

How to Select an Insurance Policy Through Your Portal as an Agency User



1 Login to the ART Risk Portal at app.artrisksolutions.com

2 Click "ACA Policy Placement"

ART RISK
FINANCIAL & INSURANCE SOLUTIONS

Cases

ACA Policy Placement

Short Term Policy Placement

Premium Bill Monitoring

ARS Invoices

Settings

Cases

Hello Sandra!
Welcome to your customized work space

Search

Supported Search Fields: Agency Case Coordinator, Dedicated Agent, GC, IP, Product, Team

All Cases 44

Archived Cases

D Bridgerton / B Sanders

IP Name

GC Name

Dedicated Agent

A

1

3 Click "Tasks Required" on the desired case

ACA Policy Placement Dashboard

Search Filters [Request New Quote](#)

Supported Search Fields: IP Name & OC Name

Show All [42](#) Show Tasks [4](#) Show Assigned to me [2](#)

S Rossi / S O'hara					Tasks Required 0
Date Received 10/11/2023	Requested Effective Date 01/01/2024	ART Risk Dedicated Agent Ben Sellers	Agency Case Coordinator Sandra Sandra	Status QUOTE	
E Bridger / D Holiday / S Wren					Tasks Required 0
Date Received 10/04/2023	Requested Effective Date 12/01/2023	ART Risk Dedicated Agent --	Agency Case Coordinator Sandra Sandra	Status NEW	
H Skywalker / R Skywalker					Tasks Required 0
Date Received 10/02/2023	Requested Effective Date 01/01/2024	ART Risk Dedicated Agent Ben Sellers	Agency Case Coordinator Sandra Sandra	Status POLICY SELECTED	
M Bowers					Tasks Required 0
Date Received 10/02/2023	Requested Effective Date 01/01/2024	ART Risk Dedicated Agent Ben Sellers	Agency Case Coordinator Sandra Sandra	Status NEW	
E Bridger / D Holiday / S Wren					Tasks Required 0

4 Locate the "Select Policy" task and click "View Task"

Overview **Products** ARS Invoicing Operations

ACA Policy Placement

ART Risk Dedicated Agent
Ben Sellers

Application Submitted
--

My Progress

Next Task
IP/Agency Task: Select Policy

My Tasks [All 2](#) [Incomplete 2](#) [Complete 0](#)

☐ IP/Agency Task: Select Policy [INTENDED PARENT](#) [POLICY QUOTE](#) [View Task](#)

☐ GC: Complete HIPAA HelloSign [GESTATIONAL CARRIER](#) [CONTRACT](#) [View Task](#)

Policy Information

Carrier
Anthem BCBS

Policy Name
Platinum 90 D EPO

Policy Number
--

Effective Date
01/01/2024

Expiration Date
--

Premium
\$225.45

Out-of-Pocket Max
\$4,500.00

5 You are now within your policy selection task.

Here you will see plan selection instructions, a plan selection deadline, quoted policies, supporting documents, policy language information, any provider check results, and coordination of benefits information if applicable.

6 Please first read all instructions. Please read the plan selection deadline.

← Back to all tasks

IP/Agency Task: Select Policy (INTENDED PARENT)

POLICY QUOTE SENT FOR REVIEW

PLAN SELECTION

By completing this task, you are confirming that you have reviewed ALL documents ART Risk submitted with the quote. Documents may include, but are not limited to, side by side quote comparison, provider verifications, information on coordination of benefits, binder payment information, and overall financial exposure.

Please review the policy options below and select the policy you would like ART Risk to move forward with.

- If you need to discuss the policy selection with your Dedicated Agent prior to selecting a policy, you can schedule an appointment by clicking on their calendar icon located in the "My ART Risk Team" section on the home page of your portal.

Once we have the plan selection and confirmation of the payment method, we will reach out to your gestational carrier so that we can set up a time to complete the application. Should you have any questions regarding the selection of plans do not hesitate to email or call your dedicated agent and we can set an appointment to discuss available options.

Please note that ART Risk will need your plan selection back no later than THREE DAYS FROM THE DATE YOU RECEIVE THIS MESSAGE – INCLUDING WEEKENDS.

The following policies were quoted and sent for review on: 09/06/2025. Please review the quote and select your desired policy.

Your Policy Selection must be submitted by 10:00 AM US/Pacific on 09/19/2025.

7 Please review the details of each policy card.

Be sure to read any additional information indicated by the 'i' information icon.

Kaiser – So Cal – Bronze 60 HDHP HMO Kaiser Permanente – CA	Kaiser – So Cal – Platinum 90 HMO Kaiser Permanente – CA	Kaiser – So Cal – Platinum 90 HMO Kaiser Permanente – CA																																																																																				
<table><tr><td>Product Type</td><td>Year Verified</td></tr><tr><td>ACA Policy Placement</td><td>2025</td></tr><tr><td>Quoted Premium</td><td>Deductible</td></tr><tr><td>\$8,000.00</td><td>\$6,650.00</td></tr><tr><td>Co-Insurance</td><td>Out of Pocket Max</td></tr><tr><td>--</td><td>\$6,650.00</td></tr><tr><td>Estimated Yearly Cost</td><td>Policy Language</td></tr><tr><td>\$102,650.00</td><td>LIEN</td></tr><tr><td>Allows Third Party Payments</td><td>Allows Dual Coverage</td></tr><tr><td>✓</td><td>✗</td></tr><tr><td>Coordination of Benefits</td><td>Abortion Coverage</td></tr><tr><td>✗</td><td></td></tr><tr><td>Preferred Payment Method</td><td>Policy Network Verified</td></tr><tr><td>Credit Card</td><td>So Cal HMO</td></tr></table> <p><i>i</i> Must apply using credit card.</p> <p>Select Policy</p>	Product Type	Year Verified	ACA Policy Placement	2025	Quoted Premium	Deductible	\$8,000.00	\$6,650.00	Co-Insurance	Out of Pocket Max	--	\$6,650.00	Estimated Yearly Cost	Policy Language	\$102,650.00	LIEN	Allows Third Party Payments	Allows Dual Coverage	✓	✗	Coordination of Benefits	Abortion Coverage	✗		Preferred Payment Method	Policy Network Verified	Credit Card	So Cal HMO	<table><tr><td>Product Type</td><td>Year Verified</td></tr><tr><td>ACA Policy Placement</td><td>2025</td></tr><tr><td>Quoted Premium</td><td>Deductible</td></tr><tr><td>\$20,000.00</td><td>\$0.00</td></tr><tr><td>Co-Insurance</td><td>Out of Pocket Max</td></tr><tr><td>--</td><td>\$4,500.00</td></tr><tr><td>Estimated Yearly Cost</td><td>Policy Language</td></tr><tr><td>\$244,500.00</td><td>LIEN</td></tr><tr><td>Allows Third Party Payments</td><td>Allows Dual Coverage</td></tr><tr><td>✓</td><td>✗</td></tr><tr><td>Coordination of Benefits</td><td>Abortion Coverage</td></tr><tr><td>✗</td><td></td></tr><tr><td>Preferred Payment Method</td><td>Policy Network Verified</td></tr><tr><td>Credit Card</td><td>So Cal HMO</td></tr></table> <p>Select Policy</p>	Product Type	Year Verified	ACA Policy Placement	2025	Quoted Premium	Deductible	\$20,000.00	\$0.00	Co-Insurance	Out of Pocket Max	--	\$4,500.00	Estimated Yearly Cost	Policy Language	\$244,500.00	LIEN	Allows Third Party Payments	Allows Dual Coverage	✓	✗	Coordination of Benefits	Abortion Coverage	✗		Preferred Payment Method	Policy Network Verified	Credit Card	So Cal HMO	<table><tr><td>Product Type</td><td>Year Verified</td></tr><tr><td>ACA Policy Placement</td><td>2025</td></tr><tr><td>Quoted Premium</td><td>Deductible</td></tr><tr><td>\$30,000.00</td><td>\$0.00</td></tr><tr><td>Co-Insurance</td><td>Out of Pocket Max</td></tr><tr><td>--</td><td>\$4,500.00</td></tr><tr><td>Estimated Yearly Cost</td><td>Policy Language</td></tr><tr><td>\$368,000.00</td><td>LIEN</td></tr><tr><td>Allows Third Party Payments</td><td>Allows Dual Coverage</td></tr><tr><td>✓</td><td>✗</td></tr><tr><td>Coordination of Benefits</td><td>Abortion Coverage</td></tr><tr><td>✗</td><td></td></tr><tr><td>Preferred Payment Method</td><td>Policy Network Verified</td></tr><tr><td>Credit Card</td><td>So Cal HMO</td></tr></table> <p>Select Policy</p>	Product Type	Year Verified	ACA Policy Placement	2025	Quoted Premium	Deductible	\$30,000.00	\$0.00	Co-Insurance	Out of Pocket Max	--	\$4,500.00	Estimated Yearly Cost	Policy Language	\$368,000.00	LIEN	Allows Third Party Payments	Allows Dual Coverage	✓	✗	Coordination of Benefits	Abortion Coverage	✗		Preferred Payment Method	Policy Network Verified	Credit Card	So Cal HMO
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Please review the following information regarding your quoted policies:

1. Policy Language

2. Provider Check Results - by selecting a policy you are acknowledging that ART Risk does not guarantee networks of providers within an insurance carrier and cannot be held responsible for providers leaving the network during the surrogacy journey.

3. Coordination of Benefits, if applicable.

Information Regarding Your Quoted Policies

The quotes provided carry some risk due to lien/right to reimbursement language. The attached language is found in the Evidence of Coverage. We encourage you to read this and to discuss the implications with me, your agency, your attorney, and if appropriate your GC.

Provider Check Results

The following providers were checked on September 16th, 2025:

Hospital Stanford Health Care - Stanford Hospital
500 Pasteur Drive, Stanford, CA, US, 94305

Was found to be **out of network** for Network So Cal HMO for Insurance Carrier Kaiser Permanente.
See an attached list of in-network hospital choices.*

Hospital UCLA Health - Ronald Reagan Medical Center
757 Westwood Plaza, Los Angeles, CA, US, 90095

Was found to be **out of network** for Network So Cal HMO for Insurance Carrier Kaiser Permanente.
See an attached list of in-network hospital choices.*

Hospital UCSF Medical Center
400 Parnassus Ave, San Francisco, CA, US, 94143

Was found to be **in network** for Network So Cal HMO for Insurance Carrier Kaiser Permanente.
See attached confirmation.*

Obstetrician Carol Care
400 Parnassus Ave, San Francisco, CA, US, 12345

Was found to be **out of network** for Network So Cal HMO for Insurance Carrier Kaiser Permanente.
See an attached list of in-network OB choices.*

Obstetrician Heather Love
500 Pasteur Drive, Stanford, CA, US, 00000

Was found to be **in network** for Network So Cal HMO for Insurance Carrier Kaiser Permanente.
See attached confirmation.*

Obstetrician Morgan Frank
757 Westwood Plaza, Los Angeles, CA, US, 90095

Was found to be **out of network** for Network So Cal HMO for Insurance Carrier Kaiser Permanente.
See an attached list of in-network OB choices.*

*Please note, providers can change networks at any time without notice, so we recommend verifying this information again with her providers prior to her visits or at her visits and with the hospital at pre-registration for her delivery.

By selecting a policy, I acknowledge that ART Risk does not guarantee networks of providers within an insurance carrier and cannot be held responsible for providers leaving the network during the surrogacy journey.

Regarding the Coordination of Benefits

When two or more health insurance policies exist, there likely are coordination of benefits stipulations. We have listed the most common below. We are here to make the journey as smooth as possible and would like to make sure you understand how coordination of benefits will work with the policy that is being proposed. Below are some (NOT ALL) of common Coordination of Benefit clauses:

- If the current policy is through HER employer - the employer policy will most likely be primary and the ACA will most likely be secondary.
- If her current policy is through a spouse or a parent's employer - the employer policy will most likely be secondary and the ACA will most likely be primary.
- If her current insurance is Medicaid/Medical/Tricare - the Medicaid/Medical/Tricare will be secondary and the ACA will be primary.

9

Please review all attached documentation by clicking on each document. This will also include a pdf version of your provider check results and supporting provider check results documentation.

Select Policy

Select Policy

Please review documents below in order to complete your policy selection.

Kaiser - Hospital [🔗](#)

Kaiser - OB check [🔗](#)

Provider Check 09/16/25 [🔗](#)

Information Regarding Your Quoted Policies

The quotes provided carry some risk due to lien/right to reimbursement language. The attached language is found in the Evidence of Coverage agency, your attorney, and if appropriate your GC.

Provider Check Results

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Once all information is reviewed, click 'Select Policy' to select your desired policy.

Form must be submitted by 10:00 AM on September 16, 2025.

Cal – Bronze 60 HDHP HMO
✓

Product Type	Year Verified
ACA Policy Placement	2025
Quoted Premium	Deductible
\$20,000.00	\$6,650.00
Co-Insurance	Out of Pocket Max
--	\$6,650.00
Estimated Yearly Cost	Policy Language
\$244,500.00	LIEN
Allows Third Party Payments	Allows Dual Coverage
✓	✗
Coordination of Benefits	Abortion Coverage
✗	
Preferred Payment Method	Policy Network Verified
Credit Card	So Cal HMO

using credit card.

Select Policy

Kaiser – So Cal – Platinum 90 HMO
✓

Product Type	Year Verified
ACA Policy Placement	2025
Quoted Premium	Deductible
\$20,000.00	\$0.00
Co-Insurance	Out of Pocket Max
--	\$4,500.00
Estimated Yearly Cost	Policy Language
\$244,500.00	LIEN
Allows Third Party Payments	Allows Dual Coverage
✓	✗
Coordination of Benefits	Abortion Coverage
✗	
Preferred Payment Method	Policy Network Verified
Credit Card	So Cal HMO

Select Policy

Kaiser – So Cal – Gold 80 HMO
✓

Product Type	Year Verified
ACA Policy Placement	2025
Quoted Premium	Deductible
\$30,000.00	\$0.00
Co-Insurance	Out of Pocket Max
--	\$8,700.00
Estimated Yearly Cost	Policy Language
\$368,700.00	LIEN
Allows Third Party Payments	Allows Dual Coverage
✓	✗
Coordination of Benefits	Abortion Coverage
✗	
Preferred Payment Method	Policy Network Verified
Credit Card	So Cal HMO

Select Policy

11 Click "Yes, Confirm"

Are you sure you want to confirm this policy?

Confirming this policy will designate this as the ACA policy chosen for this ACA policy placement. Policy details will be editable from the Quoted section.

Product Type	Year Verified	Product Type
ACA Policy Placement	2024	ACA Policy Place
Quoted Premium	Deductible	Quoted Premium
\$210.87	\$4,750.00	\$225.45
Out of Pocket Max	Estimated Yearly Cost	Out of Pocket Ma
\$8,750.00	\$11,280.44	\$4,500.00
Allows Third Party Payments	Allows Dual Coverage	Allows Third Part

12 You will now see your confirmed policy.

The following policy was confirmed on: 09/16/2025.

Confirmed Policy

Kaiser - So Cal - Platinum 90 HMO
Kaiser Permanente - CA

Product Type	Year Verified
ACA Policy Placement	2025
Quoted Premium	Deductible
\$20,000.00	\$0.00
Co-insurance	Out of Pocket Max
--	\$4,500.00
Estimated Yearly Cost	Policy Language
\$244,500.00	LIEN
Allows Third Party Payments	Allows Dual Coverage
✓	✗
Coordination of Benefits	Abortion Coverage
✗	
Preferred Payment Method	Policy Network
Credit Card	Verified So Cal HMO

Information Regarding Your Quoted Policies

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Provider Check Results

The following providers were checked on September 16th, 2025:

Hospital Stanford Health Care - Stanford Hospital