

# TravelGap® Single Trip

Health Insurance and Assistance  
for International Travel

## To Enroll in TravelGap Single Trip

by Mail, Phone, Fax or Online

HTH Worldwide



Mail Crossborder Services LLC  
13 Cottonwood Court  
Plainsboro, NJ 08536

Visit [www.americanvisitorinsurance.com](http://www.americanvisitorinsurance.com)  
E-Mail [info@americanvisitorinsurance.com](mailto:info@americanvisitorinsurance.com)

Call 877-340-7910

**HTH Worldwide**

*Helping world travelers  
stay safe and healthy*

Crossborder Services LLC

Short-term health insurance for U.S. residents traveling abroad

## WHAT IS TRAVELGAP® SINGLE TRIP?

*TravelGap® Single Trip provides international health insurance for trips lasting up to 6 months, including a complete set of services to help you identify, access and pay for quality healthcare services anywhere in the world.*

### **TravelGap® Single Trip fills health and safety gaps internationally:**

**Insurance** — Even if you are already enrolled in a health plan, your coverage is limited when you travel abroad. In fact, your plan may not pay to have you safely evacuated if you are critically ill.

**Information** — Where do you turn to learn which hospitals and physicians meet your standards? Keep up with breaking news about health and safety threats? Translate key medical terms and brand-name drugs?

**Access to quality care** — How do you find a western-trained, English-speaking doctor with the appropriate skills? How do you arrange a convenient appointment?

**Each TravelGap® Single Trip policy includes broad, deep and reliable Global Health and Safety Services easily accessed through the web or HTH's toll-free customer service center.**

## WHY CHOOSE HTH WORLDWIDE?

### **Strength of a U.S. Insurer**

TravelGap® Single Trip is insured by member companies of HM Insurance Group: HM Life Insurance Company and HM Life Insurance Company of New York are rated A- (Excellent) by A.M. Best Company. The Excellent ratings reflect the organization's ability to meet the financial obligations of its policyholders.

### **Better Coverage**

Our plans have met the standards of state regulators and feature coverage more generous than plans sold as "surplus coverage" by foreign, nonadmitted insurers. For example, our plans do not restrict illnesses or injuries resulting from a terrorist act. In addition, we do not impose precertification penalties for hospitalization. Lastly, we provide coverage for preexisting conditions for medical evacuation. Preexisting conditions are also covered in other instances by our Excursion plan.

### **Highest Standards of Service**

HTH Worldwide is a leader in international health insurance and assistance. Every aspect of HTH insurance programs is designed to meet the highest expectation for quality and service.

### **10-Day Money-Back Guarantee**

We are so confident in our products that we offer the best guarantee in the business! If you are not completely satisfied with your TravelGap® Single Trip purchase, return your ID card to HTH within 10 days of receipt and include a letter indicating your desire to cancel. If you have not departed on your trip before the date of the letter, you will receive a full refund.

## HTH MOBILE HEALTH<sup>SM</sup>

TravelGap Single Trip provides convenient access to HTH's Global Health and Safety databases online and via **HTH Mobile Health**. Travelers can search for a doctor or translate medical terms, phrases and medications right from their handheld mobile device.



## TRAVELGAP® SINGLE TRIP

BENEFITS			
• Maximum Benefit per Insured Person per policy period		• Four Options: \$50,000; \$100,000; \$500,000; \$1,000,000	
• Deductible per Insured Person per policy period		• Four Options: \$0; \$100; \$250; \$500	
After the Deductible is satisfied, benefits are paid for Covered Expenses as follows up to the Medical Limit			
Medical Benefit		Insurer Pays After Medical Benefit Deduction Is Paid	
		TRAVELGAP® VOYAGER	TRAVELGAP® EXCURSION <sup>1</sup>
Professional Services	Surgery, anesthesia, radiation therapy, inpatient doctor visits, X-ray and lab	100%	100%
	Office visits, including X-rays and lab	100%	100%
Inpatient Hospital Services	Surgery, X-rays and lab	100%	100%
	Inpatient medical emergency	100%	100%
Other	Ambulatory surgical center	100%	100%
	Ambulance service	100% up to \$1,000	100% up to \$1,000
	Claims resulting from downhill skiing and scuba diving	Maximum Benefit up to \$10,000	Maximum Benefit up to \$10,000
	Outpatient prescription drugs outside the U.S.	50% of Covered Expenses	100% of Covered Expenses
	Dental care required due to an injury	100% of Covered Expenses up to \$200 maximum per Trip Period and \$200 per tooth	100% of Covered Expenses up to \$500 maximum per Trip Period and \$250 per tooth
	Dental care for relief of pain	100% of Covered Expenses up to \$100 maximum per Trip Period and \$100 per tooth	100% of Covered Expenses up to \$500 maximum per Trip Period and \$250 per tooth
Additional Benefits		Insurer Pays Without a Deductible	
		TRAVELGAP® VOYAGER	TRAVELGAP® EXCURSION
Accidental Death and Dismemberment		Maximum Benefit Principal Sum up to \$25,000	Maximum Benefit Principal Sum up to \$50,000
Repatriation of Remains		Maximum Benefit up to \$25,000	Maximum Benefit up to \$25,000
Medical Evacuation		Maximum Benefit per Trip Period for all evacuations up to \$500,000	Maximum Benefit per Trip Period for all evacuations up to \$500,000
Bedside Visit		Maximum Benefit per Trip Period up to \$1,500 or the cost of one economy round-trip airfare ticket	Maximum Benefit per Trip Period up to \$1,500 or the cost of one economy round-trip airfare ticket

### Travel Reimbursement Services

All participants covered by this insurance plan are enrolled in the Global Citizens Associations whose members are entitled (subject to submission of the proper documentation) to a total of a **\$500 allowance, and limited to \$100 per incident**, to cover costs associated with each of the following incidents: Re-issuing a lost passport, Re-issuing a lost airline ticket, Replacing a lost piece of luggage that has not been returned (limited to \$100 per piece of luggage) while on your covered trip. This does not include luggage that was temporarily delayed or lost and later recovered.

All participants are eligible for an additional **allowance up to \$500** if, post departure, your trip is shortened or interrupted for medical reasons, a terrorist event or an imminent threat\* to personal safety. In that event, a participant will be reimbursed for the cost of changing an airline ticket or ground transportation ticket of the same class as the unused travel ticket to return home in an amount up to \$500 (subject to submission of the proper documentation such as a medical report).

\*Threat must be documented by U.S. State Department travel warning that is issued during your trip

<sup>1</sup> To be eligible for TravelGap® Excursion, you must be enrolled in a primary health plan. See plan summary section for details.

### Please note: you can only purchase TravelGap® Single Trip prior to departing on your trip.

The benefits outlined in the table show the payment percentages for Covered Expenses AFTER the Insured Person has satisfied their Deductible. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. HTH Contracted Providers are contracted to accept Reasonable Charges. This plan is available to U.S. residents, age 74 or younger (84 or younger for the Excursion plan), who live in approved states. This is a non-renewable plan. Subsequent periods of insurance can be purchased, in which case new Deductible, Eligibility and Preexisting Condition Exclusions will apply.

## TRAVELGAP® SINGLE TRIP VOYAGER

## TRAVELGAP® SINGLE TRIP EXCURSION

TravelGap® Single Trip rates are based on the traveler's age and number of travel days (7-day minimum). Rates are available at the deductibles and medical limits shown below. See the "Cost Calculation" guide on the next panel to help calculate your cost. Please note: policies sold to New York residents will be subject to a 30% load factor.

Daily Rate Tables				
Maximum Benefit:	\$50,000	\$100,000	\$500,000	\$1,000,000
Age				
<b>\$0 Deductible</b>				
0-18	\$ 0.72	\$ 0.96	\$ 1.00	\$ 1.02
19-29	\$ 1.23	\$ 1.46	\$ 1.54	\$ 1.57
30-39	\$ 1.45	\$ 1.72	\$ 1.79	\$ 1.87
40-49	\$ 2.34	\$ 2.49	\$ 2.61	\$ 2.66
50-59	\$ 3.63	\$ 3.91	\$ 4.11	\$ 4.21
60-64	\$ 4.33	\$ 4.68	\$ 4.95	\$ 5.08
65-69	\$ 5.42	\$ 5.80	\$ 6.60	\$ 6.79
70-74	\$ 7.91	\$ 8.56	\$ 9.08	\$ 9.36
75-84	n/a	n/a	n/a	n/a
<b>\$100 Deductible</b>				
0-18	\$ 0.65	\$ 0.86	\$ 0.90	\$ 0.93
19-29	\$ 1.04	\$ 1.21	\$ 1.38	\$ 1.40
30-39	\$ 1.22	\$ 1.45	\$ 1.62	\$ 1.64
40-49	\$ 2.07	\$ 2.28	\$ 2.37	\$ 2.42
50-59	\$ 3.50	\$ 3.92	\$ 3.72	\$ 3.81
60-64	\$ 4.35	\$ 5.15	\$ 4.48	\$ 4.62
65-69	\$ 5.00	\$ 5.60	\$ 5.99	\$ 6.17
70-74	\$ 7.70	\$ 8.50	\$ 8.25	\$ 8.50
75-84	n/a	n/a	n/a	n/a
<b>\$250 Deductible</b>				
0-18	\$ 0.58	\$ 0.78	\$ 0.87	\$ 0.87
19-29	\$ 0.94	\$ 1.11	\$ 1.31	\$ 1.33
30-39	\$ 1.11	\$ 1.30	\$ 1.51	\$ 1.56
40-49	\$ 1.88	\$ 2.08	\$ 2.20	\$ 2.24
50-59	\$ 3.16	\$ 3.56	\$ 3.42	\$ 3.49
60-64	\$ 3.98	\$ 4.65	\$ 4.09	\$ 4.20
65-69	\$ 4.55	\$ 5.05	\$ 5.44	\$ 5.60
70-74	\$ 7.22	\$ 6.98	\$ 7.47	\$ 7.69
75-84	n/a	n/a	n/a	n/a
<b>\$500 Deductible</b>				
0-18	\$ 0.50	\$ 0.70	\$ 0.82	\$ 0.82
19-29	\$ 0.85	\$ 1.00	\$ 1.27	\$ 1.27
30-39	\$ 1.00	\$ 1.18	\$ 1.44	\$ 1.47
40-49	\$ 1.68	\$ 1.86	\$ 2.04	\$ 2.09
50-59	\$ 2.85	\$ 3.20	\$ 3.13	\$ 3.24
60-64	\$ 3.25	\$ 3.88	\$ 3.76	\$ 3.87
65-69	\$ 3.88	\$ 4.15	\$ 4.98	\$ 5.13
70-74	\$ 5.68	\$ 6.31	\$ 6.82	\$ 7.04
75-84	n/a	n/a	n/a	n/a

Rates include a \$3 membership fee

Daily Rate Tables				
Maximum Benefit:	\$50,000	\$100,000	\$500,000	\$1,000,000
Age				
<b>\$0 Deductible</b>				
0-18	\$ 0.74	\$ 0.98	\$ 1.12	\$ 1.14
19-29	\$ 1.24	\$ 1.47	\$ 1.71	\$ 1.74
30-39	\$ 1.46	\$ 1.72	\$ 1.98	\$ 2.01
40-49	\$ 2.37	\$ 2.60	\$ 2.87	\$ 2.93
50-59	\$ 3.99	\$ 4.46	\$ 4.51	\$ 4.62
60-64	\$ 4.75	\$ 5.13	\$ 5.43	\$ 5.57
65-69	\$ 5.40	\$ 5.81	\$ 7.22	\$ 7.43
70-74	\$ 7.94	\$ 9.36	\$ 9.93	\$ 10.23
75-84	\$ 15.80	\$ 18.69	\$ 19.82	\$ 20.43
<b>\$100 Deductible</b>				
0-18	\$ 0.70	\$ 0.85	\$ 1.02	\$ 1.04
19-29	\$ 1.06	\$ 1.22	\$ 1.53	\$ 1.55
30-39	\$ 1.22	\$ 1.45	\$ 1.79	\$ 1.81
40-49	\$ 2.09	\$ 2.30	\$ 2.61	\$ 2.66
50-59	\$ 3.50	\$ 3.95	\$ 4.09	\$ 4.19
60-64	\$ 4.00	\$ 4.75	\$ 4.92	\$ 5.05
65-69	\$ 4.75	\$ 5.10	\$ 6.56	\$ 6.75
70-74	\$ 6.90	\$ 9.50	\$ 9.03	\$ 9.28
75-84	\$ 14.50	\$ 17.47	\$ 18.02	\$ 18.55
<b>\$250 Deductible</b>				
0-18	\$ 0.63	\$ 0.79	\$ 0.94	\$ 1.00
19-29	\$ 0.94	\$ 1.12	\$ 1.46	\$ 1.48
30-39	\$ 1.12	\$ 1.32	\$ 1.68	\$ 1.73
40-49	\$ 1.88	\$ 2.08	\$ 2.43	\$ 2.48
50-59	\$ 3.18	\$ 3.58	\$ 3.76	\$ 3.83
60-64	\$ 3.62	\$ 4.32	\$ 4.49	\$ 4.61
65-69	\$ 4.32	\$ 4.60	\$ 5.96	\$ 6.13
70-74	\$ 6.30	\$ 7.60	\$ 8.17	\$ 8.41
75-84	\$ 12.60	\$ 15.24	\$ 16.31	\$ 16.79
<b>\$500 Deductible</b>				
0-18	\$ 0.50	\$ 0.70	\$ 0.84	\$ 0.95
19-29	\$ 0.84	\$ 1.00	\$ 1.41	\$ 1.44
30-39	\$ 1.00	\$ 1.18	\$ 1.60	\$ 1.63
40-49	\$ 1.70	\$ 1.85	\$ 2.26	\$ 2.31
50-59	\$ 2.85	\$ 3.20	\$ 3.45	\$ 3.57
60-64	\$ 3.25	\$ 4.20	\$ 4.12	\$ 4.24
65-69	\$ 3.90	\$ 4.15	\$ 5.46	\$ 5.63
70-74	\$ 5.70	\$ 7.10	\$ 7.47	\$ 7.71
75-84	\$ 11.25	\$ 13.79	\$ 14.90	\$ 15.39

Rates include a \$3 membership fee

## HOW TO ORDER

## TRAVELGAP® ENROLLMENT FORM



### by Mail, Phone, Fax or Online

Applications are available online or may be initiated by telephone or email. **See front cover for details.**

## COST CALCULATION

Rates are based on the deductible and medical limit you choose along with your age and the length of your trip. The plan pricing tables provide daily rates based on these variables.

### Three easy steps to calculate your plan cost:

- Step 1** - Pick a plan deductible and medical limit from the rate tables
- Step 2** - Find the corresponding daily rate based on the age of the enrollee
- Step 3** - Multiply the daily rate by the number of travel days required (7-day minimum)

**If residing in NY, please multiply your total by 1.3.**

### Cost Calculation Example:

A 50-year-old traveler selecting a TravelGap® Excursion plan with a \$250 deductible and a \$500,000 medical limit would pay a daily rate of \$3.76. For a 10-day trip, the plan cost would be  $\$3.76 \times 10 = \$37.60$

#### Please Note

If you purchase the TravelGap® Single Trip Excursion plan, you must be concurrently covered by a primary health plan (please see Plan Summary section for a definition of a Primary Plan), and you are not subject to a Preexisting Conditions exclusion (please see Preexisting Conditions in the Exclusions section).

### Insured Traveler Information

Please enroll me in the following plan:  Voyager  Excursion

Deductible Choice \$ \_\_\_\_\_

Medical Limit Choice \$ \_\_\_\_\_

Enrollee Name	DOB (mm/dd/yyyy)	\$ _____	Plan Cost
Spouse's Name	DOB (mm/dd/yyyy)	\$ _____	Plan Cost
Child's Name	DOB (mm/dd/yyyy)	\$ _____	Plan Cost
Child's Name	DOB (mm/dd/yyyy)	\$ _____	Plan Cost
<b>TOTAL</b>			\$ _____

For additional children, please attach detailed sheet.

### Please send the fulfillment packet to:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Trip Information

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Number of Travel Days: \_\_\_\_\_

### Payment Options

Type:  Personal Check (make checks payable to "HTH Worldwide")  
 VISA  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: (if different from above): \_\_\_\_\_

I understand that certain medical conditions are not covered. For details, refer to the "Exclusions" section of this brochure. I certify that I live in an eligible state (please check with your agent or call HTH for availability). I certify that the ages of insureds listed in this enrollment form are true and correct. I understand that failure to provide correct ages may affect my coverage. I acknowledge that I have read the fraud statements found in this brochure (if applicable).

**For Excursion purchasers: I agree that all Travelers are currently covered by a primary health plan.**

Beneficiary Name: \_\_\_\_\_

Beneficiary Relation: \_\_\_\_\_

**Signature of Enrollee:** \_\_\_\_\_

### Please read and sign

I declare to the best of my knowledge and believe that the information given in this enrollment form is true and complete. By signing and returning this form, I agree and acknowledge that any use of the HTH Global Health and Safety Services is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet.

**Signature of Enrollee:** \_\_\_\_\_

To find a doctor or healthcare information for your destination, please visit **hthtravelinsurance.com**. Click on member login, click on register here and enter your certificate number and other details. Your certificate number will be included in your welcome packet.

For Agents use only.

Agent # 41782

# PLAN SUMMARY

**Requirements for an Insured Person:** An Insured Person must be (1) a resident of the U.S.; (2) under age 75 (for the Excursion plan under age 85); (3) traveling outside the U.S.; and (4) scheduled to spend at least 24 hours away from his/her Home and; (5) must be enrolled in a primary health plan for the Excursion plan only.

**Primary Plan** is a Group health benefit plan, an individual health benefit plan or a governmental health plan designed to be the first payer of claims for an Insured Person. If Medicare is the Primary Plan, see the Certificate of Coverage to determine how this Plan will pay benefits.

**Trip Coverage Period Start Date:** For a scheduled trip to a Foreign Country, the Insured Person's coverage starts when he/she boards a conveyance at the start of the trip.

**Trip Coverage Period End Date:** Coverage ends: (1) for a scheduled trip to a Foreign Country, when the Insured Person alights from a conveyance at the completion of the trip; or (2) if the Insured Person is covered under the Medical Evacuation Benefit, upon the Insured Person's evacuation to his/her Home Area.

**Maximum Trip Coverage Period:** Coverage for any one trip may not exceed 180 days.

**Excess Coverage:** This Plan will reduce the amount payable by the amount to which the Insured Person is entitled, whether or not a claim is made for the benefits, under any Other Plan. The Coverage Area is any place that is outside the United States.

**Benefits:** An Insured Person is eligible for benefits only during the Trip Coverage Period. The benefits purchased will be paid by this Plan for Covered Expenses after the Insured Person has satisfied any Deductible and prior to satisfaction of his/her Out-of-Pocket Maximum. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. The combined total of all medical benefits paid to the Insured Person is limited to the maximum amount purchased.

**Hospitals, Physicians and Other Providers:** The amount that will be treated as a Covered Expense for services provided by a Provider will not exceed the lesser of actual billed charges or a Reasonable Charge. Exception: If Medicare is the primary payer, there are special rules that apply to the payment of benefits. See the Certificate of Coverage or insurance policy for these rules. The Insured Person will always be responsible for any expense incurred that is not covered under this Plan.

**Limited Benefits:** This Plan pays: (1) for Ambulance Service (Nonmedical Evacuation), 100% up to \$1,000; (2) for claims resulting from (a) downhill (alpine) skiing and (b) scuba diving (certification by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI) or diving under the supervision of a certified instructor is required), 100% up to \$10,000; (3) for Outpatient prescription drugs outside the U.S., 50% (100% for the Excursion plan) of Reasonable Charges for Covered Expenses; (4) For Dental Care required due to an Injury, 100% of Covered Expenses up to \$200 (\$500 for the Excursion plan) maximum per Trip Period and \$200 (\$250 for the Excursion Plan) maximum per tooth; and (5) for Dental Care for Relief of Pain, 100% of Covered Expenses up to \$100 (\$500 for the Excursion Plan) maximum per Trip Period and \$100 (\$250 for the Excursion Plan) maximum per tooth.

**Services and Supplies Provided by a Hospital:** For any eligible condition other than for Mental, Emotional or Functional Nervous Conditions or Disorders, Alcoholism or Drug Abuse; this Plan will pay the indicated benefits on Covered Expenses for: (1) inpatient services and supplies provided by the Hospital except private room charges above the prevailing two-bed room rate of the facility and (2) outpatient services and supplies including those in connection with Outpatient surgery performed at an Ambulatory Surgical Center. Payment of Inpatient Covered Expenses is subject to services that are (1) regularly provided and billed by the Hospital and (2) provided only for the number of days required to treat the Insured Person's Illness or Injury. Note: No benefits will be provided for personal items, such as TV, radio, guest trays, etc.

**Professional and Other Services:** This Plan will pay Covered Expenses for: (1) services of a Physician; (2) services of an anesthesiologist or an anesthesiologist; (3) outpatient diagnostic radiology and laboratory services; (4) radiation therapy and hemodialysis treatment; (5) surgical implants; (6) artificial limbs or eyes; (7) the first pair of contact lenses or the first pair of eyeglasses when required as a

result of a covered eye surgery; (8) self-administered injectable drugs; (9) syringes when dispensed with self-administered, injectable drugs (except insulin); (10) blood transfusions, including blood processing and the cost of unreplaced blood and blood products; (11) services for the detection and prevention of osteoporosis for qualified individuals; and (12) rental or purchase of medical equipment and/or supplies.

**Complications of Pregnancy:** Complications of Pregnancy are covered under this Plan as any other medical condition.

**Treatment Received from Foreign Country Providers:** Benefits for services and supplies received from Foreign Country Providers are covered. The Insured Person may seek the assistance of HTH in locating a provider.

**Accidental Death and Dismemberment Benefit:** This Plan will pay the benefit stated below if a Insured Person sustains an Injury resulting in any of the losses stated below within 365 days after the date the Injury is sustained: Loss of life - 100% of the Principal Sum or Loss of one hand, one foot or the sight in one eye - 50% of the Principal Sum.

Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye.

If more than one of the losses stated above is due to the same Accident, this Plan will pay 100% of the Principal Sum. In no event will this Plan pay more than the Principal Sum for loss to the Insured Person due to any one Accident.

There is no coverage for loss of life or dismemberment for or arising from an Accident in the Insured Person's Home Country.

**Repatriation of Remains Benefit:** If an Injury or a Sickness results in the Insured Person's loss of life outside the U.S., this Plan will pay the Reasonable Expense incurred for cremation or for preparation of the body for burial in, and for transportation of the body to, the Home Area up to the maximum stated for this benefit in Benefits chart above. This Plan will not pay any claims unless the expense has been approved by the Administrator before the body is prepared for transportation.

**Medical Evacuation Benefit:** If an Insured Person sustains an Injury or suffers a sudden Sickness while traveling outside the U.S., the Insurer will pay the Medically Necessary expenses incurred, up to the lifetime Maximum Limit for all medical evacuations shown in the Benefit Overview Matrix, for a medical evacuation to the nearest Hospital, appropriate medical facility or back to the Insured Person's home area. Transportation must be by the most direct and economical route. However, before the Insurer makes any payment, it requires written certification by the attending Physician that the evacuation is Medically Necessary. No benefits are payable under any other provision of the Policy for expense incurred by the Insured Person on and after the date of the evacuation to the Insured Person's home area. Evacuation of the Insured Person to his or her home area terminates further insurance under the Policy for the trip. The Insurer will pay Reasonable Charges for escort services if the Insured Person is a minor or if the Insured Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer. Any expenses for medical evacuation require the Insurer's prior approval.

**Bedside Visit Benefit:** If the Insured Person is Hospital Confined due to an Injury or Sickness for more than 7 days while traveling outside the U.S., this Plan will pay up to a maximum benefit of \$1,500 for the cost of one economy round-trip airfare ticket to the place of the Hospital Confinement for one person designated by the Insured Person. This benefit is payable only once for a trip, regardless of the number of Insured Persons on that trip. No more than one visit may be made during any 12-month period. No benefits are payable prior to the end of the 7-day Hospital Confinement. No benefits are payable unless the trip is approved in advance by the Administrator.

**Extension of Benefits:** No benefits are payable for medical services received after the Insured Person's insurance terminates. However, if he/she is in a Hospital on the date the insurance terminates, this Plan will continue to pay the medical treatment benefits until the earlier of the date the confinement ends or 31 days after the date the insurance terminates.

### Exclusions: The Plan does not provide benefits for\*:

1. Any amounts in excess of maximum amounts paid by this Plan.
2. Services not specifically listed in this Plan as Covered Services.
3. Services or supplies that are not Medically Necessary.
4. Services or supplies that are Experimental or Investigative.
5. Services received before the Effective Date of coverage or during an inpatient stay that began before that Effective Date of Coverage.
6. Services received after coverage ends.
7. Services for which the Insured Person has no legal obligation to pay or for which no charge would be made if he/she did not have insurance.
8. Services for any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
9. Treatment or medical services required while traveling against the advice of a Physician, while on a waiting list for a specific treatment or when traveling for the purpose of obtaining medical treatment.
10. Services related to pregnancy or maternity care other than for complications of pregnancy that may arise during a Trip Coverage Period.
11. Conditions caused by or contributed by (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion or riot; (e) services received for any condition caused by an Insured Person's commission of, or attempt to commit, a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) an Insured Person, age 19 or older, being under the influence of alcohol or intoxicants or of illegal narcotics or nonprescribed controlled substances unless administered on the advice of a Physician.
12. Any services provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law.
13. Professional services received or supplies purchased from the Insured Person; a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption; or the Insured Person's employer.
14. Inpatient or Outpatient services of a private-duty nurse.
15. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; or services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
16. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests that could have been performed safely on an Outpatient basis.
17. Treatment of Mental, Emotional or Functional Nervous Conditions or Disorders.
18. Treatment of Drug, alcohol or other substance addiction or abuse.
19. Dental services, dentures, bridges, crowns, caps or other dental prostheses; or extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care for Accidental Injury in the Benefits section of this Plan.
20. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
21. Orthodontic services, braces and other orthodontic appliances.
22. Dental Implants: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
23. Routine hearing tests and hearing aids.
24. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient speech therapy.
27. Any drugs, medications or other substances except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.
28. Any intentionally self-inflicted Injury or Illness. This exclusion does not apply to the Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits.
29. Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
30. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
31. Treatment of sexual dysfunction or inadequacy.
32. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.
33. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. Cryopreservation of sperm or eggs.
35. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
36. Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care that involves weight reduction as a main method of treatment.
37. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
38. Charges by a provider for telephone consultations.
39. Items that are furnished primarily for the Eligible Participant's personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
40. Educational services except as specifically provided or arranged by the Administrator.
41. Nutritional counseling or food supplements.
42. Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
43. All infusion therapy together with any associated supplies, Drugs or professional services are excluded.
44. Growth hormone treatment.
45. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
46. Charges for which the Administrator is unable to determine this Plan's liability because the Insured Person failed, within 60 days, or as soon as reasonably possible: (a) to authorize the Administrator to receive all the medical records and information the Administrator requested or (b) to provide the Administrator with information that it requested regarding the circumstances of the claim or other insurance coverage.
47. Charges for the services of a standby Physician.
48. Charges for animal-to-human organ transplants.
49. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
50. Medical treatment, services, supplies or Confinement in a Hospital owned or operated by a national government or its agencies. (This exclusion does not apply to charges the law requires the Insured Person to pay.)
51. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
52. Claims arising from participation in interscholastic or professional and/or nonprofessional club sports or sports events or participation in mountaineering, motor racing, speed contests, skydiving, hang gliding, parachuting, spelunking, heliskiing, extreme skiing or bungee cord jumping.
53. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
54. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the U.S.
55. Under the Repatriation of Remains and Medical Evacuation Benefits for repatriation of remains or medical evacuation of the Covered Accident in the U.S.
56. Treatment of Congenital Conditions.

\*subject to state law

**Please note:** You can only purchase this policy prior to departing on your trip. Exceptions to this rule: if you have purchased a policy prior to departure and would like to extend the current plan or would like to enroll in a subsequent policy. The latter is permitted if you have been overseas for longer than 6 months. If you enroll in a subsequent policy, a new deductible, medical limit and preexisting condition exclusion will apply.

**Preexisting Conditions:** Benefits are not available for any services received on or within 6 months (0 months for the TravelGap® Single Trip Excursion plan) after the Insured Person became insured if those services are related to a Preexisting Condition. Preexisting Condition means a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months (0 months for the Travelgap® Single Trip Excursion plan) immediately preceding the Insured Person's Effective Date of Coverage. This exclusion does not apply to a Newborn who is enrolled within 31 days of birth or a newly adopted child who is enrolled within 31 days from either the date of placement of the child in the home or the date of the final decree of adoption. This exclusion does not apply to the Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits.

**Notice of Claim:** Within 20 days after an Insured Person receives Covered Services, or as soon as reasonably possible, he/she or someone on his/her behalf must notify the Administrator in writing of the claim.

**Proof of Loss:** Within 90 days after the Insured Person receives Covered Services, he/she must send the Administrator written proof of loss. If it is not reasonably possible to give written proof in the time required, the Administrator will not reduce or deny the claim for being late if the proof is filed as soon as reasonably possible. Unless the Insured Person is not legally capable, the required proof must always be given to the Administrator no later than one year from the date otherwise required.

**Time Payment of Claims:** Benefits for a loss covered under this Plan will be paid as soon as the Administrator receives proper written proof of such loss. Any benefits payable to the Insured Participant and unpaid at the Insured Participant's death will be paid to the Insured Person's estate.

**Assignment of Claim Payments:** The Administrator will recognize any assignment made under this Plan if it is duly executed on a form acceptable to the Administrator and a copy is on file with the Administrator. The Administrator assumes no responsibility for the validity or effect of an assignment.

This is a summary of the benefits provided by the insurance policy.

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law. If you are a resident of California, Florida, Kentucky, New Jersey, New York, Ohio, Oklahoma or Pennsylvania see the **FRAUD NOTICE** for additional information. In addition to the fraud warning information on the attached, the fraud warning can be viewed at [hthtravelinsurance.com/fraudagreement.cfm](http://hthtravelinsurance.com/fraudagreement.cfm).

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**The Administrator is HTH Worldwide**

One Radnor Corporate Center  
Suite 100  
Radnor, PA 19087  
1.888.243.2358  
FAX 610.293.3529  
[customerservice@hthworldwide.com](mailto:customerservice@hthworldwide.com)



Underwritten by:

HM Life Insurance Company, Pittsburgh, PA, NAIC # 0812-93440 or HM Life Insurance Company of New York, New York, NY, NAIC # 0812-60213 under policy form series HM207-SI, HM207-TH or HM207-EH GC.

For definitions of key terms and more details, see your Certificate of Coverage. No benefits are payable unless the Insured Person's coverage is in force at the time services are rendered and the payment of benefits is subject to all the terms, conditions, limitations and exclusions of the insurance policy that funds this Plan.

HM-TG-ST08