## 2023-2024 Texas K-12 Schedule of Benefits Blanket Insurance - Custom U&C Plan

INPATIENT:	
Room & Board	100% of Usual and Customary
Intensive Care	100% of Usual and Customary
Hospital Miscellaneous	100% of Usual and Customary
Private Duty Nursing (RN)	100% of Usual and Customary
Physician's Nonsurgical Visits	Up to \$75 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Orthopedic Braces and Appliances	Included in Hospital Miscellaneous Benefit
OUTPATIENT:	
Hospital Outpatient Surgery - Facility Charge	Up to \$3,500 per injury
Physician's Nonsurgical Visits (Non-Emergency Room)	Up to \$75 per visit
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)	
Physiotherapy	\$50 per visit; up to \$1,000 per injury (Benefits are limited to one visit per day)
Emergency Room	Up to \$500 per injury
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
Emergency Room Physician	Up to \$150 per injury
X-rays	Up to \$500 per injury
Diagnostic Imaging (Cat Scan, MRI)	Up to \$1,200 per injury
Laboratory	100% of Usual and Customary
Injections	Up to \$25 per injury
Prescription Drugs	100% of Usual and Customary
Orthopedic Braces and Appliances	Up to \$800 per injury (When prescribed by a physician for healing)
Durable Medical Equipment (Post Surgical Only)	Up to \$400 per injury
<u>INPATIENT AND/OR OUTPATIENT:</u>	
Surgeon's Fees	100% of U&C up to \$5,000 maximum (Limited to the primary procedure for surgery)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance
Ambulance	100% of Allowable Expense, first trip to the hospital
Treatment of Heat Exhaustion	100% of Allowable Expense
Dental	100% of Allowable Expense (Benefits are paid on sound, natural teeth only)
Eyeglasses, Contact Lenses & Hearing Aids	100% of Allowable Expense for replacement if broken due to injury
Post Injury Concussion Management Testing	Up to \$150 per injury