value that is in Our determination applicable, We will assign a relative value. The Medical Expenses We pay may not reflect the actual charges of a provider and does not take into account the provider's training, experience or category of licensure. A provider may charge the Insured the difference between what the provider charges and the amount We pay under the policy. The Database will be updated by us as information becomes available from the supplier, up to twice each year. We may modify the Database in Our discretion to reflect Our experience. We have the right, in Our discretion, to substitute or replace the Database with another database or databases of comparable purpose, with or without notice.

Injury means bodily harm which: (1) requires treatment by a Physician; (2) results in loss due to an Accident, independent of Sickness and all other causes; and (3) occurs within the Scope of Coverage.

Hospital means an institution which: (1) is operated pursuant to law; (2) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; (3) is under the supervision of a staff of Physicians; (4) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); and (5) has medical, diagnostic and treatment facilities, with major surgical facilities on its premises or available to it on a prearranged basis. Hospital does not include: (1) a clinic or facility for: (a) convalescent, custodial, educational or nursing care; (b) the aged, drug addicts or alcoholics; (c) rehabilitation; or (2) a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: (a) the services are rendered on an emergency basis; and (b) the individual has a legal liability to pay for the services given in the absence of insurance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a loss due to or expenses incurred for:

(1) intentionally self-inflicted injury, suicide while sane or insane; (2) voluntary self-administration of any drug or chemical substance not prescribed by or not taken according to the directions of the Insured's Physician; (3) Injury caused by, attributable to, or resulting from the Insured's Intoxication; (4) Injury caused by, attributable to, or resulting from the Insured's use of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (5) operating a motor vehicle under the influence of a Controlled Substance unless administered on the advice of a Physician and taking the prescribed dosage; (6) operating a motor vehicle while having a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the Injury occurred; (7) commitment of or an attempt to commit a felony, or engagement in an illegal activity; (8) participation in a riot or insurrection; (9) any Injury that results from fighting, brawling, assault or battery; (10) an act of declared or undeclared war; (11) active duty service in any Armed Forces; (12) operating, learning to operate, or serving as a pilot or crew member of any aircraft unless specified in the INSURED RISKS section of this policy; (13) mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment); (14) parachuting, except for self-preservation; (15) snow skiing, scuba diving, bob-sledding, bungee jumping, ballooning, flight in an ultralight aircraft, sky diving, hang-gliding, glider flying, sailplaning, or parasailing; (16) participation in professional or amateur racing; (17) injuries associated with activities or travel outside the United States; (18) sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not exclude bacterial infection that is the natural and foreseeable result of an Injury or accidental food poisoning; (19) dental treatment or dental X-rays, except as otherwise provided, and only when Injury occurs to sound natural teeth; (20) orthodontic braces or appliances; (21) any loss for which benefits are paid under state or federal worker's compensation, employers' liability, or occupational disease law; (22) charges which the Insured would not have to pay if the Insured did not have insurance; (23) a charge which is in excess of the Allowable Expense; (24) cosmetic surgery, except reconstructive surgery due to a covered Injury; (25) participation in semi-professional and professional sports, play or practice, or any related travel; (26) participation in practice or play of any sports activity, including travel to and from games and practice, unless specified in this policy; (27) assistant surgeon services, unless specified in this policy; (28) elective treatment or surgery that is not prescribed by a Physician and is not Medically Necessary, health treatment, or examination where no Injury is involved; (29) Pre-existing Conditions; (30) any Heart or Circulatory Malfunction; (31) loss caused by or resulting from nuclear radiation or the release of nuclear energy; (32) services or treatment incurred to the extent that they are paid or payable under any Other Insurance Plan; (33) services or treatment incurred to the extent that they are paid or payable under any automobile insurance policy without regard to fault. This exclusion does not apply in any state where it is prohibited; (34) travel in or upon: (a) a snowmobile; (b) any two or three wheeled motor vehicle; (c) any off-road motorized vehicle not requiring licensing as a motor vehicle in the jurisdiction where operated; (35) any Accident in which the Insured is operating a motor vehicle without a current and valid motor vehicle operator's license (except in a driver's education program); (36) treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments or the installation, maintenance, or removal of orthodontic or occlusal appliances or equilibration therapy.

This brochure illustrates the highlights of this insurance. All information herein is subject to the provisions of Policy Form SR2014, underwritten by Mutual of Omaha Insurance Company. If there is any conflict between the brochure and the policy, policy provisions will prevail.

SCHEDULE OF BENEFITS

INPATIENT BENEFITS	LOW OPTION	HIGH OPTION
Room & Board	\$500 per day/ Semi-private room	75% of Allowable Expense / Semi-private room
Hospital Miscellaneous	Included under Room & Board	Up to \$750 per day
Physiotherapy	Up to \$300	75% of Allowable Expense
Hospital Intensive Care	Up to \$500 per day	75% of Allowable Expense
Pre-Admission Testing (Payable within 3 working days prior to admission)	Included in Hospital Miscellaneous	Included in Hospital Miscellaneous
OUTPATIENT BENEFITS		
Outpatient Hospital Miscellaneous (except physician services and x-rays paid as below)	Up to \$800 maximum	Up to \$1,200 maximum
Day Surgery Miscellaneous (Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)	Up to \$800 maximum	Up to \$1,200 maximum
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	\$25 first day / \$20 each subsequent day	\$50 first day / \$40 each subsequent day
Physiotherapy (Benefits are limited to one visit per day)	\$25 first day / 10 days maximum	\$50 first day / 10 days maximum
Medical Emergency (Use of room and supplies; treatment must be rendered within 72 hours from the time of the Injury)	Up to \$200 maximum	Up to \$400 maximum
X-Rays (includes interpretation)	Up to \$300 maximum	Up to \$400 maximum
CAT Scan / MRI (includes interpretation)	Up to \$300 maximum	Up to \$800 maximum
Laboratory	Up to \$50 maximum	100% of Allowable Expense
Prescription Drugs	50% of Allowable Expense	75% of Allowable Expense
Injections	No Benefits	No Benefits
INPATIENT AND/OR OUTPATIENT BENEFITS		
Surgery (No more than one procedure through the same incision will be paid)	100% of Allowable Expense/ \$1500 maximum	100% of Allowable Expense
Anesthesiologist	25% of Surgery Allowance	30% of Surgery Allowance
Assistant Surgeon	25% of Surgery Allowance	30% of Surgery Allowance
Ambulance (Ground and/or Air to the nearest facility)	Up to \$200 maximum	100% of Allowable Expense
Dental (Benefits on Injury to Sound, Natural Teeth)	Up to \$200 per tooth	Up to \$1000 per tooth
Replacement of Eye Glasses, Contact Lenses or Hearing Aids that are broken as a result of a Covered Injury	Up to \$150.00 maximum	Up to \$500 maximum
Orthopedic Braces & Appliances	Up to \$100 maximum	Up to \$300 maximum
Aggravation or Re-Injury of a Condition	Up to \$500 maximum	Up to \$500 maximum
Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Registered Nurse	100% of Allowable Expense	100% of Allowable Expense

PLAN & RATE OPTIONS

(Make your selection on the enrollment form attached).

COVERAGE PLANS	LOW OPTION RATES	HIGH OPTION RATES
24-Hour (PK-5)	\$26.00	\$43.00
24-Hour (6-12, PTC)	\$37.00	\$54.00
At School (PK-12, PTC)	\$4.00	\$7.00
JV Football (Fall, Spring, Summer)	\$38.00	\$62.00
JV Football (Spring, Summer)	\$16.00	\$26.00
Upgrade to Varsity Football (High School)	\$20.00	\$23.00
Varsity Football (Fall, Spring, Summer)	\$57.00	\$85.00
Varsity Football (Spring, Summer)	\$19.00	\$30.00
Summer Football New Players Only	\$2.75	\$4.75
Extended Dental	\$4.70	\$4.70

*Extended Dental Coverage must be purchased in conjunction with a 24-Hour, At School or Football program; it cannot be purchased as stand alone coverage.

*Purchase of Football Coverage includes At School Coverage.

RETAIN THIS DESCRIPTION FOR YOUR RECORDS. Retain this student accident insurance flyer, and your canceled check, money order receipt or credit card receipt as your record of coverage. This flyer has been designed to illustrate the highlights of this insurance. All student accident insurance information is subject to the provisions of Policy Form SR2014FLLG. Exclusions and Limitations will apply. Should there be any discrepancy between the policy and this student accident information, policy provisions will prevail.



**2025-2026
VOLUNTARY
STUDENT ACCIDENT INSURANCE
ENROLLMENT FORM**

Student's Last Name: _____ Student's Date of Birth: _____

Student's First Name: _____ MI: _____ Telephone Number: _____

Student's Social Security Number: _____ Grade: _____ Student ID Number: _____

Address: _____
Street City State Zip

Name of School District: _____ Name of School Campus: _____

(Required to Process)

Signature of Parent or Guardian: _____ Date: _____ E-mail Address: _____

PLEASE CHECK YOUR SELECTION BELOW:		
COVERAGE PLANS	LOW OPTION	HIGH OPTION
24-Hour (PK-5)	\$26.00	\$43.00
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Varsity Football (Spring, Summer)	\$19.00	\$30.00
Summer Football New Players Only	\$2.75	\$4.75
Extended Dental	\$4.70	\$4.70
COMPANY USE ONLY: Check # _____ Amount Rec'd _____		Enclose check for total amount payable to: Health Special Risk TOTAL All Selections HERE: \$ _____

***There is a \$1.00 administration fee due with each paper enrollment form submission.**

Once completed, mail this form to:
Health Special Risk, Inc.
P.O. Box 957824
St Louis, MO 63195-7824

For more information or assistance regarding all Student Insurance, contact our Customer Service Department at **1-866-409-5733**

IF YOU WISH TO PAY WITH MASTERCARD OR VISA:** Go to www.K12StudentInsurance.com

****A 5% administrative charge will be added for Credit Card Orders**

Accident Coverage underwritten by: Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175