



## Surrogate Maternity Contractual Liability Medical Expense Insurance

**Protects the Intended Parents from potential financial loss due to maternity medical complications and effectively manages surrogate's maternity and childbirth medical billing.**

### Policy Highlights:

- Maternity coverage written specifically for gestational surrogacy
- Eliminates any uncertainty of coverage
- No medical provider network restrictions
- Effective management of medical expense costs by our third-party administrator
- Preferred rates available
- Maternity coverage can be written on either a Primary, Secondary, Bridge the Gap or Reimbursement (Self-Pay) basis

Please contact your insurance broker for additional information and a complete explanation of the applicable coverage terms and conditions. Terms and conditions subject to change.



## Preferred Surrogate Candidate Criteria:

- Older than 21 or younger than 40 (unless otherwise agreed).
- No more than (3) prior C-Sections or (5) prior pregnancies.
- No prior history of diabetes or gestational diabetes **requiring hospitalization.**
- No prior history of hypertension or pregnancy induced hypertension **requiring hospitalization.**
- No prior history of preeclampsia.
- Documented blood pressure reading within 30 days, prior to the policy effective date, no higher than 135/85.
- No prior childbirth delivery, earlier than 6 months prior to conception.
- No prior history of pre-term labor (labor before 37th week of singleton pregnancy, 36th week of twin pregnancy).
- No prior obstetrical complications that risk recurrence during a future pregnancy and present as an adverse finding significant for a healthy pregnancy outcome.
- BMI no less than 18.5 or no greater than 32.0.

**Standard rates and / or increased coverage terms to apply, if Surrogate candidate does not meet the above preferred underwriting criteria.**



# Surrogate Maternity Contractual Liability Medical Expense Insurance Bridge the Gap Policy

## BRIDGE THE GAP PLAN

## PREFERRED

Deposit Premium  
(plus taxes & fees)

**\$2,587.50**

Enrollment Fee

**\$2,500**

Additional Premium & Fees  
(If coverage is activated to Primary)

**\$8,262.50**

Aggregate Self-Insured  
Retention (Deductible)

**\$17,500 (Singleton)\***  
**\$30,000 (Twins)\***

\*or 120% of costed birth plan whichever the greater

Maximum Allowable Coverage

**\$500,000.00** Combined single limit  
(Excess limits up to \$1 million combined single limit)

Sub-Limit

**\$50,000** of In-Patient Bed Rest  
(Excess sub-limit increase to \$100,000)

Maximum Period of Indemnity

18 Month Maximum Coverage Term

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