



Egg Donor and Recipient IVF Cycle Medical Expense Complications Insurance Policy

Manages risk of complications related to the IVF cycle procedure and resulting medical expenses.

Complications that may occur include but are not limited to:

- Ovarian Hyper Stimulation Syndrome (OHSS)
- Ovarian bleeding
- Loss of ovaries
- Allergic reaction to medications

Policy Highlights:

- No medical provider network restrictions
- Quick and easy online application
- No deductible; Coverage limits up to \$1.0M available
- 18-month cycle coverage option available
 - Unlimited number of cycles within the 18-month term
- Optional coverages available for
 - Accidental Paralysis 'AP'
 - Loss of Reproductive Organs 'LRO' including single organ loss
- Prompt and transparent claims processing
- Egg Donors: Age 18 to 40 inclusive; coverage considered up to age 45
- Recipients: Age 21 to 40 inclusive; coverage considered up to age 45
- Coordination of Benefits, other insurance considered if coverage purchased on a secondary basis
- Preferred rates considered based on proven program performance
- Offering dual U.S. and Non-U.S. complications coverage for egg donors, IVF cycles conducted at approved international clinics; U.S. and Foreign donors

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.





Egg Donor and Recipient IVF Cycle Medical Expense Complications Insurance Policy – (4) Month Coverage Period

COVERAGE PERIOD

Four (4) months from policy effective date; coverage period begins at start of cycle medications

Plan Maximum Aggregate Limit		EGG DONOR			RECIPIENT				EGG DONOR & RECIPIENT		
	\$100K	\$250K	\$500K	\$1.0M	\$100K	\$250K	\$500K	\$1.0M	\$250K	\$500K	\$1.0M
Contractual non-performance, Event of Death, Sub-Limit	\$100K	\$100K	\$100K	\$100K	\$100K	\$100K	\$100K	\$100K	\$100K	\$100K	\$100K
Premium Primary Standard Rates* (plus taxes & fees)	\$350	\$395	\$590	\$820	\$250	\$300	\$395	\$550	\$490	\$685	\$950
Premium Secondary (plus taxes & fees)	\$200	\$245	\$350	\$480	\$155	\$205	\$300	\$415	\$300	\$385	\$540

^{*}Preferred Rates available upon underwriter approval

EDR OPTIONAL COVERAGES

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Accidental Paralysis 'AP,'	\$50K	\$100K	\$150K	\$200K	\$250K		
AP Premium	\$80	\$160	\$240	\$320	\$400		
Loss of Reproductive Organs 'LRO', Maximum Benefit	\$3,000 (Partial) \$6,000 (Hysterectomy)		\$5, \$10,				
LRO Premium	\$120 (Both Part	ial and Complete Hystere	ctomy) \$20	\$200 (Both Partial and Complete Hysterectomy)			

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Egg Donor and Recipient IVF Cycle Medical Expense Complications Insurance Policy - (18) Month Coverage Period

COVERAGE PERIOD

Eighteen (18) months from policy effective date; coverage period begins at start of cycle medications

	EGG DONOR	RECIPIENT	EGG DONOR & RECIPIENT		
Plan Maximum Aggregate Limit	\$250K	\$250K	\$250K		
Contractual non-performance, Event of Death, Sub-Limit	\$100K	\$100K	\$100K		
Premium Primary (plus taxes & fees)	\$780	\$445	\$940		

EDR OPTIONAL COVERAGES

Accidental Paralysis 'AP,' Maximum Benefit	\$50K	\$100K	\$150K	\$200K	\$250K	
AP Premium	\$100	\$200	\$300	\$400	\$500	
Loss of Reproductive Organs 'LRO', Maximum Benefit	\$ 3,000 (Partial) \$ 6,000 (Complete)			\$5,000 (Partial) \$ 10,000 (Complete)		
LRO Premium	\$ 170 (Both Partial and Complete Hysterectomy)			\$250 (Both Partial and Complete Hysterectomy)		

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