

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

INTERNATIONAL NEWBORN CARE[®] PLAN

POLICY OVERVIEW



ANY REMAINING BALANCE
OF UNUSED DEDUCTIBLE
IS REFUNDED



NICU AND WELL
BABY CARE AND
VACCINATIONS



COVERAGE THROUGH
90 DAYS AFTER BIRTH



PRE-APPROVAL
UP TO 20 WEEKS



NO GEOGRAPHIC
RESTRICTIONS WITHIN
THE UNITED STATES

A **NEWBORN**
INSURANCE POLICY
SPECIFICALLY WRITTEN
FOR **INTERNATIONAL**
INTENDED **PARENTS**
WHO NEED INSURANCE
COVERAGE FOR THEIR
BABY BORN IN THE
UNITED STATES.

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS[™]

New Life Agency^{inc.}

INTERNATIONAL NEWBORN CARE® PLAN

	100 SINGLETON ONLY	150 SINGLETON ONLY	
MAXIMUM PLAN BENEFIT	\$100,000	\$150,000	Maximum Plan Benefit is the capped amount NEW LIFE AGENCY will pay for approved, covered services per the policy certificate.
UNDERWRITING FEE	\$250 fee for either plan.		Underwriting fee due at time of application.
*PREMIUM	Starting at \$11,500	Starting at \$12,500	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.
*DEDUCTIBLE	Starting at \$10,000	Starting at \$15,000	Insurance will indemnify approved, covered services at 100% for medical expenses beyond the Deductible, up to the Maximum Plan Benefit.
CLAIMS MANAGEMENT FEE	\$1,000 fee for either plan.		Third party administrator fee to negotiate best rates.
APPROVED PROVIDERS	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 Newborn 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. Please refer to policy certificate for full explanation.		
NON-APPROVED PROVIDERS	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>		
EFFECTIVE DATE	The policy will be effective when NEW LIFE AGENCY has received: the confirmation of pregnancy, signed quote, and paid Premium. All three must happen and effective date will be taken from the latter of the three or the 16 week of gestation, whichever comes last. Benefits for covered Medical Expenses will begin at the Date of Birth of the Newborn. No medical expenses prior to the birth of the Newborn are covered.		
TERMINATION DATE	Termination date of the insurance coverage is effective at the earliest of one of the below: <ul style="list-style-type: none"> • Ninety (90) days from the Newborn's date of birth. • The date the Newborn leaves the United States. 		
WELL BABY	Up to 3 Well Baby Visits are covered.		
VACCINATIONS	Well Baby vaccinations are covered. Travel vaccinations are not covered.		
NICU	Pre-authorization required from hospital.		
SPECIALISTS	Subject to medical necessity.		
EMERGENCY GROUND TRANSPORTATION	Subject to emergency related condition.		
RX MEDICATIONS	Paid on a reimbursement basis for approved medications.		

NON-COVERED MEDICAL EXPENSES

Travel Vaccinations	Air Transportation	Circumcision
Corrective Surgery	Transplants	Maternity
Congenital and/or Hereditary Conditions	Medical Care Outside the U.S.	Elective Procedures and Care

*Pricing subject to medical underwriting and plan provisions. 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.