



New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS™

SURROGATE MATERNITY CARE POLICY PORTFOLIO

newlifeagency.com

Coverholder at **LLOYD'S**

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS[™]

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Primary maternity insurance inclusive of labor and delivery.

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SMC Primary Insurance with a monthly Premium payment option.

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SURROGATE MATERNITY CARE® PRIMARY INSURANCE

POLICY OVERVIEW



100% SURROGACY COVERAGE & EXPANDED COVERAGE FOR HIGH RISK PREGNANCIES



COST CONTAINMENT THROUGH LARGE PROVIDER NETWORK



UNUSED DEDUCTIBLE FUNDS ARE REFUNDABLE



ENROLLMENT OPEN ALL YEAR

	250		500		750	
	SINGLETON	TWINS	SINGLETON	TWINS	SINGLETON	TWINS
MAXIMUM PLAN BENEFIT	\$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.						
*PREMIUM	STARTING AT \$9,500	STARTING AT \$13,500	STARTING AT \$11,000	STARTING AT \$15,000	STARTING AT \$13,500	STARTING AT \$17,500
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	STARTING AT \$20,000	STARTING AT \$32,500	STARTING AT \$20,000	STARTING AT \$32,500	STARTING AT \$20,000	STARTING AT \$32,500
*UNDERWRITING FEE	\$250 fee for all plans. Underwriting fee due at time of application.					
*CLAIMS MANAGEMENT FEE	\$2,250 fee for all plans. Third party administrator fee to negotiate best rates.					

*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 fifteen (15) months of coverage) 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.

*Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. All policies underwritten by certain underwriters at Lloyd's of London. Please see page 9 for Policy Highlights and the sample policy certificate for full policy details.

SURROGATE MATERNITY CARE® MONTHLY PREMIUM PRIMARY INSURANCE



POLICY OVERVIEW



100% SURROGACY COVERAGE & EXPANDED COVERAGE FOR HIGH RISK PREGNANCIES



COST CONTAINMENT THROUGH LARGE PROVIDER NETWORK



UNUSED DEDUCTIBLE FUNDS ARE REFUNDABLE



ENROLLMENT OPEN ALL YEAR

	250		500		750	
	SINGLETON	TWINS	SINGLETON	TWINS	SINGLETON	TWINS
MAXIMUM PLAN BENEFIT	\$250,000		\$500,000		\$750,000	
<p>Maximum Plan Benefit is the capped amount NEW LIFE AGENCY will pay for approved, covered services per the policy certificate.</p>						
*PREMIUM	STARTING AT \$812.50 PER MONTH	STARTING AT \$1187.50 PER MONTH	STARTING AT \$937.50 PER MONTH	STARTING AT \$1312.50 PER MONTH	STARTING AT \$1146 PER MONTH	STARTING AT \$1500 PER MONTH
*TOTAL PREMIUM DUE	STARTING AT \$9,750	STARTING AT \$14,250	STARTING AT \$11,250	STARTING AT \$15,750	STARTING AT \$13,752	STARTING AT \$18,000
<p>*At time of delivery or if Deductible is exhausted (whichever comes first), the remainder of the Premium will be due in full within 10 days. Premium is due according to signed quote and is subject to underwriting guidelines. The earliest date payment can be received is confirmation of pregnancy heartbeat.</p>						
*DEDUCTIBLE	STARTING AT \$20,000	STARTING AT \$32,500	STARTING AT \$20,000	STARTING AT \$32,500	STARTING AT \$20,000	STARTING AT \$32,500
*UNDERWRITING FEE	\$250 fee for all plans. Underwriting fee due at time of application.					
*CLAIMS MANAGEMENT FEE	\$2,250 fee for all plans. Third party administrator fee to negotiate best rates.					

*Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees are charged where applicable. All policies underwritten by certain underwriters at Lloyd's of London. Please see page 9 for Policy Highlights and the sample policy certificate for full policy details.

SURROGATE MATERNITY CARE® CONTINGENT POLICY

POLICY OVERVIEW



**ACTIVATION
UP TO 2 YEARS**



**PLACED IN CONJUNCTION
WITH MAJOR MEDICAL
POLICY**



**NO GEOGRAPHIC RESTRICTIONS
WITHIN THE UNITED STATES**



**MAY ACTIVATE DUE TO
NON RESPONSE FROM
PRIMARY INSURANCE**



	250		500		750	
	SINGLETON	TWINS	SINGLETON	TWINS	SINGLETON	TWINS
MAXIMUM PLAN BENEFIT	\$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						
*INITIAL PREMIUM	STARTING AT \$1,000	STARTING AT \$1,000	STARTING AT \$1,500	STARTING AT \$1,500	STARTING AT \$2,000	STARTING AT \$2,000
Amount of Premium due to bind policy.						
*ENROLLMENT FEE	Starting at \$100 for all plans. Enrollment fee due with initial Premium.					
*UNDERWRITING FEE	\$250 fee for all plans. Underwriting fee due at time of application.					
*PREMIUM DUE UPON ACTIVATION	STARTING AT \$8,500	STARTING AT \$12,500	STARTING AT \$9,500	STARTING AT \$13,500	STARTING AT \$11,500	STARTING AT \$15,500
All Premiums are a one-time payment and are subject to underwriting guidelines. Premium is due according to signed quote.						
*DEDUCTIBLE DUE UPON ACTIVATION	*STARTING AT \$20,000	*STARTING AT \$32,500	*STARTING AT \$20,000	*STARTING AT \$32,500	*STARTING AT \$20,000	*STARTING AT \$32,500
*CLAIMS MANAGEMENT FEE DUE UPON ACTIVATION	\$2,250 fee for all plans. Third party administrator fee to negotiate best rates.					

*Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees where applicable.
All policies underwritten by certain underwriters at Lloyd's of London.
Please see page 9 for the full list of Policy Highlights and the sample policy certificate for full policy details.

ACTIVATION PROVISIONS:
NEW LIFE AGENCY must be notified in writing to activate the policy by the policy holder.
Policy will be active after notification in writing and upon proof of: funded additional Premium, taxes and fees, claims management fee, and Deductible.

SURROGATE MATERNITY CARE® SLEEP EASY PLAN

POLICY OVERVIEW



**LOW PREMIUM
ONE-TIME PAYMENT**



**100% SURROGACY
COVERAGE**



**CASH PAY WITH
CLAIMS MANAGEMENT
AND INSURANCE BACKING**



**ZERO UP FRONT
DEDUCTIBLE**

	250		500		750	
	SINGLETON	TWINS	SINGLETON	TWINS	SINGLETON	TWINS
MAXIMUM PLAN BENEFIT	\$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.						
*INITIAL PREMIUM	STARTING AT \$2,500		STARTING AT \$3,500		STARTING AT \$4,500	
Amount of Premium due to bind policy.						
*PREMIUM DUE UPON ACTIVATION	STARTING AT \$8,500	STARTING AT \$12,500	STARTING AT \$9,000	STARTING AT \$13,000	STARTING AT \$10,500	STARTING AT \$14,500
This amount is due should you need to activate the policy. All Premiums are a one-time payment and are subject to underwriting guidelines. Premium is due according to the signed quote.						
*DEDUCTIBLE DUE IF ACTIVATED	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 in full 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.						
*UNDERWRITING FEE	\$250 fee for all plans. Underwriting fee due at time of application.					
*CLAIMS MANAGEMENT FEE	\$2,250 fee for all plans. Third party administrative fee to negotiate best rates, due with Premium if Claims Management service is requested. If Claims Management service is not requested, this will be due should the policy be activated.					

*Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees where applicable. All policies underwritten by certain underwriters at Lloyd's of London. Please see page 9 for the full list of Policy Highlights and the sample policy certificate for full policy details.

ACTIVATION PROVISIONS:

NEW LIFE AGENCY must be notified in writing to activate the policy by the policy holder. Policy will be active after notification in writing and upon proof of: funded additional Premium, taxes and fees, claims management fee, and Deductible.

SURROGATE MATERNITY CARE® INTERIM INSURANCE - SINGLETON

POLICY OVERVIEW

-  1-7 MONTH POLICY OPTIONS AVAILABLE
-  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

SINGLETON

POLICY EFFECTIVE TIME PERIODS	JUN-DEC	JULY-DEC	AUG-DEC	SEPT-DEC	OCT-DEC	NOV-DEC	DEC
\$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 for all plans. Underwriting fee due at time of application.						
*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.						

QUALIFICATIONS

- Estimated due date must be Feb 1st or later of following calendar year, AND be approved by Underwriting for this policy.

AS OF DEC. 31ST OF THE CURRENT CALENDAR YEAR

- 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.

*Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees where applicable.

All policies underwritten by certain underwriters at Lloyd's of London.

Please see page 9 for the full list of Policy Highlights and the sample policy certificate for full policy details.

SURROGATE MATERNITY CARE® INTERIM INSURANCE - TWINS

POLICY OVERVIEW



**1-7 MONTH POLICY
OPTIONS AVAILABLE**



**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**

TWINS

POLICY EFFECTIVE TIME PERIODS	JUN-DEC	JULY-DEC	AUG-DEC	SEPT-DEC	OCT-DEC	NOV-DEC	DEC
\$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	\$18,800
*UNDERWRITING FEE	\$250 fee for all plans. Underwriting fee due at time of application.						
*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.						

QUALIFICATIONS

- Estimated due date must be Feb 1st or later of following calendar year, AND be approved by Underwriting for this policy.

AS OF DEC. 31ST OF THE CURRENT CALENDAR YEAR

- 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.

*Pricing subject to medical underwriting and plan provisions. Prices subject to change. Taxes and fees where applicable.

All policies underwritten by certain underwriters at Lloyd's of London.

Please see page 9 for the full list of Policy Highlights and the sample policy certificate for full policy details.

MATERNITY POLICY HIGHLIGHTS

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.
UNDERWRITING FEE	\$250 fee due at time of application (If applying for more than one plan, only one Underwriting Fee is due, no matter the number of plans placed).
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%) or 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.
EFFECTIVE DATE	The policy will be effective when NEW LIFE AGENCY has received: the confirmation of pregnancy, signed quote, paid Premium, and other applicable fees for the policy being purchased.
TERMINATION DATE (EXCLUDING SMC INTERIM. SEE SMC INTERIM DOCUMENTS FOR "AS OF DEC 31ST" CLAUSE)	Termination date of the insurance coverage is effective at the earliest of one of the below: <ul style="list-style-type: none"> • Six (6) months from the date of termination of the pregnancy from any cause, including birth, miscarriage, abortion or otherwise. • The date of the termination of the Contract between the Surrogate and the Intended Parent(s).
ULTRASOUNDS	Up to six (6) standard ultrasounds are covered per pregnancy/per fetus.
FETAL NON-STRESS TEST	Up to (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 reasoning.
EMERGENCY GROUND TRANSPORTATION	Subject to medical reasoning
RX MEDICATIONS	Paid on a reimbursement basis for approved medications.
PRE-NATAL / POST-NATAL CARE	Covered, per policy certificate.

NON-COVERED MEDICAL EXPENSES

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

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.