

ACA OPEN ENROLLMENT SERVICES OVERVIEW



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

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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



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.

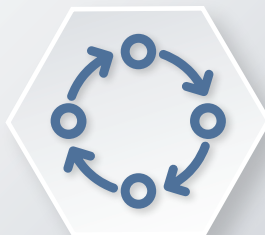
WE STAND WITH YOU

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*



**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 THE INTENDED PARENT
AND GESTATIONAL CARRIER**



RUSH FEES:

*Additional rush fees may apply based on Request for Quote submission date.

NOTES:

- 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.
- Submissions must include accurate information to avoid a \$500 quote fee.
- The GC missed appointment fee (after 2 missed appointments) is \$150.

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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ACA PREMIUM BILL MONITORING

**BEST TIME TO PROCURE:
DURING ACA POLICY PLACEMENT**



ART RISK
FINANCIAL & INSURANCE SOLUTIONS

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%

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**



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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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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