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 $500	STARTING AT $500	STARTING AT $500	STARTING AT $500	STARTING AT $500	STARTING AT $500
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 $9,000	STARTING AT $13,000	STARTING AT $10,500	STARTING AT $14,500	STARTING AT $13,000	STARTING AT $17,000
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.
+$100 Enrollment fee is waived if the policy is paid by January 31.
Please see the 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.

MATERNITY POLICY HIGHLIGHTS

New Life Agency inc.

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: • 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.