

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

# SURROGATE MATERNITY CARE® CONTINGENT POLICY



ACTIVATION  
UP TO  
2 YEARS

PLACED IN  
CONJUNCTION  
WITH  
MAJOR MEDICAL  
POLICY

100%  
SURROGACY  
COVERAGE

NO GEOGRAPHIC  
RESTRICTIONS  
WITHIN THE  
UNITED STATES

MAY ACTIVATE  
DUE TO  
NON RESPONSE  
FROM PRIMARY  
INSURANCE

THIS **CONTINGENT POLICY** CAN BE  
**ACTIVATED** AS THE PRIMARY INSURANCE  
SHOULD THE SURROGATE'S MAJOR MEDICAL  
**NOT COVER** THE SURROGATE'S MATERNITY CARE.

# New Life Agency<sup>®</sup> inc.

THE SURROGACY INSURANCE EXPERTS™

# SURROGATE MATERNITY CARE® CONTINGENT POLICY

|  | 250  |                      | 500                  |                      | 750                  |                      |   |
|--|--|----------------------|----------------------|----------------------|----------------------|----------------------|---|
|  | SINGLETON  | TWINS                | SINGLETON            | TWINS                | SINGLETON            | TWINS                |   |
| <b>MAXIMUM PLAN BENEFIT</b>                            | \$250,000  |                      | \$500,000            |                      | \$750,000            |                      | Maximum Plan Benefit is the capped amount NEW LIFE AGENCY will pay for approved, covered services per the policy certificate.   |
| <b>*INITIAL PREMIUM</b>                                | Starting at \$2,000  | Starting at \$2,000  | Starting at \$2,500  | Starting at \$2,500  | Starting at \$3,000  | Starting at \$3,000  | Amount of Premium due to bind policy.   |
| <b>ENROLLMENT FEE</b>                                  | Starting at \$100 for all plans.   |                      |                      |                      |                      |                      | Enrollment fee due with initial Premium   |
| <b>UNDERWRITING FEE</b>                                | \$250 fee for all plans.   |                      |                      |                      |                      |                      | Underwriting fee due at time of application.  |
| <b>*PREMIUM DUE UPON ACTIVATION</b>                    | Starting at \$7,500  | Starting at \$11,500 | Starting at \$8,500  | Starting at \$12,500 | Starting at \$10,500 | Starting at \$14,500 | This amount is due should you need to activate the policy upon receipt of a denial. All Premiums are a one-time payment and are subject to underwriting guidelines. Premium is due according to signed quote. |
| <b>*DEDUCTIBLE DUE UPON ACTIVATION</b>                 | Starting at \$20,000   | Starting at \$32,500 | Starting at \$20,000 | Starting at \$32,500 | Starting at \$20,000 | Starting at \$32,500 | Deductible will be due should the policy need to be activated. Insurance will indemnify approved covered services for medical expenses beyond the Deductible up to the policy coverage limit.                 |
| <b>CLAIMS MANAGEMENT FEE DUE UPON ACTIVATION</b>       | \$2,250 fee for all plans.   |                      |                      |                      |                      |                      | Third party administrator fee to negotiate best rates.  |
| <b>BED REST SUBLIMIT</b>                               | There is a \$50,000 Bed Rest Sublimit for all plans. This is for In-patient bed rest / physician ordered hospitalization only.   |                      |                      |                      |                      |                      |   |
| <b>APPROVED PROVIDERS</b>                              | 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. |                      |                      |                      |                      |                      |   |
| <b>NON-APPROVED PROVIDERS</b>                          | For medical treatment by a Non-Approved Provider, this Policy will pay up to sixty five percent (65%) or the Reasonable and Customary allowed amount of covered Medical Expenses up to the Maximum Plan Benefit amount. <b>NEW LIFE AGENCY does not pay claims to Kaiser Permanente Providers and Sutter Providers.</b>  |                      |                      |                      |                      |                      |   |
| <b>EFFECTIVE DATE</b>                                  | The policy will be effective when New Life Agency has received: the confirmation of pregnancy, signed quote, paid Premium, and initial Deductible deposit.   |                      |                      |                      |                      |                      |   |
| <b>CANCELLATION</b>                                    | In the event that the Surrogate has a miscarriage up to twenty-two (22) weeks of gestation and the policy has not been activated, the Underwriters will refund \$1,000 of the Premium amount.  |                      |                      |                      |                      |                      |   |
| <b>TERMINATION DATE</b>                                | Termination date of the insurance coverage is effective at the earliest of one of the below: <ul style="list-style-type: none"> <li>• Six (6) months from the date of termination of the pregnancy from any cause, including birth, miscarriage, abortion or otherwise.</li> <li>• The date of the termination of the Contract between the Surrogate and the Intended Parent(s).</li> <li>• The date of request of termination of Policy by the Insured after a miscarriage.</li> </ul>      |                      |                      |                      |                      |                      |   |
| <b>ULTRASOUNDS</b>                                     | Up to six (6) standard ultrasounds are covered per pregnancy/per fetus.  |                      |                      |                      |                      |                      |   |
| <b>FETAL NON-STRESS TEST</b>                           | Up to (4) Fetal Non-Stress tests are covered per pregnancy/per fetus.  |                      |                      |                      |                      |                      |   |
| <b>FIRST PRENATAL VISIT STD TESTING</b>                | Covered. Treatment of any STD is not a covered service.  |                      |                      |                      |                      |                      |   |
| <b>MATERNAL AND FETAL MEDICINE CONSULTATION/VISITS</b> | Subject to medical necessity.  |                      |                      |                      |                      |                      |   |
| <b>EMERGENCY GROUND TRANSPORTATION</b>                 | Covered. Subject to medical reasoning.   |                      |                      |                      |                      |                      |   |
| <b>RX MEDICATIONS</b>                                  | Paid on a reimbursement basis for approved medications.  |                      |                      |                      |                      |                      |   |
| <b>PRE-NATAL / POST-NATAL CARE</b>                     | Covered, per policy certificate.   |                      |                      |                      |                      |                      |   |

## NON-COVERED MEDICAL EXPENSES

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

\*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.