

**2020-2021  
ANDERSON COUNTY SCHOOL DISTRICT 01  
MANDATORY K-12 INSURANCE  
SCHEDULE OF BENEFITS**

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000. Treatment of covered injuries must begin within 60 days of the accident date. Only eligible expenses incurred within 104 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 \$20,000 Accidental Death & \$20,000 Specific Loss.

<b><u>INPATIENT:</u></b>	
Room & Board	80% of Allowable Expense up to Semi-Private Room Rate
Intensive Care	80% of Allowable Expense up to 1.5 times the Semi-Private Room Rate
Hospital Miscellaneous	80% of Allowable Expense up to \$3,500
Registered Nurse	80% of Allowable Expense
Physician's Nonsurgical Visits	80% of Allowable Expense
(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
<b><u>OUTPATIENT:</u></b>	
Hospital Outpatient Surgery – Facility Charge	80% of Allowable Expense
Physician's Nonsurgical Visits	80% of Allowable Expense
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	80% of Allowable Expense (Benefits are limited to 1 visit per day, maximum 5 visits)
Emergency Room	80% of Allowable Expense
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
Physician Emergency Room	80% of Allowable Expense
X-Ray Service and Laboratory including Reading/Interpretation	80% of Allowable Expense up to \$2,500
Cat Scan/MRI Services including Reading/Interpretation	80% of Allowable Expense up to \$1,000
Injections	80% of Allowable Expense
Prescription Drugs	80% of Allowable Expense
Orthopedic Braces and Appliances	80% of Allowable Expense (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	80% of Allowable Expense
<b><u>INPATIENT AND/OR OUTPATIENT:</u></b>	
Surgeon's Fees	80% of Allowable Expense (Limited to the primary procedure per surgery)
Anesthetist/Assistant Surgeon	80% of Allowable Expense
Ambulance (Surface and/or Air)	80% of Allowable Expense, first trip to the hospital
Dental	80% of Allowable Expense (Benefits are paid on sound natural teeth only)

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