

# TravelGap® Single Trip

Travel Medical Protection and  
Assistance for International Travel



*Helping world travelers  
stay safe and healthy*

**HTH Worldwide**

Short-term travel medical protection  
for U.S. residents traveling abroad

## WHAT IS TRAVELGAP® SINGLE TRIP?

Short-term travel medical protection, including services to help you identify, access and pay for quality healthcare.

### 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** – Helpful tools and resources to locate network healthcare providers, medical translations, medicine equivalents, and more, available online and through the mPassport® app.

**Access to quality care** – Wherever and whenever, locate contracted “best in class” English-speaking doctors in over 190 countries.

As an HTH Worldwide member, call our Global Service Center 24/7.

## WHY CHOOSE HTH WORLDWIDE?

### Elite Global Provider Network

All providers:

- Are thoroughly reviewed and approved
- Practice Western-style medicine
- Speak fluent English

### Concierge-level Medical Assistance and Customer Service

- Medical assistance and customer service teams are available 24/7/365
- Available to assist with all types of medical concerns, including chronic care support, second opinions, and maternity care

TravelGap® Single Trip is underwritten by Nationwide Mutual Insurance Company and affiliated companies, including Nationwide Life Insurance Company, Columbus, Ohio, rated A+ Superior by A.M. Best.

### Comprehensive Coverage

Our plans excel in providing protection:

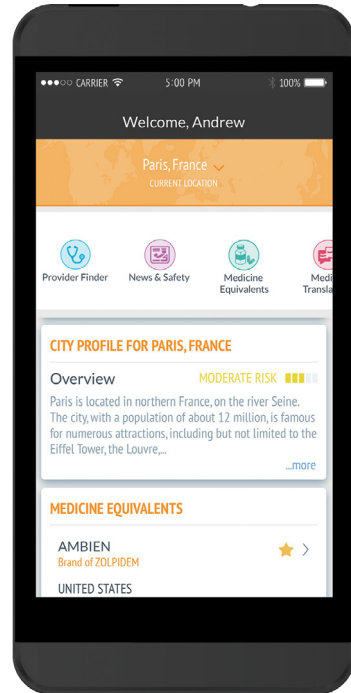
- Our plans do not restrict illnesses or injuries resulting from a terrorist act.
- We do not impose precertification penalties for hospitalization.
- We provide coverage for pre-existing conditions for medical evacuation. Pre-existing conditions are also covered for medical treatment and medical evacuations by our Excursion plan.

### Highest Standards of Service

HTH Worldwide is a leader in international health insurance and assistance. HTH insurance programs are designed to meet the highest expectations for quality and service.

### Money-Back Guarantee

We are so confident in our products that we offer a money-back guarantee! If you are not completely satisfied with your TravelGap® Single Trip purchase, contact us by phone at 888-243-2358 or email customerservice@hthworldwide.com indicating your desire to cancel. To receive a full refund, HTH Worldwide must receive the cancellation request prior to you departing the country and prior to the scheduled departure date of your trip. (Guarantee not available in WA)



## HTH Worldwide Travels With You

With the mPassport® app, world travelers have convenient access to the best local doctors, hospitals and resources anywhere in the world. Search providers for medical, dental, or mental health care and map them using GPS technology.

- **Arrange Direct Pay for upcoming appointments** to secure cashless access to care
- **Access issued Guarantees of Payment** to view and share with others including doctors and hospitals
- **Find a medication's availability**, generic name, and local brand name
- **Translate medical terms and phrases** for many symptoms and situations; use the audio feature to play the translation
- **Display an ID card** on a mobile device and email/fax a copy directly to provider's office
- **File a claim** either by entering information or sending a photo of a completed form
- **View country or city profiles** on crime, terrorism and natural disasters

# 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 Deductible 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%
	Outpatient prescription drugs outside the U.S.	100% of Covered Expenses	100% of Covered Expenses
	Dental care required due to an injury	\$300 per policy period for accident medical expense, \$100 per policy period for sickness medical expense	\$500 per policy period, \$250 per tooth
Additional Benefits			
		TRAVELGAP® VOYAGER	TRAVELGAP® EXCURSION <sup>1</sup>
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
Emergency 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
Transportation to Join the Insured		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
Trip Interruption		Maximum Benefit per Trip Period up to \$1,000	Maximum Benefit per Trip Period up to \$1,000
Trip Delay Lodging & Incidentals		Maximum benefit of \$25 per day, up to 10 days	Maximum benefit of \$50 per day, up to 10 days
Baggage/Personal Effects		Maximum Benefit per Trip Period up to \$500 (\$100 limit per article)	Maximum Benefit per Trip Period up to \$500 (\$100 limit per article)

<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 95 or younger, who live in approved states. This is a nonrenewable plan. Subsequent periods of insurance can be purchased, in which case new Deductible, Eligibility and Pre-existing Condition Exclusions will apply (if applicable).

# 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.

Daily Rate Tables				
Maximum Benefit: Age	\$50,000	\$100,000	\$500,000	\$1,000,000
<b>\$0 Deductible</b>				
0-18	\$ 1.11	\$ 1.22	\$ 1.34	\$ 1.37
19-29	\$ 1.52	\$ 1.69	\$ 1.85	\$ 1.90
30-39	\$ 1.95	\$ 2.14	\$ 2.36	\$ 2.40
40-49	\$ 2.78	\$ 3.06	\$ 3.36	\$ 3.44
50-59	\$ 3.75	\$ 4.12	\$ 4.54	\$ 4.64
60-64	\$ 5.55	\$ 6.10	\$ 6.72	\$ 6.87
65-69	\$ 6.95	\$ 7.61	\$ 8.42	\$ 8.60
70-74	\$ 11.11	\$ 12.19	\$ 13.46	\$ 13.73
75-84	\$ 19.45	\$ 21.32	\$ 23.56	\$ 24.04
85-95	\$ 24.31	\$ 26.66	\$ 29.45	\$ 30.05
<b>\$100 Deductible</b>				
0-18	\$ 0.98	\$ 1.08	\$ 1.22	\$ 1.24
19-29	\$ 1.34	\$ 1.49	\$ 1.70	\$ 1.72
30-39	\$ 1.72	\$ 1.90	\$ 2.15	\$ 2.18
40-49	\$ 2.46	\$ 2.70	\$ 3.07	\$ 3.12
50-59	\$ 3.31	\$ 3.65	\$ 4.13	\$ 4.21
60-64	\$ 4.89	\$ 5.40	\$ 6.12	\$ 6.24
65-69	\$ 6.13	\$ 6.75	\$ 7.65	\$ 7.79
70-74	\$ 9.80	\$ 10.78	\$ 12.24	\$ 12.47
75-84	\$ 17.50	\$ 18.88	\$ 21.42	\$ 21.84
85-95	\$ 21.44	\$ 23.60	\$ 26.78	\$ 27.29
<b>\$250 Deductible</b>				
0-18	\$ 0.88	\$ 0.97	\$ 1.13	\$ 1.16
19-29	\$ 1.20	\$ 1.33	\$ 1.56	\$ 1.59
30-39	\$ 1.54	\$ 1.72	\$ 1.99	\$ 2.04
40-49	\$ 2.20	\$ 2.44	\$ 2.86	\$ 2.91
50-59	\$ 2.97	\$ 3.30	\$ 3.84	\$ 3.93
60-64	\$ 4.41	\$ 4.87	\$ 5.70	\$ 5.82
65-69	\$ 5.51	\$ 6.10	\$ 7.12	\$ 7.27
70-74	\$ 8.82	\$ 9.75	\$ 11.39	\$ 11.63
75-84	\$ 15.43	\$ 17.06	\$ 19.94	\$ 20.35
85-95	\$ 19.29	\$ 21.32	\$ 24.92	\$ 25.44
<b>\$500 Deductible</b>				
0-18	\$ 0.80	\$ 0.86	\$ 1.05	\$ 1.08
19-29	\$ 1.10	\$ 1.19	\$ 1.45	\$ 1.49
30-39	\$ 1.39	\$ 1.52	\$ 1.85	\$ 1.91
40-49	\$ 1.99	\$ 2.17	\$ 2.66	\$ 2.71
50-59	\$ 2.70	\$ 2.93	\$ 3.57	\$ 3.66
60-64	\$ 3.98	\$ 4.34	\$ 5.30	\$ 5.43
65-69	\$ 4.99	\$ 5.44	\$ 6.62	\$ 6.78
70-74	\$ 7.97	\$ 8.67	\$ 10.59	\$ 10.82
75-84	\$ 13.94	\$ 15.19	\$ 18.55	\$ 18.96
85-95	\$ 17.43	\$ 18.99	\$ 23.18	\$ 23.70

Daily Rate Tables				
Maximum Benefit: Age	\$50,000	\$100,000	\$500,000	\$1,000,000
<b>\$0 Deductible</b>				
0-18	\$ 1.19	\$ 1.31	\$ 1.44	\$ 1.47
19-29	\$ 1.63	\$ 1.81	\$ 1.98	\$ 2.03
30-39	\$ 2.08	\$ 2.29	\$ 2.52	\$ 2.57
40-49	\$ 2.98	\$ 3.28	\$ 3.60	\$ 3.69
50-59	\$ 4.02	\$ 4.42	\$ 4.87	\$ 4.97
60-64	\$ 5.94	\$ 6.53	\$ 7.20	\$ 7.36
65-69	\$ 7.45	\$ 8.15	\$ 9.01	\$ 9.21
70-74	\$ 11.90	\$ 13.05	\$ 14.42	\$ 14.71
75-84	\$ 20.83	\$ 22.84	\$ 25.24	\$ 25.75
85-95	\$ 26.04	\$ 28.56	\$ 31.54	\$ 32.19
<b>\$100 Deductible</b>				
0-18	\$ 1.05	\$ 1.16	\$ 1.31	\$ 1.33
19-29	\$ 1.44	\$ 1.60	\$ 1.82	\$ 1.84
30-39	\$ 1.84	\$ 2.03	\$ 2.30	\$ 2.33
40-49	\$ 2.63	\$ 2.89	\$ 3.29	\$ 3.34
50-59	\$ 3.55	\$ 3.91	\$ 4.43	\$ 4.51
60-64	\$ 5.24	\$ 5.78	\$ 6.55	\$ 6.68
65-69	\$ 6.56	\$ 7.23	\$ 8.20	\$ 8.35
70-74	\$ 10.50	\$ 11.55	\$ 13.11	\$ 13.36
75-84	\$ 18.37	\$ 20.22	\$ 22.95	\$ 23.39
85-95	\$ 22.97	\$ 25.28	\$ 28.69	\$ 29.23
<b>\$250 Deductible</b>				
0-18	\$ 0.95	\$ 1.04	\$ 1.21	\$ 1.25
19-29	\$ 1.29	\$ 1.43	\$ 1.68	\$ 1.71
30-39	\$ 1.65	\$ 1.84	\$ 2.13	\$ 2.18
40-49	\$ 2.35	\$ 2.61	\$ 3.06	\$ 3.12
50-59	\$ 3.18	\$ 3.53	\$ 4.12	\$ 4.21
60-64	\$ 4.73	\$ 5.22	\$ 6.10	\$ 6.23
65-69	\$ 5.90	\$ 6.53	\$ 7.63	\$ 7.79
70-74	\$ 9.44	\$ 10.44	\$ 12.21	\$ 12.46
75-84	\$ 16.52	\$ 18.28	\$ 21.36	\$ 21.80
85-95	\$ 20.66	\$ 22.84	\$ 26.70	\$ 27.25
<b>\$500 Deductible</b>				
0-18	\$ 0.86	\$ 0.92	\$ 1.13	\$ 1.16
19-29	\$ 1.18	\$ 1.28	\$ 1.56	\$ 1.60
30-39	\$ 1.49	\$ 1.63	\$ 1.98	\$ 2.04
40-49	\$ 2.13	\$ 2.32	\$ 2.85	\$ 2.90
50-59	\$ 2.89	\$ 3.14	\$ 3.82	\$ 3.92
60-64	\$ 4.27	\$ 4.65	\$ 5.67	\$ 5.81
65-69	\$ 5.35	\$ 5.82	\$ 7.09	\$ 7.26
70-74	\$ 8.54	\$ 9.28	\$ 11.35	\$ 11.59
75-84	\$ 14.93	\$ 16.27	\$ 19.87	\$ 20.31
85-95	\$ 18.67	\$ 20.34	\$ 24.83	\$ 25.39

Rates are subject to change without notice. Rates effective July 1, 2022.

# HOW TO ORDER



by Mail, Phone, Fax or Online

Applications are available online or may be initiated by telephone or email. **See back 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)

### Cost Calculation Example:

*A 50-year-old traveler selecting a TravelGap Excursion Plan plan with a \$250 deductible and a \$500,000 medical limit would pay a daily rate of \$4.12. For a 10-day trip, the plan cost would be  $\$4.12 \times 10 = \$41.20$*

### Please Note

If you purchase the TravelGap® Single Trip Excursion plan, you must be concurrently covered by a primary health plan and you are not subject to a Pre-existing Conditions exclusion. TravelGap® Single Trip Voyager has a Pre-existing Condition exclusion.

# PLAN SUMMARY

## TERM OF COVERAGE

WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country. Coverage will not begin before the Effective Date shown on Your purchase confirmation.

WHEN YOUR COVERAGE ENDS - All Coverages will end the earliest of the following:

- (a) 11:59 P.M. local time on the date the Policy is terminated;
- (b) the Scheduled Return Date as stated on the travel tickets;
- (c) the date and time You return to Your origination point if prior to the Scheduled Return Date;
- (d) when Your Trip exceeds one hundred eighty (180) days;
- (e) upon Your return to Your Home Country.

GENERAL DEFINITIONS -Throughout this document, when capitalized, certain words and phrases are defined as follows:

**Accident** means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accidental Injury** means Bodily Injury caused by an Accident (of external origin) that: 1) occurs while Your coverage is in effect under this Policy; and 2) requires physical examination and medical treatment by a Physician. The Injury must be the direct cause of loss, must be independent of all other causes, and must not be caused by or resulting from Your Sickness.

**Actual Cash Value** means the lesser of the replacement cost and the purchase price less Depreciation.

**Bodily Contact Sports** means any competitive team sport in which players or participants may have direct physical contact with an opponent. Bodily Contact Sports include but are not limited to: football, soccer, wrestling, ice hockey, rugby and lacrosse.

**Bodily Injury** means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis, limousines, and ride share services are not Common Carriers as defined herein.

**Company** means Nationwide Mutual Insurance Company.

**Complications of Pregnancy** means conditions requiring hospital confinement whose diagnoses are distinct from the pregnancy, but are adversely affected by the pregnancy, including, but not limited to: acute nephritis, nephrosis, cardiac decompression, missed abortion, pre-eclampsia, intrauterine fetal growth retardation, and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also includes termination of ectopic pregnancy, and spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. Complications of Pregnancy do not include elective abortion, elective cesarean section, false labor, occasional spotting, morning sickness, physician prescribed rest during the period of pregnancy, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy not constituting a distinct complication of pregnancy.

**Cruise** means any pre-paid sea arrangements made by the Travel Supplier.

**Deductible** means the amount of expenses for covered services and supplies that must be incurred by You before specified benefits become payable.

**Depreciation** means a reduction in value of ten percent (10%) per year from date of purchase for items accompanied by original receipts. For items not accompanied with a receipt, a reduction in value of twenty five percent (25%) the first year and ten percent (10%) per year thereafter.

**Domestic Partner** means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

**Economy Fare** means the lowest published rate for a round trip economy ticket.

**Effective Date** means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**Eligible Person** means a resident of the United States who is listed on Your purchase confirmation, is scheduled to take a Trip, applies for coverage under the Policy, pays the required premium and satisfies all of the eligibility requirements contained in the LIMITATIONS AND EXCLUSIONS sections of this Policy.

**Extreme Sports** means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear. Extreme Sports include but are not limited to: skydiving, BASE jumping, hang gliding, Parachuting, bungee jumping, caving, rappelling, spelunking, Skiing or snowboarding outside marked trails or in an area accessed by helicopter, Mountaineering, Rock Climbing, any high-altitude activity, personal combat or fighting sports, rodeo, racing or practicing to race any motorized vehicle, bicycle or watercraft, free diving, and scuba diving at a depth greater than sixty (60) feet or without a dive master.

**Family Member** means Your or Your Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, or Domestic Partner who reside in the United States, Canada or Mexico.

**Home** means Your true, fixed and permanent place of residence and principal establishment, to which You have the intention of returning to at the end of Your Trip.

**Home Country** means the country where You have Your true, fixed and permanent place of residence and principal establishment.

**Hospital** means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

# PLAN SUMMARY CONTINUED

**Insured** means the Eligible Person who elected to purchase coverage and whose premium was paid under the Policy.

**Loss** means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits and subject to any applicable sub-limits for certain types of activities.

**Mountaineering** means the sport, hobby or profession of walking, hiking, climbing and Rock Climbing up mountains that requires the use of ropes, harnesses, crampons or ice axes, and involves ascending beyond an altitude of four thousand five hundred (4,500) meters.

**Necessary Treatment** means medical services and/or supplies recommended by the treating Physician that must be performed during the Trip due to the serious and acute nature of the Sickness or Accidental Injury. The Company will not pay Covered Medical Expenses incurred after Your return Home from the Trip or after the Scheduled Return Date.

**Other Insurance** means any and every type of insurance covering the same or similar risk/loss as covered under this Policy. Coverage under this Policy shall be secondary to coverage under all Other Insurance except where prohibited by law.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Personal Computer** means a small, general purpose electronic device for storing and processing data that is created to be utilized by one individual at a time and can perform multiple functions. The size and capabilities of the computer allow it to be operated for personal purposes. Personal Computers shall include desktop computers and laptop computers. Personal Computers shall also include:

- tablets
- Personal Digital Assistant (PDA)

**Personal Effects** means Your privately-owned articles including clothing and toiletry items brought by You for planned use on Your Trip.

**Physician** means a licensed practitioner of medical, surgical or dental services, acting within the scope of his/her license. The treating Physician may not be You, Your Traveling Companion or a Family Member.

**Policy** means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

**Pre-Existing Condition** means an illness, disease, or other condition during the one hundred eighty (180) day period immediately prior to the Effective Date of Your Policy for which You: 1) exhibited symptoms that would have caused a typical person to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment; or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the one hundred eighty (180) day period before the Effective Date of Your Policy. (applicable only to Voyager)

**Rock Climbing** means the activity of climbing up, down or across artificial rock walls or natural rock formations and utilizing approved safety equipment.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on Your Trip.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences, worsens or presents new symptoms while Your coverage is in effect.

**Ski or Skiing** means winter recreation of snow skiing, snowboarding, or telemarking on Trail systems as accessed by a pre-paid use ticket for lifts and/or use or admission, but does not include cross country skiing, back country skiing, heli-skiing, extreme skiing, snowcat skiing, ski-jumping, off-piste skiing, tubing, lugeing, half-pipes, terrain parks, or other snow play activities either on or off Trails.

**Sound Natural Teeth** means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Policy, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

**Terrorist Incident** means an act of violence, other than civil commotion, insurrection or riot (that is not an act of war, declared or undeclared), that results in loss of life or major damage to property, by any person acting on behalf of, or in connection with, any organization that is generally recognized as having the intent to overthrow or influence the control of any government. The act must be deemed an act of terrorism by U.S. Department of State or the law enforcement organization in charge at the location of the Terrorist Incident.

**Trails** means named skier paths as designated for downhill travel as shown on a resort trail map using the international difficulty rating Trails does not include connecting paths or cross-overs between downhill trails, trails that are outside the established marked and patrolled boundaries of a Ski resort, or areas designated as unsafe or closed by ski resort management for avalanche control work.

**Travel Arrangements** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip.

**Travel Assistance Company** means the service provider listed on Your purchase confirmation.

**Travel Supplier** means a Cruise line, airline, hotel, travel agency, etc., who has made the land, air and/or sea arrangements.

**Traveling Companion** means a person who has coordinated Travel Arrangements or vacation plans with You and intends to travel with You during the Trip.

**Trip** means scheduled travel with a defined itinerary away from Your Home up to one hundred eighty (180) days in length for which coverage is purchased under this Policy and premium is paid.

**Unforeseen** means not anticipated or expected and occurring after the Effective Date of Your Policy.

**You or Your** refers to the Insured.

## COVERAGES

No Coverage is intended to duplicate or overlap any other Coverage or benefit provided under this Policy. Should there be an inadvertent duplication of benefit or coverage, the Company will only provide payable benefits under the Coverage with the highest Maximum Benefit or largest scope of coverage subject to any applicable sub-limits.

## TRIP INTERRUPTION

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You interrupt Your Trip after Your departure or if You join Your Trip after Your Scheduled Departure Date due to any of the following Unforeseen reasons that occur while this coverage is in effect for You:

1. Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Return Date;
2. A Terrorist Incident in a country that is part of the Trip that causes the U.S. Department of State to issue a Level 4 Travel Advisory that You should not travel within that country for a period of time that would include the Trip. This does not include flight connections or other transportation arrangements to reach Your destination.

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, for the following:

(a) the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Travel Arrangements limited to the cost of one-way economy airfare or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets.

In no event shall the amount reimbursed exceed the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits.

## TRIP DELAY

The Company will reimburse You for Covered Trip Delay Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Trip Delay Expenses:

- (a) Any Reasonable Expenses incurred;
- (b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip;
- (c) A One-way Economy Fare to return You to Your originally scheduled return destination.

## ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits.

If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

## TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight.

## EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

## DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

## ACCIDENT AND SICKNESS MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, subject to any Deductible shown on the Schedule of Benefits if You incur Covered Medical Expenses for Necessary Treatment as a result of an Accidental Injury or Sickness that occurs during the Trip. You must receive initial treatment for Accidental Injuries within thirty (30) days of the Accident that caused them or the onset of the Sickness and while on the Trip.

Covered Medical Expenses are limited to the list below:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services; and
- (f) emergency and palliative dental treatment (limited to expenses incurred while on Your Trip).

The Company will not reimburse benefits in excess of reasonable and customary charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

# PLAN SUMMARY CONTINUED

If You are hospitalized due to an Accidental Injury or Sickness which first occurs during the Trip, beyond the Scheduled Return Date, coverage will be extended for up to ninety (90) days, or until You are released from the Hospital or until You have exhausted the Maximum Benefits payable under this coverage, whichever occurs first.

## EMERGENCY EVACUATION

The Company will pay benefits for Covered Evacuation Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation and verified and arranged by the Travel Assistance Company.

### EMERGENCY EVACUATION MEANS:

- Your medical condition warrants immediate Transportation from the Hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- after being treated at a local Hospital, Your medical condition warrants Transportation to the United States of America where You reside, to obtain further medical treatment or to recover; or
- both (a) and (b), above.

Covered Evacuation Expenses are reasonable and customary expenses for necessary Transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be:

- recommended by the attending Physician;
- required by the standard regulations of the conveyance transporting You; and
- authorized in advance by the Company or its authorized Travel Assistance Company and arranged by the Company's authorized Travel Assistance Company.

Notwithstanding the foregoing, in the event the Emergency Evacuation services are not arranged by the Company's authorized Travel Assistance Company, the Company, in its sole discretion, may elect to evaluate the need for the Emergency Evacuation and provide limited reimbursement for the portion of the expenses related to such Emergency Evacuation as would have been authorized by Company's authorized Travel Assistance Company.

### Hospital Companion:

Transportation to Join You: If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.

Transportation services are provided if authorized in advance and arranged by the Company or the Company's Travel Assistance Company and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

## REPATRIATION OF REMAINS

The Company will pay up to the Maximum Benefit shown on the Schedule of Benefits for the Covered Repatriation Expenses incurred to return Your body to the United States of America if You die during the Trip. This benefit is provided only if authorized in advance and arranged by the Company or the Company's Travel Assistance Company.

Covered Repatriation Expenses include, but are not limited to, expenses for embalming, cremation, minimal casket container and transportation.

## BAGGAGE/PERSONAL EFFECTS

This coverage is subject to any coverage provided by a Common Carrier and all Other Insurance and shall apply only when such other benefits are exhausted. In order for a claim to be processed under this Coverage, a loss or theft report must be filed with local law enforcement authorities, the Common Carrier, Travel Supplier, tour leader or with a representative of the venue or location where the loss or theft took place.

## PERSONAL EFFECTS AND PROPERTY

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, subject to any applicable sub-limits, if You sustain Loss, theft or damage to baggage and Personal Effects during the Trip, provided You have taken all measures possible to protect, save and/or recover the property at all times. The baggage and Personal Effects must be owned by and accompany You during the Trip.

The Company will pay the lesser of the following:

- Actual Cash Value at time of Loss, theft or damage to baggage and Personal Effects; or
- the cost of repair or replacement in like kind and quality.

There will be a per article limit as shown on the Schedule of Benefits.

There will be a combined Maximum Benefit as shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; Personal Computers, cameras and their accessories and related equipment.

## EXTENSION OF COVERAGE

If You have checked property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers Your property or declares such property lost, whichever occurs first.

## LIMITATIONS AND EXCLUSIONS

The following exclusions apply to: Trip Interruption, Accidental Death & Dismemberment and Accident and Sickness Medical Expense:

Loss caused by or resulting from:

- Pre-Existing Conditions, as defined in the Definitions section; (applicable only to Voyager)
- suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane, unless the loss results in the death of a non-traveling Family Member;
- intentionally self-inflicted injuries;

- war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war. This exclusion does not apply if You are an innocent bystander to these events;
- participation in any military maneuver or training exercise;
- piloting or learning to pilot or acting as a member of the crew of any aircraft;
- participation as an athlete in professional sports;
- being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician;
- intentional commission of or the attempt to commit any dishonest or fraudulent act, or criminal activity (as defined in the jurisdiction where the loss occurred);
- Participation in Bodily Contact Sports, Extreme Sports;
- dental treatment except as a result of an injury to Sound Natural Teeth;
- pregnancy and childbirth (except for Complications of Pregnancy);
- curtailment or delayed return for other than covered reasons;
- traveling for the purpose of securing medical treatment;
- services not shown as covered;
- directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
- services and/or supplies that do not meet the definition of Necessary Treatment;
- care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
- care or treatment that is payable under any Other Insurance policy;
- Accidental Injury or Sickness when traveling against the advice of a Physician;
- cosmetic surgery or reconstructive surgery;
- any expenses incurred in Your Home Country.

### The following exclusions apply to Emergency Evacuation and Repatriation of Remains:

#### Loss caused by or resulting from:

- war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war. This exclusion does not apply if You are an innocent bystander to these events;
- participation in any military maneuver or training exercise;
- piloting or learning to pilot or acting as a member of the crew of any aircraft;
- participation as an athlete in professional sports;
- participating in Bodily Contact Sports (football, wrestling, ice hockey, rugby, lacrosse, boxing, full contact karate, hurling and rodeo); skydiving; hang-gliding; Parachuting; Mountaineering; any motorized race; bungee cord jumping; any motorized speed contest (speed contest shall not include any of the regatta races); spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
- traveling for the purpose of securing medical treatment;
- directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
- services and/or supplies that do not meet the definition of Necessary Treatment;
- cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
- any expenses incurred in Your Home Country.

### The following exclusions apply to Baggage/Personal Effects:

#### The Company will not provide benefits for any Loss or damage to:

- animals;
- automobiles and automobile equipment;
- boats or other vehicles or conveyances;
- trailers;
- motors;
- motorcycles;
- aircraft and drones;
- bicycles (except when checked as baggage with a Common Carrier);
- household effects and furnishing;
- antiques and collectors' items;
- eye glasses, sunglasses or contact lenses;
- artificial teeth and dental bridges;
- hearing aids;
- artificial limbs and other prosthetic devices;
- prescribed medications;
- keys, cash, stamps, securities and documents;
- Tickets;
- credit cards;
- professional or occupational equipment or property, whether or not electronic business equipment;
- cell phones; Personal Computer hardware or software;
- sporting equipment if loss or damage results from the use thereof;
- musical instruments;
- retainers and orthodontic devices.

**Any Loss caused by or resulting from the following is excluded:**

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

### 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")

Money Order

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 and have not yet left the United States. 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: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

I agree that all travelers are currently covered under a Individual, Group or Medicare health plan.

I understand that Medicaid, VA, Short Term and SSDI are not considered primary health plans and do not meet the requirements to be eligible for this plan.

**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:** \_\_\_\_\_

Register on [hthtravelinsurance.com](http://hthtravelinsurance.com) to gain access to your member ID card, doctor and hospital locator tools, and other resources related to your travel needs. To register, you will need your certificate number which will be included in your membership welcome packet.

**For Agent's use only. Agent #** \_\_\_\_\_

### HTH Worldwide

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customerservice@hthworldwide.com



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## HTH Worldwide

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