

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

SURROGATE MATERNITY CARE[®] CONTINGENT POLICY



ACTIVATION
UP TO
2 YEARS

PLACED IN
CONJUNCTION
WITH
MAJOR MEDICAL
POLICY

100%
SURROGACY
COVERAGE

NO GEOGRAPHIC
RESTRICTIONS
WITHIN THE
UNITED STATES

MAY ACTIVATE
DUE TO
OUT-OF-NETWORK
CHARGES

THIS **CONTINGENT POLICY** CAN BE **ACTIVATED** AS THE PRIMARY INSURANCE SHOULD THE SURROGATE'S MAJOR MEDICAL **NOT COVER** THE SURROGATE'S MATERNITY CARE.

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS[™]

SURROGATE MATERNITY CARE® CONTINGENT POLICY

	MAJOR		PLATINUM		
	SINGLETON	TWINS	SINGLETON	TWINS	
UP-FRONT COST	\$2,000	\$2,000	\$3,000	\$3,000	This amount is due to bind the policy and receive an effectuation date.
DUE UPON ACTIVATION*	\$27,000	\$43,500	\$28,500	\$44,000	This amount is due should you need to activate the policy upon receipt of a denial.
ALL-IN COST*	\$29,000	\$45,500	\$31,500	\$47,000	These All-In-Costs include total of Premium and Deductible and are considered all-in for In-network covered services per the plan document.
PREMIUM*	\$9,000	\$13,500	\$13,500	\$15,000	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*	\$20,000	\$32,000	\$18,000	\$32,000	Deductible may be paid in installments. 50% total Deductible is due at COP. Remaining balance due at 24 weeks. Installments subject to received medical claims. Insurance will indemnify In-network covered services for medical expenses beyond the Deductible up to policy coverage limit.
MAXIMUM PLAN BENEFIT	\$250,000	\$250,000	\$750,000	\$750,000	Maximum Plan Benefit is the capped amount NEW LIFE AGENCY will pay for In-network covered services.
BED REST SUB-LIMIT	\$50,000	\$50,000	\$50,000	\$50,000	In-patient bed rest / physician ordered hospitalization.
IN-NETWORK PROVIDERS	First Health Network	First Health Network	First Health Network	First Health Network	In order to receive In-network benefits, providers in the First Health Network must be utilized. First Health Network is one of the largest, national PPO networks in the United States.
OUT-OF-NETWORK PROVIDERS	35% Coinsurance	35% Coinsurance	35% Coinsurance	35% Coinsurance	Non-contracted providers may be considered Out-of-network and subject to an additional 35% Coinsurance in excess of Deductible.
EFFECTUATION DATE	As early as 6-week heartbeat ultrasound	As early as 6-week heartbeat ultrasound	As early as 6-week heartbeat ultrasound	As early as 6-week heartbeat ultrasound	The date the policy is effective based on signed quote, confirmation of pregnancy, and payment of UP-FRONT COST. All three must happen and effectuation date will be taken from the later of the three.
TERMINATION DATE	Miscarriage or Birth	Miscarriage or Birth	Miscarriage or Birth	Miscarriage or Birth	This date is subject to surrogacy contract and is not to exceed 6 months post-birth or post miscarriage.
CANCELLATION PROVISIONS	Prior To End of Look Period	Prior To End of Look Period	Prior To End of Look Period	Prior To End of Look Period	If not satisfied, you must return certificate within 10 days of receipt for full refund.
ACTIVATION PROVISION	Upon Denial	Upon Denial	Upon Denial	Upon Denial	Policy can be activated upon denial of maternity claims from the primary insurance policy.
PREAPPROVAL	Up through 19 weeks 6 days gestation	Up through 19 weeks 6 days gestation	Up through 19 weeks 6 days gestation	Up through 19 weeks 6 days gestation	Once underwriting has approved an application, applicant has until 19 weeks and 6 days of gestation to place and pay for the policy before current pregnancy records are required.
ULTRASOUNDS	6	6	6	6	Standard ultrasounds are per pregnancy/per fetus.
FETAL NON-STRESS	4	4	4	4	Fetal Non-Stress tests are per pregnancy/per fetus.
FIRST PRENATAL VISIT STD TESTING	Covered	Covered	Covered	Covered	Treatment of any STD is not a covered service.
MATERNAL & FETAL MEDICINE CONSULTATION/VISITS	Covered	Covered	Covered	Covered	Subject to medical necessity.
EMERGENCY GROUND TRANSPORTATION	100%	100%	100%	100%	Subject to emergency related condition.
RX MEDICATIONS	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Subject to medical necessity and In-network providers.
PRE-NATAL / POST-NATAL CARE	Covered	Covered	Covered	Covered	Subject to medical necessity and In-network providers.
LABOR AND DELIVERY	Covered	Covered	Covered	Covered	Subject to medical necessity and In-network providers.

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.

Taxes and fees where applicable. All policies underwritten by certain underwriters at Lloyd's of London. Please contact your Insurance Agent for full policy details.