## K-12 INSURANCE

## RATE SCHEDULES

(All states except AR, KS, KY, NC, NY, and TX)
Coverage Underwritten by: Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza; Omaha, Nebraska 68175

## OPTION A: 24-HOUR COVERAGE*

Provides coverage for injuries incurred 24-Hours a day, 365 days a ye ar (except injuries incurred while participating in High School Football e vents/activities).

|  | HIGH VOLUNTARY PLAN | LOW VOLUNTARY PLAN |
| :---: | :---: | :---: |
| With Extended Dental | \$142.30 Per Student | \$96.30 Per Student |
| Without Extended Dental | \$132.65 PerStudent | \$86.65 PerStudent |
| 24-Hour Summer Only with Extended Dental | $\mathbf{\$ 4 4 . 9 5}$ Per Student | \$32.10 Per Student |
| 24-Hour Summer Only without Extended Dental | $\mathbf{\$ 3 5 . 3 0}$ Per Student | \$22.45 Per Student |
| OPTION B: $\quad$ AT SCHOOL COVERAGE INCLUDING INTERSCHOLASTIC ATHLETICS AND ACTIVITIES* |  |  |

Provides coverage for injuries incurred at school, during school sponsored and supervised activities (excluding injuries incurred while participating in High School Football e vents/activities).

|  | HIGH VOLUNTARY PLAN | LOW VOLUNTARY PLAN |
| :---: | :---: | :---: |
| With Extended Dental | $\mathbf{\$ 4 0 . 6 5}$ PerStudent | \$31.05 Per Student |
| Without Extended Dental | $\mathbf{\$ 3 1 . 0 0}$ PerStudent | \$21.40 PerStudent |
|  |  |  |
| OPTION C: $\quad$ INTERSCHOLASTIC FOOTBALL COVERAGE (GRADES 10-12)* |  |  |

Provides coverage for injuries incurred while participating in sponsored and supervised practice or play for Football e vents.
Note: Any $9^{\text {th }}$ grade student that plays with the High School Football Team (grades 10-12) must purchase Football coverage at the High School rate.

|  | HIGH VOLUNTARY PLAN | LOW VOLUNTARY PLAN |
| :---: | :---: | :---: |
| With Extended Dental | $\mathbf{\$ 2 3 9 . 7 0}$ Per Athlete | \$157.30 Per Athlete |
| Without Extended Dental | $\mathbf{\$ 2 3 0 . 0 5}$ Per Athlete | \$147.65 Per Athlete |
| Spring Football With Extended Dental | $\mathbf{\$ 1 0 1 . 6 5}$ Per Athlete | $\mathbf{\$ 6 8 . 5 0}$ Per Athlete |
| Spring Football Without Extended Dental | $\mathbf{\$ 9 2 . 0 0}$ Per Athlete | $\mathbf{\$ 5 8 . 8 5}$ Per Athlete |

Extended Dental Coverage must be purchased in conjunction with a $24-H o u r$, 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.

