

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS™



MEDICAL SCREENING COMPLICATIONS PLAN PORTFOLIO

newlifeagency.com

Coverholder at **LLOYD'S**

LIC #OF13013

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MEDICAL SCREENING COMPLICATIONS PLAN

COVERAGE FOR EXPENSES FROM COMPLICATIONS DURING THE MEDICAL SCREENING PHASE

POLICY OVERVIEW

-  MITIGATES OPEN FINANCIAL RISKS FOR INTENDED PARENTS
-  SIMPLE APPLICATION PROCESS
-  MATCH AGREEMENT MUST BE IN PLACE
-  PROTECTS THE SURROGATE FROM TAKING ON LIABILITY WITH HER HEALTH INSURANCE POLICY

OPTION A

MATCH TO START DATE OF MEDICATIONS FOR EMBRYO TRANSFER ONLY

MEDICAL SCREENING COMPLICATIONS PLAN	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT
\$100K	\$300	12	\$100,000
\$150K	\$325	12	\$150,000
\$250K	\$375	12	\$250,000
\$500K	\$500	12	\$500,000

OPTION B

INCLUDES OPTION A COVERAGE AND COMPLICATIONS RELATED TO UP TO 3 EMBRYO CYCLES

MEDICAL SCREENING COMPLICATIONS PLAN	PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT
\$100K	\$450	18	\$100,000
\$150K	\$475	18	\$150,000
\$250K	\$525	18	\$250,000
\$500K	\$650	18	\$500,000

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London. Please see page 5 for the full list of Policy Highlights and the sample policy certificate for complete policy details.

LOST WAGES RIDER

COVERAGE THAT HELPS OFFSET LOST WAGES DURING MEDICALLY NECESSARY LEAVE.

LOST WAGES RIDER		
PREMIUM	TERM LENGTH (MONTHS)	MAXIMUM BENEFIT AMOUNT
\$300	12	\$5,000
\$325	18	\$5,000

LOSS OF REPRODUCTIVE ORGANS RIDER

IN THE EVENT THAT THE PATIENT INCURS A LOSS OF REPRODUCTIVE ORGANS THIS POLICY WILL PAY A BENEFIT TO THE SURROGATE.

LOSS OF REPRODUCTIVE ORGANS RIDER				
COVERAGE LEVEL	PREMIUM	TERM LENGTH (MONTHS)	PARTIAL HYSTERECTOMY OR ONE OVARY OR ONE FALLOPIAN TUBE BENEFIT AMOUNT	TOTAL HYSTERECTOMY OR BOTH OVARIES OR BOTH FALLOPIAN TUBES BENEFIT AMOUNT
LEVEL 1	\$300	12	\$3,000	\$6,000
LEVEL 1	\$325	18	\$3,000	\$6,000
LEVEL 2	\$375	12	\$5,000	\$10,000
LEVEL 2	\$400	18	\$5,000	\$10,000
LEVEL 3	\$450	12	\$7,500	\$15,000
LEVEL 3	\$475	18	\$7,500	\$15,000

Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. Policy available for Surrogates ages 21-45. All policies underwritten by certain underwriters at Lloyd's of London. Please see page 5 for the full list of Policy Highlights and the sample policy certificate for complete policy details.

MEDICAL SCREENING COMPLICATIONS PLAN POLICY HIGHLIGHTS

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EFFECTIVE DATE	For Medical Screening Complications Plan: The Effective Date is the date payment is received AND a Match Agreement must be in place at effective date as a condition of the policy.
MAXIMUM LIMITS OF INDEMNITY	This is the maximum aggregate amount of money that will be paid under the policy for Medical Expenses related to complications.
TERMINATION DATE	Please refer to the Policy Certificate for the full Termination Date clauses for the option you are purchasing.
CANCELLATION PROVISIONS	<p>Policy is non-refundable once medications for the embryo transfer have been taken. A refund of 50% of the premium will only be given if:</p> <ul style="list-style-type: none"> • NEW LIFE AGENCY is notified of the match break within two (2) weeks from the date of match break and • A signed letter from the treating IVF Clinic is provided that no medications were taken, and as long as no claims have been incurred.
ADDITIONAL RIDERS	Loss of Reproductive Organs rider and Lost Wages rider may be added to the Policy.
TRAVEL CONDITION	No air travel within 24 hours of the procedure and no ground transportation travel of over 4 hours within 24 hours of the procedure.
EXCLUSIONS	<ul style="list-style-type: none"> • Pre-existing conditions. • Failure to follow a healthcare professionals' direction • Nervous or mental disorders. • Procedures, testing or medical choices solely for the convenience or at the request of the Insured or Oocyte Donor or Recipient or Surrogate. • Any Medical Expenses incurred at Kaiser or Sutter facilities. <p>For the full list of exclusions and conditions of the Policy you are purchasing see Policy Certificate.</p>
APPROVED PROVIDERS	For medical treatment by an Approved Provider, the Policy will pay one hundred percent (100%) of Reasonable and Customary covered Medical Expenses up to the Maximum Limits of Indemnity for covered Medical Expenses.
NON-APPROVED PROVIDERS	For medical treatment by an Approved Provider, the Policy will pay one hundred percent (100%) of Reasonable and Customary covered Medical Expenses up to the Maximum Limits of Indemnity for covered Medical Expenses.

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.