



2012-2013  
**NATIONAL K-12 INSURANCE**  
**LOW AND HIGH OPTION VOLUNTARY PLAN\***  
**RATE SCHEDULE**

(All states except AR, GA, KS, KY, NC, NY, OK, SC and TX)

Coverage Underwritten by: Mutual of Omaha Insurance Company; Home Office: Omaha, Nebraska

<b>OPTION A:</b>	<b>24-HOUR COVERAGE**</b>	
<b>Provides coverage for injuries incurred 24-Hours a day, 365 days a year (except injuries incurred while participating in High School Football events/activities).</b>		
	<b>LOW OPTION</b>	<b>HIGH OPTION</b>
<b>With Extended Dental</b>	<b>\$96.30 Per Student</b>	<b>\$142.30 Per Student</b>
<b>Without Extended Dental</b>	<b>\$86.65 Per Student</b>	<b>\$132.70 Per Student</b>
<b>24-Hour Summer Only with Extended Dental</b>	<b>\$32.10 Per Student</b>	<b>\$44.95 Per Student</b>
<b>24-Hour Summer Only without Extended Dental</b>	<b>\$22.45 Per Student</b>	<b>\$35.30 Per Student</b>
<b>OPTION B:</b>	<b>AT SCHOOL COVERAGE**</b>	
<b>INCLUDING INTERSCHOLASTIC ATHLETICS AND ACTIVITIES</b>		
<b>Provides coverage for injuries incurred at school, during school sponsored and supervised activities (excluding injuries incurred while participating in High School Football events/activities).</b>		
	<b>LOW OPTION</b>	<b>HIGH OPTION</b>
<b>With Extended Dental</b>	<b>\$31.05 Per Student</b>	<b>\$40.65 Per Student</b>
<b>Without Extended Dental</b>	<b>\$21.40 Per Student</b>	<b>\$31.05 Per Student</b>
<b>OPTION C:</b>	<b>INTERSCHOLASTIC FOOTBALL COVERAGE (GRADES 10-12)**</b>	
<b>Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for Football events</b>		
<b>Note: Any 9<sup>th</sup> grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage at the High School rate.</b>		
	<b>LOW OPTION</b>	<b>HIGH OPTION</b>
<b>With Extended Dental</b>	<b>\$157.30 Per Athlete</b>	<b>\$239.70 Per Athlete</b>
<b>Without Extended Dental</b>	<b>\$147.65 Per Athlete</b>	<b>\$230.05 Per Athlete</b>
<b>Spring Football With Extended Dental</b>	<b>\$68.50 Per Athlete</b>	<b>\$101.65 Per Athlete</b>
<b>Spring Football Without Extended Dental</b>	<b>\$58.85 Per Athlete</b>	<b>\$92.00 Per Athlete</b>

**Extended Dental Coverage\*\*:** This is supplemental coverage for expenses resulting from covered accidental dental injuries. The dental benefits provided are: (a) 100% of U&C 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 a stand alone coverage.

\*In the state of Florida there must be at least 51 eligible insureds at the school.

*Health Special Risk, Inc.*  
 880 Sibley Memorial Highway, Suite 101; Mendota Heights, MN 55118  
 (651) 455-8889 - Fax: (651) 455-1877; [www.healthspecialrisk.com](http://www.healthspecialrisk.com)