



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 Reimbursement Policy

REIMBURSEMENT PLAN

PREFERRED

Deposit Premium
(plus taxes & fees)

\$2,587.50

Enrollment Fee

\$2,000

Additional Premium & Fees
(If policy is activated)

\$8,762.50

Aggregate Self-Insured
Retention (Deductible)

\$19,000 (Singleton)*

\$35,000 (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

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.