ACA OPEN ENROLLMENT SERVICES OVERVIEW



ART RISK
FINANCIAL & INSURANCE SOLUTIONS

A Comprehensive suite of services providing a unique layer of protection, ensuring financial security and peace of mind for both Intended Parents and Gestational Carriers.

ACA POLICY PLACEMENT

We guide Intended Parents through plan selection and manage the placement process from start to finish: including provider network inquiries, application support, policy activation, binder payment, and the first two months of premium payments.

A streamlined approach designed to keep coverage on track while allowing peace of mind for all parties knowing a surrogacy friendly policy is in place.

$750 MATERNITY

PREMIUM BILL MONITORING

This service was created out of requests from agencies, IPs, and GCs. The ACA policy will cancel if the premium payments are not recorded in full, to the GC's account.

Our Billing Team monitors the premium payments to help keep coverage in good standing. If a payment is missing, incomplete, or not properly applied, we promptly alert the appropriate parties so the issue can be addressed before coverage is at risk.

$500 PER CALENDAR YEAR

$850 FOR 2 YEARS

JOURNEY CLAIMS MANAGEMENT

Our Claims Specialists oversee EVERY aspect of the policy. From vetting every claim to confirmation that all provider bill amounts are accurate, we ensure the policy covers as it should and you are not billed inaccurately. Assistance is also provided with ensuring providers are in-network with chosen medical group for HMO plans. With Claims Management, the PBM service is also included.

$2150* MATERNITY

ACA POLICY PLACEMENT	$750
ACA POLICY PLACEMENT + 1 YEAR PREMIUM BILL MONITORING	$1250
ACA POLICY PLACEMENT + 2 YEAR PREMIUM BILL MONITORING	$1600
ACA POLICY PLACEMENT + JOURNEY PBM + *JOURNEY CLAIMS MANAGEMENT	$2900

The Maternity Claims Management fee is $2150 for one policy.
Add $500 for each additional policy in the GC's name.

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ACA POLICY PLACEMENT



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Guiding you through the entire process of finding, vetting, and placing an Affordable Care Act (ACA) policy for your Gestational Carrier, our knowledgeable and dedicated team ensures that you are fully informed about all policy options and that the application process is streamlined.

WE STAND WITH YOU

Our experienced team stands by the services we provide, and policies we place throughout the entire length of your journey.

COMPREHENSIVE METHODOLOGY

Our widespread approach for every ACA policy placed allows you peace of mind knowing the maternity coverage is accurate and complete.

EXPERIENCE YOU CAN TRUST

Since day one of ACA, we have led the way, placing 2,000+ policies each year and earning the trust of 400+ professionals.

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ACA POLICY PLACEMENT



$750*

SERVICE INCLUDES

- INTENDED PARENT INITIAL PHONE CONSULTATION WITH LICENSED AGENT
- INQUIRY OF IN-NETWORK PREFERRED PROVIDER AND HOSPITAL
- PHONE APPOINTMENT WITH GESTATIONAL CARRIER TO COMPLETE ACA APPLICATION
- EMAIL CONFIRMATION OF ACTIVE POLICY TO SPECIFIED PARTIES
- BLOCK POLICY VALIDATION AFTER POLICY IS ACTIVE
- VETTED POLICIES FOR VERIFICATION OF SURROGACY FRIENDLY LANGUAGE
- PLAN CHOICE GUIDANCE WITH SIDE-BY-SIDE PLAN COMPARISONS
- ON-GOING COMMUNICATION TO SPECIFIED PARTIES
- CONFIRMATION OF FIRST (2) MONTHLY PREMIUM PAYMENTS APPLIED TO POLICY
- 24/7 ACCESS TO ART RISK CLIENT PORTAL FOR IP AND GC

NOTES:
To avoid delays and additional rush fees:
-Complete documentation is required at intake and funds must be available at application scheduling.
-Plan selections must be returned within the response timeframe provided by your Dedicated Agent.
-Delayed policy selection will result in assessment of additional processing fees.
-If the submission requires a requote because of inaccurate information, the fee is $500.
-The GC missed appointment fee (after 2 missed appointments) is $150.
*Additional rush fees may apply based on Request for Quote submission date.

CANCELLATION:
If request for quote is cancelled prior to quoting, a cancellation fee of $150 will apply.
If request for quote is cancelled prior to the application being complete, a cancellation fee of $500 will apply.
If the policy is cancelled after application is completed, the full fee will be considered earned by ART Risk Solutions.

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PRE-APPROVAL UNDERWRITING SERVICE

LLOYD'S PLANNING & PROTECTION



KNOW ELIGIBILITY EARLIER. PLAN WITH GREATER CLARITY.

NEW LIFE AGENCY UNDERWRITING PRE-APPROVAL SERVICE

- ✓ Provides early confirmation of Gestational Carrier eligibility for Lloyd's policies
- ✓ Identifies available coverage options before they are needed
- ✓ Creates greater clarity during matching by helping Intended Parents understand potential insurance-related costs, timing, coverage options, and anticipated insurance needs before entering into a match agreement.

ONE PRE-APPROVAL. MULTIPLE POLICY OPTIONS.

Once completed, the Pre-Approval applies to all New Life Agency policies, including:

Maternity • Contingent • Miscarriage • Rest Easy Plan

2-WEEK TURNAROUND

RECOMMENDED TIMING: PRIOR TO MATCH

$250
ONE TIME SERVICE FEE

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CONTINGENT MATERNITY POLICY

LLOYD'S PLANNING & PROTECTION



Plan ahead with Back-Up maternity coverage in place, before circumstances change or additional coverage is needed.

WHY SECURE A CONTINGENT POLICY?

ACA PLAN AVAILABILITY CAN CHANGE

If the pregnancy crosses calendar years, the current ACA plan may no longer be available if the carrier exits the market.

PROVIDER NETWORKS CAN CHANGE

Preferred providers or hospitals may not remain in-network for the full length of the ACA plan.

UNDERWRITING IS COMPLETED IN ADVANCE

Confirm eligibility and approval early, before changes during pregnancy could impact the ability to qualify for Lloyd's coverage.

A BACKUP PLAN IS ALREADY IN PLACE

If a qualifying issue arises with the ACA coverage, the Contingent Policy can be activated as Primary maternity coverage.

$500 POLICY PLACEMENT

$250 UNDERWRITING FEE

$100 ENROLLMENT FEE*

*Enrollment Fee is waived for all New Life Agency Contingent policies placed and paid for by January 31.

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ACA PREMIUM BILL MONITORING

BEST TIME TO PROCURE: DURING ACA POLICY PLACEMENT



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We manage all ACA monthly premium payments to ensure your policy remains active, eliminating the risk of cancellation due to missed or misapplied payments while saving you time and preventing costly disruptions.



75% of our ART Risk clients who place ACA policies, use this service.



Limits your financial exposure, providing security and peace of mind.



Saving you time and frustration each month, as we oversee all monthly premiums.

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ACA PREMIUM BILL MONITORING

SERVICE INCLUDES

INSURANCE CARRIER CONFIRMATION
Confirm with insurance carrier that all monthly premiums are paid in full.

LATE PAYMENT NOTIFICATION
Notification to specified parties if a payment is late.

OVERSEE PREMIUM ISSUES
Rectify issues if insurance carrier does not have a payment properly applied.

AUTOMATIC PAYMENT SET-UP
Set-up automatic payment information with the insurance carrier, if desired by Intended Parents or Agency.

IN-NETWORK PROVIDER CONFIRMATION
In-network verification for up to 4 providers and 4 hospital facilities under a specific policy.

MANAGE POLICY CANCELLATIONS
Cancel policy if no longer needed.

CLIENT PORTAL
IPs and GCs can check on the payment status of policy at any time of the month through our ART Risk Client Portal.

$500 PER CALENDAR YEAR

$850 FOR 2 YEARS

If needed for less than 6 months, monthly fee of $75 to be paid at time of ACA Policy Placement.



CANCELLATION POLICIES:

If cancellation request is received:
During 2nd month since policy effective date, a full refund will be provided.
Between 3-5 months after policy effective date, refund will be prorated.
Month 6 or more after policy effective date, the $500 fee will be considered earned in full by ART Risk Solutions.
If on a two year plan, by month 15, fee is considered fully earned.
If cancelled before 15 months, prorating will be subject to services rendered, including any renewal services completed.

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JOURNEY CLAIMS MANAGEMENT

BEST TIME TO PROCURE: UPON MATCHING WITH GESTATIONAL CARRIER



ART RISK
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We take the burden off of you to solve insurance and provider issues that can arise for maternity and/or newborn claims. Often, correcting errors months after bills and claims are processed will only delay financial completion of the journey. With Claims Management in place, you have the ART Risk team vetting all claims to ensure there is no unnecessary overpayment for medical care and help bring the financial portion of the journey to a timely close.

PERSONALIZED ASSISTANCE

Review of all insurance claims and provider bills to determine the correct payment needed from the IPs, Agency, or escrow account.

FINANCIAL CHECKS AND BALANCES

Routine communication with the insurance carrier(s) and providers to rectify denied claims, Coordination of Benefits issues, and incorrect coding. It is our responsibility to check for accuracy and confirm insurance is paying according to maximum plan benefits.

REPORT OF CLAIMS AND BILLS

Zero balances are requested from all providers and a final report is delivered to appropriate parties once all claims and bills are processed at the conclusion of the journey. You can rest assured there are no unpaid bills.

Over the course of a year, clients have been saved just shy of $1.5M with ART Risk Solutions' claims management services.

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ART RISK
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JOURNEY CLAIMS MANAGEMENT

Our Claims Management Specialists solve the issues that repeatedly fall on the Intended Parents and Gestational Carriers, and ensure insurance claims are accurately processed.

REPEATED INSURANCE PROBLEMS	OUR SOLUTIONS
INCORRECT CODING FROM PROVIDERS	Communicate with all providers to correct coding issues and resubmit claims to insurance carrier.
HMO MEDICAL GROUP ISSUES	Coordinate with GC, insurance, and providers to appoint the correct medical group.
EMERGENCIES PROCESSED AS OUT-OF-NETWORK	Dispute the out-of-network claims and have claims reprocessed as in-network.
INSURANCE PAYMENTS NOT APPLIED TO PROVIDER BILLS	Work with the providers to revise the bills to the correct amount due.
NEWBORN CLAIMS ON THE GC'S INSURANCE POLICY	Work with the GC, insurance, and providers to remove claims and apply to the correct insurance plan.

Gestational Carrier Local Monitoring
$500*
*$1K for multiple cycles. Service finished upon completion of cycle.

+Maternity Claims Management
$2150**
Service completed 8-12 months post-birth (on average).

Newborn Claims Management
$575
Service is complete upon discharge from the hospital and after the 1st well care visit.

+Includes Premium Bill Monitoring service for (1) policy. This service requires the GC's participation, including access to her insurance portal(s) and timely submission of provider bills as received.

****The Maternity Claims Management fee is $2150 for one policy.**
Claims Management is $2650 for (2) policies and $3150 for (3) policies.

Cancellation Policies:
If confirmation of pregnancy has occurred and Maternity and/or Newborn Claims Management is cancelled due to miscarriage, ART Risk Solutions will evaluate refund/credit dependent on work rendered for current journey, less a $250 administrative fee. There will be no refunds upon birth of child. Maternity Claims Management service is complete when agency contract ends with the Gestational Carrier and/or final Claims Management Report is submitted to Agency/Intended Parent(s).

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