

NEW LIFE AGENCY OFFERS THE MOST  
COMPREHENSIVE INSURANCE PROGRAMS WORLDWIDE  
FOR THE ASSISTED REPRODUCTIVE TECHNOLOGY COMMUNITY.



## SURROGATE MATERNITY CARE<sup>®</sup> SLEEP EASY PLAN WITH THE MATERNITY RESOURCE

**THE  
FLEXIBILITY  
OF CASH WITH THE  
SAFETY  
OF  
INSURANCE.**



**LARGE NETWORK OF  
APPROVED PROVIDERS**



**ZERO UP FRONT  
DEDUCTIBLE**



**LOW PREMIUM  
ONE-TIME  
PAYMENT**



**100%  
SURROGACY  
COVERAGE**



**CASH PAY WITH  
CLAIMS MANAGEMENT  
AND INSURANCE  
BACKING**

# New Life Agency<sup>®</sup> inc.

**THE SURROGACY INSURANCE EXPERTS™**

**SURROGATE MATERNITY CARE<sup>®</sup>  
SLEEP EASY PLAN  
WITH THE MATERNITY RESOURCE**

**SINGLETON**

**TWINS**

<b>MAXIMUM PLAN BENEFIT</b>	\$250,000	\$250,00	Maximum Plan Benefit is the capped amount NEW LIFE AGENCY will pay for approved, covered services per the policy certificate.
<b>UNDERWRITING FEE</b>	\$250 fee for all plans.		Underwriting fee due at time of application.
<b>*PREMIUM</b>	Starting at \$5,000	Starting at \$5,000	This amount is due to bind the policy and receive an effective date. All Premiums are a one-time payment and are subject to underwriting guidelines. Premium is due according to signed quote. The earliest date payment can be received is confirmation of pregnancy heartbeat.
<b>*DEDUCTIBLE DUE UPON ACTIVATION</b>	Starting at \$25,000	Starting at \$40,000	Deductible will be due in full should the policy need to be activated. Insurance will indemnify approved covered services for medical expenses beyond the Deductible, up to the policy coverage limit.
<b>CLAIMS MANAGEMENT FEE</b>	\$1,000 fee for all plans.		Third party administrative fee to negotiate best rates, due with Premium if Claims Management service is requested. If Claims Management service is not requested, this will be due should the policy be activated.
<b>BED REST SUBLIMIT</b>	There is a \$50,000 Bed Rest Sublimit for all plans. This is for In-patient bed rest / physician ordered hospitalization only.		
<b>APPROVED PROVIDERS</b>	Approved Providers are the providers listed on the quote as the birth plan. Any change in providers should be communicated to NEW LIFE AGENCY and could impose a co-insurance and/or higher Deductible. For medical treatment of the Surrogate by an Approved Provider, this Policy will pay one hundred percent (100%) of Reasonable and Customary covered Medical Expenses up to the Maximum Benefit Amount for covered benefits. Please refer to policy certificate for full explanation.		
<b>NON-APPROVED PROVIDERS</b>	For medical treatment by a Non-Approved Provider, this Policy will pay up to sixty five percent (65%) or the Reasonable and Customary allowed amount of covered Medical Expenses up to the Maximum Plan Benefit amount. <i>NEW LIFE AGENCY does not pay claims to Kaiser Permanente Providers and Sutter Providers.</i>		
<b>EFFECTIVE DATE</b>	The policy will be effective when New Life Agency has received: the confirmation of pregnancy, signed quote, paid Premium.		
<b>TERMINATION DATE</b>	Termination date of the insurance coverage is effective at the earliest of one of the below: <ul style="list-style-type: none"> <li>• Six (6) months from the date of termination of the pregnancy from any cause, including birth, miscarriage, abortion or otherwise.</li> <li>• The date of the termination of the Contract between the Surrogate and the Intended Parent(s).</li> <li>• The date of request of termination of Policy by the Insured after a miscarriage.</li> </ul>		
<b>ACTIVATION PROVISIONS</b>	NEW LIFE AGENCY must be notified in writing to activate the policy by the policy holder. Policy will be active after notification in writing and upon proof of funded Deductible.		
<b>ULTRASOUNDS</b>	Up to six (6) standard ultrasounds are covered per pregnancy/per fetus.		
<b>FETAL NON-STRESS TEST</b>	TU to (4) Fetal Non-Stress tests are covered per pregnancy/per fetus.		
<b>FIRST PRENATAL VISIT STD TESTING</b>	Covered. Treatment of any STD is not a covered service.		
<b>MATERNAL AND FETAL MEDICINE CONSULTATION/VISITS</b>	Subject to medical necessity.		
<b>EMERGENCY GROUND TRANSPORTATION</b>	Covered, subject to medical reasoning.		
<b>RX MEDICATIONS</b>	Paid on a reimbursement basis for approved medications.		
<b>PRE-NATAL / POST-NATAL CARE</b>	Covered, per policy certificate.		

**NON-COVERED  
MEDICAL  
EXPENSES**

Newborn	Sterilization	Diagnostic Testing for Fetus
IVF	Breast Pumps	Nervous/ Mental Disorders
Genetic Testing	Contraceptives	Vaccinations

\*Pricing subject to medical underwriting and plan provisions. Policy available for Surrogates ages 21- 40. Age exceptions permitted, dependent on medical underwriting. Prices subject to change. Taxes and fees where applicable. All policies underwritten by certain underwriters at Lloyd's of London. This is only a partial list of exclusions. For a complete list, please refer to the policy certificate. Please contact your Insurance Agent for full policy details.