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HTH Worldwide

Travel Gap Excursion

Eligibility Requirements

To be eligible for TravelGap Excursion, you must be:

- Age 84 or younger.
- Traveling outside the U.S. and scheduled to spend at least 24 hours away from his/her Home
- Must be enrolled in a *Primary Health Plan
- A resident of the United States, living in one of the following states:

Medical Benefits underwritten by HM Life Insurance Company

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming

Medical Benefits underwritten by HM Life Insurance Company of New York

New York

Coverage may not be available in all states.

Family Members included in your Excursion Plan (if applicable) must be:

- Your spouse, age 84 or younger, and/or your eligible child(ren) or other eligible dependent(s) - see Eligible Dependents below.
- Resident(s) of the United States.
- Traveling outside the U.S. and scheduled to spend at least 24 hours away from his/her Home.

* **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 (such as Medicare) for an Insured Person prior to the responsibility of this Plan. Such plans must have coverage limits in excess of \$50,000 per incident or per year to be considered a Primary Plan.

Eligible Dependents

An Eligible Dependent means a person who is the Eligible Participant's:

1. spouse;
2. unmarried natural child, stepchild or legally adopted child who has not yet reached Age 19;
3. own or spouse's own unmarried child, of any Age, enrolled prior to Age 19, who is incapable of self support due to continuing mental retardation or physical disability and who is chiefly dependent on the Eligible Participant. The Insurer requires written proof from a Physician of such disability and dependency within 31 days of the child's 19th birthday and annually thereafter;
4. unmarried child, from his/her 19th to 22nd birthday who is a Full-time student attending an accredited college, university, vocational or technical school, and who is fully dependent upon the Eligible Participant for support. The Insurer may require proof of student status, but not more than once a Period of Insurance;
5. For a person who becomes an Eligible Dependent (as described below) after the date the Eligible Participant's coverage begins, coverage for the Eligible Dependent will become effective in accordance with the following provisions:
 - a. Newborn Children: Coverage will be automatic for the first 31 days following the birth of an Insured Participant's Newborn child. To continue coverage beyond 31 days, the Newborn child must be enrolled within 31 days of birth.
 - b. Adopted Children: An Insured Participant's adopted child is automatically covered for Illness or Injury for 31 days from either the date of placement of the child in the home or the date of the final decree of adoption, whichever is earlier. To continue coverage beyond 31 days, as Insured Participant must enroll the adopted child within 31 days either from the date of placement or the final decree of adoption.
 - c. Court Ordered Coverage for a Dependent: If a court has ordered an Insured Participant to provide coverage for an Eligible Dependent who is a spouse or minor child, coverage will be automatic for the first 31 days following the date on which the court order is issued. To continue coverage beyond 31 days, and Insured Participant must enroll the Eligible Dependent within that 31-day period.
6. grandchild, niece or nephew who otherwise qualifies as a dependent child, if: (i) the child is under the primary care of the Insured Participant; and (ii) the legal guardian of the child, if other than the Insured Participant, is not covered by an accident or sickness policy.

The term "primary care" means that the Insured Participant provides food, clothing and shelter on a regular and continuous basis during the time that the District of Columbia public schools are in regular session.

A person **may not** be an Insured Dependent for more than one Insured Participant.

For Quotes please visit us at www.medsecureintl.com or quotes directly at <http://tinyurl.com/HTH-Quote>

