

We will pay benefits for the following Covered Expenses: 1) daily hospital room and board payable at the semi-private room rate; 2) ancillary hospital expenses; 3) inpatient registered nurse services; 4) medical emergency care for room & supplies; 5) outpatient surgical room and supplies; 6) Doctor's non-surgical expenses; 7) doctor's surgical expenses; 8) assistant surgeon; 9) anesthesiologist expenses; 10) outpatient laboratory tests; 11) physiotherapy; 12) outpatient x-ray; 13) diagnostic imaging; 14) outpatient registered nurse services; 15) rehabilitative braces and appliances; 16) prescription drugs; and 17) medical services and supplies.

Dental Expense Benefit (Injury Only): We will pay 100% of the Usual and Customary Charges incurred for dental services rendered to an Insured, including dental x-rays for the repair, treatment and/or replacement of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, up to a maximum of \$5,000. If, within the 52-week Benefit Period, your attending dentist certifies that dental treatment and/or replacement must be deferred beyond the Benefit Period, We will pay the estimated cost for Covered Expenses incurred for such treatment. We will pay this Benefit in addition to any other Benefit payable under the Policy.

Ambulance Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for ground transportation from the emergency site to the hospital (includes air ambulance when, in the judgment of a duly authorized medical authority or senior representative of the camp or activity, such service is required to facilitate treatment of Injuries and no other ambulance service is available). The maximum amount payable is \$6,000 per covered Accident or Sickness. Benefits are subject to a maximum benefit period of 52 weeks after the date of the covered Accident or first treatment of a covered Sickness. We will pay this Benefit in addition to any other Benefit payable under the Policy.

Disability Benefit (Applies Only to Class II): We will pay a weekly benefit of \$200 if an Insured is Totally Disabled as a direct result of, and from no other cause but, a covered Accident or Sickness. Disability Benefits will begin when: 1) the seven-day benefit waiting period is satisfied; and 3) the Insured provides satisfactory proof of Total Disability to Us. Benefit Payments will end on the first of the following dates: 1) the date the Insured dies; or 2) the date the Insured is no longer Totally Disabled; or 3) the date the Maximum Benefit Period for this benefit ends; or 4) the date the Insured fails to submit satisfactory proof of continuing Total Disability.

"Total Disability" or "Totally Disabled" means, due to an Injury from a Covered Accident or Sickness, an Insured: 1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and 2) if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

Return Transportation Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for transportation expenses if, as a result of a covered Accident or Sickness, the Insured's Doctor requires him or her to return home from a Covered Activity. The maximum amount payable is \$1,500 per covered Accident or Sickness. This benefit includes the cost of one person to accompany the Insured on the trip. If the Insured is deceased, We will pay expenses incurred for an immediate family member to accompany the body. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses, in advance.

Specified Injury Expense Benefit: We will pay 100% of the Usual and Customary Charges incurred for the treatment of a) loss of sight in both eyes; b) Dismemberment of any extremity; c) Paralysis; d) irreversible coma; e) entire loss of speech; or f) loss of hearing in both ears, up to a maximum of \$35,000.

"Dismemberment of any extremity" means complete Severance of hand, foot, arm or, leg. "Severance" means the complete separation and dismemberment of the part from the body. "Paralysis" means total loss of use of: a) both upper and lower limbs; upper and lower limbs on one side of the body; one lower limb or one upper limb; or both lower limbs or both upper limbs. "Irreversible Coma" means: a) a state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society), and b) a diagnosis of brain death by the attending Doctor.

Primary Excess Benefit Provision: We pay the first \$300 of covered Accident Medical Expenses without regard to any other Health Care Plan benefits payable for the Insured. We will then pay expenses: 1) after the Insured satisfies any Deductible; and 2) only when they are in excess of any amounts payable by any other Health Care Plan. We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan. This benefit provision does not apply to Accidental Death and Dismemberment and Total Disability Benefits.

Exclusions and Limitations: We will not pay benefits for any loss or Injury that is caused by, or results from: 1) intentionally self-inflicted Injury; 2) suicide or attempted suicide; or 3) war or any act of war, whether declared or not.

In addition to the exclusions above, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by: 1) Treatment by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Insured's household; 2) Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them, or repair or replacement thereof; 3) Dental treatment or dental X-rays, except when required as the result of Injuries to sound, natural teeth; or 4) Injury paid or payable by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.

To file a Claim, please call: Health Special Risk, Inc. 1-866-726-8870 HSR Plaza 4001 N. Josey Lane, Carrollton, TX 75007-1520

Health Special Risk, Inc. will provide you with instructions on how to file your claim. The Insured must notify Health Special Risk within 90 days of an Accident or loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the Policy Number.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy Number PTP N00327402, issued to the Boy Scouts of America. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.