



Health Special Risk, Inc.

TEXAS

2022/23 BASE PLAN Benefits

Benefit	Premier Plus
Accidental Death and Dismemberment Benefits	
Covered Loss must occur within	365 days of the Covered Accident
Accidental Death	\$10,000
Accidental Dismemberment	\$10,000
Loss of Life	
Loss of Two or More Hands or Feet	
Loss of Sight of Both Eyes	\$10,000
Loss of One Hand or Foot and Sight in One Eye	
Loss of One Hand and Foot	
Loss of Sight in One Eye	\$5,000
Loss of One Hand or Foot	
Loss of Thumb and Index Finger of Either Hand	\$2,500
Exposure and Disappearance	Included
Accidental Medical Expense - FULL EXCESS	
Full Excess Accident Expense Benefit Maximum	\$25,000 (Includes coverage for Day Field Trip)
First Covered Expenses must be received within	90 days after the Covered Injury
Benefit Period	52 weeks from the date of the Covered Accident
Motor Vehicle Accident Benefit (one accident total)	\$5,000
In-Patient Hospital Services - Room & Board	
Semi-Private Room	
Intensive Care Unit/Critical Care Unit	100% U&C
Hospital Miscellaneous Services - 100% U&C	
Hospital Miscellaneous Expenses	Up to \$800 1st day; \$300/day thereafter; 5,000/hospital stay max
Nurse Services (per Hospital Stay)	100% U&C
Orthopedic Appliances (Outpatient) up to:	100% U&C; \$600 Max per Covered Injury
Emergency Room Treatment - 100% U&C	
Emergency Room & Supplies	Up to \$350
Emergency Room Physician	Up to \$100
Ambulatory Medical Center - 100% U&C	
100% U&C; Per Covered Injury Maximum of:	\$2,000
Physician Services	
Surgery	90% of U&C; \$4,500 Max
Assistant Surgeon	25% of Surgeon's allowance
Use of Physician's Surgical Facilities, 100% U&C:	Maximum of \$2,000
Anesthesia and its Administration	25% of Surgeon's allowance
Physician In-Hospital Visits, 100% U&C	Up to \$50 per visit
Out-Patient Services - 100% U&C	
Physician Office Visits maximum per visit	\$40
X-Ray - Per Covered Injury Maximum of:	\$250
CT scan, MRI - Per Covered Injury Maximum of:	\$800
Laboratory tests - Per Covered Injury Maximum of:	\$75
Outpatient Physiotherapy - Per Covered Injury Maximum of:	Up to \$300/visit; Max of \$3,000/Covered Injury, max of 1 visit/day
Ambulance Services	100% U&C (first trip to the Hospital only)
Medical Equipment Rental-Covered Injury maximum:	\$150
Dental Services	100% U&C
Prescription Drugs (Outpatient)	100% U&C
Eyeglasses, Contact Lenses, Hearing Aids	100% U&C
Heart & Circulatory Conditions - Covered	
Conditions: heat exhaustion & heat stroke	100% U&C
Hernia Benefit	Included
Post Injury Concussion Management Testing	Office Visits (see above) & Testing treated as any other injury - 100% U&C
Deferred Treatment/Surgical Expense Benefits	Maximum Benefit: 80% U&C up to maximum for all Accident Medical Benefits; Deferred Treatment Benefit Period of 180 days
Bereavement & Trauma Counseling Benefit	Counseling Must begin within 30 days of Covered Loss; \$50 Benefit max per session; 5 sessions maximum & \$250 max benefit per Covered Loss
Crisis Death Benefit	Covered Loss must occur within: 30 days of the Covered Accident; Maximum benefit \$1,000/insured person; Maximum of \$50,000 per incident

New
for
2022
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