

NEW LIFE AGENCY OFFERS THE MOST
COMPREHENSIVE INSURANCE PROGRAMS WORLDWIDE
FOR THE ASSISTED REPRODUCTIVE TECHNOLOGY COMMUNITY.

INTERIM SURROGATE MATERNITY CARE INSURANCE



POLICY OVERVIEW



1-7 MONTH POLICY
OPTIONS AVAILABLE



COST CONTAINMENT
THROUGH LARGE
PROVIDER NETWORK



UNUSED DEDUCTIBLE
FUNDS ARE REFUNDABLE



POLICY WILL CONVERT TO
A CONTINGENT POLICY IF
ENROLLED IN AN ACA PLAN



POLICY CAN BE ACTIVATED
TO FULL PRIMARY IF NO
ACA ENROLLMENT OCCURS

PRIMARY
INSURANCE SEAMLESSLY
COVERING THE
SURROGATE'S
PREGNANCY
BEFORE THE
MAJOR MEDICAL
PLAN BEGINS.

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS[™]

INTERIM SURROGATE MATERNITY CARE INSURANCE

SINGLETON

POLICY EFFECTIVE TIME PERIODS	JUN-DEC	JULY-DEC	AUG-DEC	SEPT-DEC	OCT-DEC	NOV-DEC	DECEMBER
\$250,000 MAXIMUM PLAN BENEFIT							
*STARTING PREMIUM	\$3,500	\$3,000	\$2,500	\$2,000	\$1,500	\$1,000	\$500
*STARTING DEDUCTIBLE	\$15,000	\$13,500	\$12,000	\$10,500	\$9,000	\$7,500	\$5,000
*ADDITIONAL PREMIUM IF POLICY IS ACTIVATED AS FULL SMC PRIMARY	\$6,000	\$6,500	\$7,000	\$7,500	\$8,000	\$8,500	\$9,000
\$500,000 MAXIMUM PLAN BENEFIT							
*STARTING PREMIUM	\$4,200	\$3,600	\$3,000	\$2,400	\$1,800	\$1,200	\$600
*STARTING DEDUCTIBLE	\$15,000	\$13,500	\$12,000	\$10,500	\$9,000	\$7,500	\$5,000
*ADDITIONAL PREMIUM IF POLICY IS ACTIVATED AS FULL SMC PRIMARY	\$6,800	\$7,400	\$8,000	\$8,600	\$9,200	\$9,800	\$10,400
\$750,000 MAXIMUM PLAN BENEFIT							
*STARTING PREMIUM	\$4,900	\$4,200	\$3,500	\$2,800	\$2,100	\$1,400	\$700
*STARTING DEDUCTIBLE	\$15,000	\$13,500	\$12,000	\$10,500	\$9,000	\$7,500	\$5,000
*ADDITIONAL PREMIUM IF POLICY IS ACTIVATED AS FULL SMC PRIMARY	\$8,600	\$9,300	\$10,000	\$10,700	\$11,400	\$12,100	\$12,800
*UNDERWRITING FEE	\$250 fee due at time of application (If applying for more than one plan, only one Underwriting Fee is due).						
*CLAIMS MANAGEMENT FEE	\$1,000 Third Party Administrator fee to negotiate best rates with Providers. \$1,250 additional fee due for Third Party Administrator if policy is activated as full SMC Primary.						

TWINS

POLICY EFFECTIVE TIME PERIODS	JUN-DEC	JULY-DEC	AUG-DEC	SEPT-DEC	OCT-DEC	NOV-DEC	DECEMBER
\$250,000 MAXIMUM PLAN BENEFIT							
*STARTING PREMIUM	\$4,500	\$4,000	\$3,500	\$3,000	\$2,500	\$2,000	\$1,500
*STARTING DEDUCTIBLE	\$25,000	\$23,500	\$22,000	\$20,500	\$19,000	\$17,500	\$15,000
*ADDITIONAL PREMIUM IF POLICY IS ACTIVATED AS FULL SMC PRIMARY	\$9,000	\$9,500	\$10,000	\$10,500	\$11,000	\$11,500	\$12,000
\$500,000 MAXIMUM PLAN BENEFIT							
*STARTING PREMIUM	\$5,200	\$4,600	\$4,000	\$2,400	\$2,800	\$2,200	\$1,600
*STARTING DEDUCTIBLE	\$25,000	\$23,500	\$22,000	\$10,500	\$19,000	\$17,500	\$15,000
*ADDITIONAL PREMIUM IF POLICY IS ACTIVATED AS FULL SMC PRIMARY	\$9,800	\$10,400	\$11,000	\$8,600	\$12,200	\$12,800	\$13,400
\$750,000 MAXIMUM PLAN BENEFIT							
*STARTING PREMIUM	\$5,900	\$5,200	\$4,500	\$3,800	\$3,100	\$2,400	\$1,700
*STARTING DEDUCTIBLE	\$25,000	\$23,500	\$22,000	\$20,500	\$19,000	\$17,500	\$15,000
*ADDITIONAL PREMIUM IF POLICY IS ACTIVATED AS FULL SMC PRIMARY	\$11,600	\$12,300	\$13,000	\$13,700	\$14,400	\$15,100	\$15,800
*UNDERWRITING FEE	\$250 fee due at time of application (If applying for more than one plan, only one Underwriting Fee is due).						
*CLAIMS MANAGEMENT FEE	\$1,000 Third Party Administrator fee to negotiate best rates with Providers. \$1,250 additional fee due for Third Party Administrator if policy is activated as full SMC Primary.						

*Pricing subject to medical underwriting and plan provisions. Policy available for Surrogates ages 21- 40. Age exceptions permitted, dependent on medical underwriting. Prices subject to change. Taxes and fees where applicable. All policies underwritten by certain underwriters at Lloyd's of London. This is only a partial list of exclusions. For a complete list, please refer to the policy certificate. Please contact your Insurance Agent for full policy details.

INTERIM SURROGATE MATERNITY CARE INSURANCE

MAXIMUM PLAN BENEFIT	Maximum Plan Benefit is the capped amount NEW LIFE AGENCY will pay for approved, covered services per the policy certificate.
*PREMIUM	All Premiums are a one-time payment and are subject to underwriting guidelines. Premium is due according to signed quote. The earliest date payment can be received is confirmation of pregnancy heartbeat.
*DEDUCTIBLE	Minimum of \$5,000 of total Deductible is due with Premium. Remaining balance due within 5 business days of request, no later than 24 weeks.
BED REST SUBLIMIT	There is a \$50,000 Bed Rest Sublimit for all plans. This is for In-patient bed rest / physician ordered hospitalization only.
APPROVED PROVIDERS	Approved Providers are the providers listed on the quote as the birth plan. Any change in providers should be communicated to NEW LIFE AGENCY and could impose a co-insurance and/or higher Deductible. For medical treatment of the Surrogate by an Approved Provider, this Policy will pay one hundred percent (100%) of Reasonable and Customary covered Medical Expenses up to the Maximum Benefit Amount for covered benefits. Please refer to policy certificate for full explanation.
NON-APPROVED PROVIDERS	For medical treatment by a Non-Approved Provider, this Policy will pay up to sixty-five percent (65%) of the Reasonable and Customary allowed amount of covered Medical Expenses up to the Maximum Plan Benefit amount. NEW LIFE AGENCY does not pay claims to Kaiser Permanente Providers and Sutter Providers.
QUALIFICATIONS	<ul style="list-style-type: none"> Estimated due date must be Feb 1st or later of following calendar year. Be approved by Underwriting for this policy.
EFFECTIVE DATE	The policy will be effective when NEW LIFE AGENCY has received: the confirmation of pregnancy, signed quote, paid Premium, and initial Deductible deposit.
TERMINATION DATE	See full policy certificate for complete list of termination clauses.
MISCARRIAGE	In the event that the Surrogate has a miscarriage up to twenty-two (22) weeks of gestation, the Underwriters will refund the Premium on a pro-rata basis based on the maximum possible months of coverage (depending on when the policy was placed), and any unused portion of the Deductible, as long as the Deductible has not been exhausted. If the Deductible is exhausted, this Policy and Premium is fully earned, and no refund will be given.
AS OF DEC. 31ST OF THE CURRENT CALENDAR YEAR	<ul style="list-style-type: none"> This policy will convert to a Contingent policy acting behind the ACA policy put in place that is effective Jan. 1st with confirmation and proof of ACA plan effective date. This policy will be activated to a full SMC Primary policy with payment of additional Premium and Deductible which will be the difference between amount already paid and full SMC Primary policy Premium and Deductible per signed quote. This policy will terminate Dec. 31st (of current calendar year) if no ACA policy is put in place with Jan. 1st effective date and/or is not activated to full SMC Primary policy with payment of additional Premium and Deductible by Dec. 31st, or the Deductible is exhausted.
ULTRASOUNDS	Up to six (6) standard ultrasounds are covered per pregnancy/per fetus.
FETAL NON-STRESS TEST	Up to four (4) Fetal Non-Stress tests are covered per pregnancy/per fetus.
FIRST PRENATAL VISIT STD TESTING	Covered. Treatment of any STD is not a covered service.
MATERNAL AND FETAL MEDICINE CONSULTATION/VISITS	Subject to medical necessity.
RX MEDICATIONS	Paid on a reimbursement basis for approved medications.

NON-COVERED MEDICAL EXPENSES

Newborn	Sterilization	Diagnostic Testing for Fetus
IVF	Breast Pumps	Nervous/ Mental Disorders
Genetic Testing	Contraceptives	Vaccinations

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