



**2015-2016
ARKANSAS
K-12 INSURANCE
SCHEDULE OF BENEFITS**

Coverage underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza; Omaha, Nebraska 68175

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000 (\$500 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:	HIGH VOLUNTARY PLAN
Room & Board	Semi-Private Room Rate/\$200/ day maximum
Hospital Miscellaneous	Up to \$150/ day, to a maximum of \$750
Registered Nurse	100% of Allowable Expense
Physician's Nonsurgical Visits	Up to \$35/ visit 1st day; \$25/ visit each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery)	
OUTPATIENT:	
Hospital Outpatient Surgery – Facility Charge	Up to \$150/ injury
Physician's Nonsurgical Visits	Up to \$35/ visit 1st day; \$25/ visit each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	100% of Allowable Expense/ \$125 maximum per policy year (Benefits are limited to one visit per day)
Emergency Room	Up to \$150/ injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
X-Ray Services (Includes charges for reading)	80% of Allowable Expense/\$500 maximum per policy year
Laboratory	Up to \$25/injury
Injections	Up to \$25/injury
Prescription Drugs	\$25 maximum per policy year
Orthopedic Braces and Appliances	\$75 maximum
INPATIENT AND/OR OUTPATIENT:	
Surgeon's Fees	\$172 coefficient value/\$1,000 maximum (No more than one procedure through the same incision will be paid)
Anesthetist	25% of surgeon's allowance
Ambulance	100% of Allowable Expense
Treatment of Heat Exhaustion	100% of Allowable Expense
Dental	Up to \$150 per tooth (Benefits are paid on sound natural teeth only)
Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense for replacement if broken due to injury
Extended Dental Coverage	This is supplemental coverage for expenses resulting from covered accidental injuries. The dental benefits provided are: (a) 100% of Allowable Expense for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000 and (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.