

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



SURROGATE MATERNITY CARE® SLEEP EASY PLAN

WITH THE MATERNITY RESOURCE

**THE
FLEXIBILITY
OF CASH WITH THE
SAFETY
OF
INSURANCE.**



**LARGE NETWORK OF
APPROVED PROVIDERS**



**ZERO UP FRONT
DEDUCTIBLE**



**LOW PREMIUM
ONE-TIME
PAYMENT**



**100%
SURROGACY
COVERAGE**



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

New Life Agency[®] inc.

THE SURROGACY INSURANCE EXPERTS™

New Life Agency^{inc.}

SURROGATE MATERNITY CARE[®] SLEEP EASY PLAN WITH THE MATERNITY RESOURCE

	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.
*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 \$9,000	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.
*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.
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%) 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, and paid Initial Premium.						
TERMINATION DATE	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).• The date of request of termination of Policy by the Insured after a miscarriage.						
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, and Deductible.						
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 necessity.						
EMERGENCY GROUND TRANSPORTATION	Covered, 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

*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.