

# TravelGan® Single Trip

## In. Enroll in TravelGan Single Trip

by Mail [enroll@hthworldwide.com](mailto:enroll@hthworldwide.com)



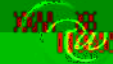
Mail

**HTH Worldwide Insurance Services**

One Radnor Corporate Center, Suite #60

Radnor, PA 19087, USA

Attention: [enroll@hthworldwide.com](mailto:enroll@hthworldwide.com) (Billing Department)



AWSH | [hthtravelinsurance.com](http://hthtravelinsurance.com)

Email: [customerservice@hthworldwide.com](mailto:customerservice@hthworldwide.com)



Call 1.800.243.2308

**HTH Worldwide**





## 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



## 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)

**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 Maximum Out-of-Pocket Limit of \$10,000 per year. If the actual billed charges exceed the Maximum Out-of-Pocket Limit, the Insured Person will be responsible for the excess amount. The Maximum Out-of-Pocket Limit is subject to the terms, conditions and exclusions of the Certificate of Coverage.

**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 Ecfscian.12.This

**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