

Specialty Risk International, Inc.

DESCRIPTION OF MEDICAL BENEFITS

When a covered Injury or Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical charges for Covered Expenses, excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceed the medical maximum stated in the Schedule of Benefits. The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person. Only such expenses, incurred as the result of and within twenty-six (26) weeks from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded (see Exclusions), shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits / examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (within the metropolitan area) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items. The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

HOSPITAL INDEMNITY

The Company will indemnify the Insured \$100 for each night spent in the hospital should the Insured Person be hospitalized while traveling outside the United States and Canada and the hospitalization is considered a Covered Expense.

EMERGENCY MEDICAL EVACUATION / REPATRIATION

The Company shall pay benefits for Covered Expenses incurred up to the limit as stated in the Schedule of Benefits, if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be ordered by the Company's appointed Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route.

RETURN OF MORTAL REMAINS

The Company will pay the reasonable Covered Expenses incurred up to the limit stated in the Schedule of Benefits to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

EMERGENCY MEDICAL REUNION

When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to the limit stated in the Schedule of Benefits, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: 1. The cost of a round trip economy air fare; 2. Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum of \$10,000. 3. The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

RETURN OF MINOR CHILD(REN)

Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered illness or injury and the Minor Child(ren), under age 19, is left unattended, the Company will arrange and pay, up to the limit stated in the Schedule of Benefits, for one way economy fares to their Home Country. These arrangements will be made at no cost to the Insured Person. Meals and lodging are the responsibility of the Insured Person. If an attendant/escort is necessary to insure the safety and welfare of Minor Child(ren), the Company will arrange and pay for these services to the limit stated in the Schedule of Benefits.

INTERRUPTION OF TRIP

If the Insured is unable to continue the Trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the program will reimburse (up to the amount stated in the Schedule of Benefits) the Insured for the cost of travel (economy), less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence.

LOSS OF CHECKED LUGGAGE

If the Insured's checked luggage is permanently lost by the airline, the program will reimburse the Insured for the replacement of clothing and personal hygiene items lost to a maximum per article limit of \$250 (up to the maximum stated in the Schedule of Benefits). This benefit is secondary to any other (including airline) coverage available. The insured must furnish proof to the Company that full reimbursement has been obtained from the airline. The policy will reimburse the insured up to a maximum benefit of \$1,000 under this provision.

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum: See Schedule of Benefits For Primary Insured only.

Loss of Life... The Principal sum

Loss of Two or More Members... The Principal sum

Loss of One Member... 50% The Principal sum

"Member" means hand, foot, or eye. "Loss" means with regard to hand or foot, actual severance through or above the wrist or ankle joint, and with regard to eye, entire and irrecoverable loss of sight. Only one benefit, the largest to which you are entitled, will be paid for losses resulting from the same accident. *Aggregate Limits may apply.

DENTAL (EMERGENCY ONLY)

Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected inception of pain to natural teeth (up to a maximum of \$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (up to a maximum of \$500). The Deductible and Coinsurance amounts apply to the dental benefit.

HAZARDOUS SPORTS COVERAGE

To cover motorcycle/motor scooter riding, mountaineering (4500 meter limit), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, and snow boarding

HOME COUNTRY COVERAGE

Incidental Trips to Your Home Country: This benefit covers you for incidental trips to your Home Country (60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to your Home Country.

Follow Me Home Coverage: This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country (Does not apply for Emergency Evacuation or Repatriation).

NOTE: In the event of an Emergency Medical Evacuation Repatriation, Return of Mortal Remains, Emergency Medical Reunion, Return of Minor Child(ren), Interruption of Trip, or Loss of Checked Luggage benefit is needed, arrangements must be made by the Assistance Service Provider. Details about the Assistance Service Provider are given in the Information section below.

ASSISTANCE SERVICES

The travel assistance benefits described below are provided by SRI Assist. The office is staffed 24 hours a day, 7 days a week with multilingual representatives.

Medical Assistance While Traveling

24-Hour telephone contact for travel medical emergencies help in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-Hour ticketing service to arrange family visits; Arranging emergency medical evacuation from medically underserved areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging repatriation of remains for deceased travelers; Notify your health insurer of a claim.

Pre-Notification / Referral

SRI Assist must be contacted prior to: (1) any medical treatment being received in the United

States; or (2) hospital admissions worldwide; or (3) inpatient or outpatient surgeries worldwide.

Chinese Language Education 8 November 28, 2006 Additionally, the Company's appointed network provider must be utilized for medical expenses incurred inside the United States (when available – contact SRI Assist with questions). A listing of network facilities can be found at www.specialtyrisk.com/ppo on the worldwide web. Pre-notification does not guarantee that benefits will be paid. Failure to follow Pre-Notification / Referral will result in a 20% reduction of Eligible Benefits. (For Emergency admissions and situations, SRI Assist must be contacted within 48 hours, or as soon as reasonably possible.)

PRE-EXISTING CONDITIONS

For Medical benefits, this insurance does not cover:

Any Injury or Illness which meets the following criteria: (a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; (b) condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy; For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months. If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first \$15,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$2500). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.