

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

# SURROGATE MATERNITY CARE® INSURANCE

## POLICY OVERVIEW



**100% SURROGACY  
COVERAGE & EXPANDED  
COVERAGE FOR HIGH  
RISK PREGNANCIES**



**COST CONTAINMENT  
THROUGH LARGE  
PROVIDER NETWORK**



**TRANSFERABLE TO  
ANOTHER SURROGATE  
IF UNSUCCESSFUL  
TRANSFER**



**UNUSED DEDUCTIBLE  
FUNDS ARE REFUNDABLE**



**ENROLLMENT OPEN  
ALL YEAR**



**IVF CONNECT-RxCONCIERGE:  
PRESCRIPTION SAVINGS**



**MATERNITY MEDICAL  
INSURANCE  
FOR THE PREGNANCY  
THROUGH  
END OF JOURNEY  
UP TO A PERIOD OF  
TWO YEARS, INCLUSIVE OF  
LABOR AND DELIVERY.**

# New Life Agency<sup>®</sup> inc.

THE SURROGACY INSURANCE EXPERTS™

# SURROGATE MATERNITY CARE® INSURANCE

	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>*PREMIUM</b>	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.
<b>*DEDUCTIBLE</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	50% of total Deductible is due with Premium. Remaining balance due upon request, no later than 24 weeks.
<b>UNDERWRITING FEE</b>	\$250 fee for all plans						Underwriting fee due at time of application.
<b>CLAIMS MANAGEMENT FEE</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. NEW LIFE AGENCY does not pay claims to Kaiser Permanente Providers and Sutter Providers.						
<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>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>MISCARRIAGE</b>	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.						
<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.