



INTERNATIONAL
FERTILITY INSURANCE



Insurance Overview For Intended Parents

May 2023

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International Fertility Insurance provides insurance and management services to perform for the entire contracted surrogacy relationship, treating every client in a professional and caring manner.

We have experience supporting roughly 2,000 Intended Parents each year around the world and 225+ Surrogacy Agencies, Attorneys and Fertility Clinics across the United States, Canada, Mexico, South America, Europe/UK, Israel, Asia, Australia, New Zealand and South Africa. We collaborate with 100+ insurance companies to find the best option to meet your needs.

We are known to be the market leader in responsiveness, education, innovation and always approach clients with low-pressure.



Kind Words about International Fertility Insurance

International Fertility Insurance strives to be the market leader in serving our valued Intended Parents, Agencies, Attorneys and Fertility Clinics. Here is a sample of kind words shared about the experience of working with IFI.

Thank you! That was **WAY more thorough and informative than I could have hoped for!** What a pleasure it's been working with you.
– J.R., Case Manager

Thank you so much for this clear explanation. **We appreciate your dependably quick response time.**
– T.B., Agency Surrogate Case Manager

You guys are **the best I have ever met and experienced.** You do this a thousand times faster than me. Thank you so much for your help.
– C.W., Agency Owner

I can honestly say I have nothing but such incredible things to say about IFI. Jason and his team are **extremely knowledgeable** on all things insurance and provide the most incredible customer service. **Their responsiveness and attention to detail makes it such a wonderful experience to work with them.** I would recommend IFI to anyone who is navigating through the crazy world of surrogacy insurance!
– C.B., Agency Infertility Consultant

Thank you! You are the best!!! So glad I have the privilege to work with you! You're the best and you're **always so easy to work with!** Thank you.
– S.K., Agency Insurance Specialist

Thanks! **You're so fast. I love the communication and all the details you provide. Stellar service.**
– B. F., Intended Parent

I just wanted to give you a quick note and let you know that **your team is awesome! They are all so responsive and always willing to help with anything I ask.** I very much appreciate all of you!
– K.B., Agency Office Manager

Thanks for doing all the webinars... **incredibly helpful to us!** We think you guys are great!
– L.L. Surrogacy Attorney

Hold Harmless

We have done extensive research on these plans and put many in place each year. Even so, we advise Intended Parents to ask questions in pursuit of making their own informed decisions.

Contracts will generally be between Surrogate, Intended Parent(s) or their agencies or otherwise responsible parties and the insurance company, not with International Fertility Insurance (“IFI”). International Fertility Insurance (“IFI”) is to be held harmless.

We encourage Intended Parents to choose carefully and read the policy documents. We are more than happy to help have any questions answered. We will run through any scenarios on your request. It is especially important to be careful before cancelling any policies.

Policies and use thereof can change between video and slide deck updates. The policy language is the final determinant of coverage. Please be sure to ask questions until you are fully confident!

We are here to help!

The Following is a Basic Overview

Please ask for more detail or policy specimens for full clarity.

Terms and pricing subject to change.

Coverage by State and Pricing Basics

Costs listed in the slides that follow generally refer to:

Surrogates ages 21-40 that meet “preferred criteria”

Donors ages 18-40, domestic cases, no complications in previous cycle

Higher rates may exist for Surrogates or Donors outside this range/criteria

Coverage May Not be Available in All States

Write info@internationalfertility.com if involved parties reside in

NY, MD, CO, WA, SD, IN, LA, MI, NE.

Hospital Indemnity Policy Only:

Surrogate may not reside in NY or FL. For MA, ME, NH, NJ please inquire about process.

Please ask for a helpful guide to ordering.

Certain ordering processes may need to be applied.

Please contact IFI for additional information, detailed/complete explanations of the applicable coverage terms and conditions.



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Preferred Criteria

Lloyds Maternity, Bedrest, Stillbirth and Newborn policies

In order to qualify for Preferred Pricing and potentially to qualify for the plans, candidate medical profile and maternity history cannot contain any of the following:

(coverage may still be available at higher terms for those with these factors)

- Surrogates younger than 21 or older than 40 (unless otherwise agreed)
- More than 3 previous C-sections or more than 5 pregnancies
- Prior history of diabetes or gestational diabetes **requiring hospitalization**
- Prior history of hypertension or pregnancy induced hypertension **requiring hospitalization**
- Prior history of pre-eclampsia
- Documented blood pressure reading within the 30 days prior to the effective date that was higher than 135/85
- Prior delivery earlier than 6 months prior to conception
- Prior history of pre-term labor (labor before 37th week of singleton pregnancy, 36th week of twin pregnancy)
- Prior obstetrical complications that risk recurrence during a future pregnancy and present as an adverse finding significant for a healthy pregnancy outcome
- BMI (body mass index) less than 18.5 or greater than 32.0
- History of physician ordered bedrest (bedrest policy)(situational bedrest may be considered)
- History of stillbirth (stillbirth policy) (and 35 and under – exceptions will be considered)

Insurance Solutions & Services

Life Insurance / Accidental Death Insurance	<ul style="list-style-type: none">• Surrogate Accidental Death Policy – no underwriting, no interview, no exam Optional Add-on coverages <ul style="list-style-type: none">- Intended Parent recovery of financial loss- Loss of Reproductive Organs- Permanent Total Disability- Stillbirth - Recovery of Financial Loss- Covid Coverage		<ul style="list-style-type: none">• Term Life Insurance –- Not recommended, except where contractually needed as process is far more challenging.	
Surrogate Disability Insurance	<ul style="list-style-type: none">• Hospital Indemnity• Surrogate Bed Rest		<ul style="list-style-type: none">• Disability Insurance Reviews	
Egg Donor and Surrogate (also known as Recipient) IVF Complications Insurance	<ul style="list-style-type: none">• 4-month, 1 Cycle	<ul style="list-style-type: none">• 18-month, Multiple Cycles- Ability to make changes	<ul style="list-style-type: none">• Optional coverages available for:<ul style="list-style-type: none">- Loss of Reproductive Organs ‘LRO’- Accidental Paralysis	<ul style="list-style-type: none">• Travel Insurance for International Donors or Surrogates
Surrogate Maternity Insurance Health Insurance Policy Reviews Financial Case Management	<ul style="list-style-type: none">• “IFI Surrogacy Maternity Plan”	<ul style="list-style-type: none">• Back-Up Maternity Plan (Previously known as Secondary or Contingency Maternity Insurance)	<ul style="list-style-type: none">• Bridge The Gap• Unmanaged Bridge The Gap/Self-Pay/Reimbursement	<ul style="list-style-type: none">• ACA<ul style="list-style-type: none">- Health Insurance Policy Reviews- Coordination of Benefits Review- Search / Placement- Payment Monitoring- Billing Management
Maternity & IVF Management	<ul style="list-style-type: none">• Local Monitoring Management / Support		<ul style="list-style-type: none">• Medical Billing Management	
Newborn Insurance and IFI Newborn Billing Management	<ul style="list-style-type: none">• Coverage for medical expenses including newborn intensive care unit (NICU) and potentially well-baby care. IFI Newborn Billing Management may be added.		<ul style="list-style-type: none">• Travel Insurance for International Intended Parents	
Business Insurance Needs (For Agencies, Attorneys, Clinics)	<ul style="list-style-type: none">• Professional Liability• General Liability	<ul style="list-style-type: none">• Cyber Insurance	<ul style="list-style-type: none">• Directors & Offices Insurance	<ul style="list-style-type: none">• Employee and Executive Benefits
Insurance Resources	<ul style="list-style-type: none">• Educational Video Library, Custom Insurance Guides and Step-By-Step Ordering Process Guides available as a resource for Intended Parents, Agencies, Attorneys and Clinics			

IVF Cycle Complications Insurance & Services



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Basics of IVF Complications Insurance (Donor/Surrogate)

What is it?

- For Donor/Surrogate to cover complications of IVF that lead to emergency room visit/hospitalization. Most personal insurance will not cover complications of fertility treatments when acting for another party. IFI is happy to review insurance for a fee.

What does it cover?

- Egg Donor Complications Insurance
 - Common claims include ovarian hyper stimulation syndrome (OHSS), ovarian torsion, allergic reaction to medication, bleeding, cramping, nausea and more
- Surrogate IVF Complications Insurance
 - Common claims include allergic reaction to medication, ectopic pregnancy/rupture, abdominal pain, cramping, bleeding and more

When do I order it, and when does it start and end?

- Most buy it once a medication schedule has been established. Assuming it is purchased and paid for by then it starts at start of medication and lasts for 4 months, or until confirmation of pregnancy and handoff to obstetrician's care in case of Surrogate.

Basics of IVF Complications Insurance (Donor/Surrogate)(continued)

What else should I know about it?

- IFI is happy to offer **worldwide coverage options**. Donors or Surrogates may cycle in one country and extend coverage upon their departure to include their home country. Ask for details and terms.
 - IFI policy has **no network restrictions**
 - Options for **Accidental Paralysis** (injury related to IVF complications) and **Loss of Reproductive Organs** (coverage for payment to Donor or Surrogate if complications lead to partial or full hysterectomy, or loss of single ovary or fallopian tube) (For Surrogate, coverage may be redundant if ordering similar coverages on Accidental Death policy)
 - **Easy to order, takes minutes, ordered online**

What is commonly requested?

- Commonly \$250k, which is \$385 for Donors, and \$290 for Surrogates at standard rates. Higher limits available.
 - In the case of Donor coverage, Loss of Reproductive Organs and Accidental Paralysis are commonly added (in the case of Surrogate, similar coverages found in Surrogate Accidental Death policy)
 - \$5,000 partial/\$10,000 full hysterectomy = \$200 commonly requested for donors
 - \$100,000 of Accidental Paralysis = \$160 at standard rates commonly requested for donors



Local/Outside Monitoring Billing Management Services



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Local/Outside Monitoring Management

What is it?

- *Is IVF happening away from your Donor or Surrogate's local market?* Finding local/outside monitoring clinics taking on new patients can be a cumbersome process. Managing the process and billing can be even more time consuming. IFI has an experienced local monitoring support team happy to take on this important need for our agency or clinic partners, or for Intended Parents, reducing stress and saving valuable time. Without support, Intended Parents could potentially be paying any cost the clinic chooses and/or choosing clinics with inefficient services and/or processes.

What does it include?

- Level 1 provides a list of clinic(s) available based on proven clinic experience in the requested market area, including service cost estimates. If by chance it is a market we are inexperienced in we will do the research.
- Level 2 includes additional support of patient registration, billing management in relation to the process and for IFI to act as a third-party liaison throughout location changes, faxing orders and more.

What are the advantages of this plan?

- Stress Reduction
- Time Savings
- Proven Clinic Success
- Avoidance of Excessive Charges
- Experienced and Professional Management of Services

When do I order it, and when does it start and end?

- Commonly ordered after a donor or surrogate is medically cleared
- Typically starts upon release of cycle schedule
- End of service dependent upon level chosen

What else should I know about it?

- Can be utilized for specific testing and/or procedures outside of cycle scheduling

Local/Outside Monitoring Management

Will Your Donor Or Surrogate need monitoring away from IVF Clinic?

(i.e., IVF Clinic in state or city A, Surrogate/Donor lives in state or city B)

Service Level 1

Pricing: \$300 per request

(volume discount \$250) (If outsourcing all cases, ~25 or more per year)

Included in Level 1:

- Receive a list of previously utilized Local/Outside Monitoring clinics in the patient's area and cost estimates for common services performed*

Not Included (if you are requiring the assistance below, please choose Level 2):

- Appointment scheduling, faxing orders, and facilitating payment.
- Following up on results (this is always the responsibility of the clinic staff)
- Any time-of-service assistance between the ordering physician and the agency support staff. This includes rescheduling of missed appointments, missing or incorrect orders, subsequent appointments that require different testing locations.

Local/Outside Monitoring Management (continued)

Service Level 2

Pricing: \$600 per request
(Volume discount \$500)

Level 2 Unlimited Cycles Same Donor or Surrogate – 1 Pregnancy

Pricing: \$1000 Per request
(Volume Discount \$900)

Included in Level 2:

- Receive a list of previously utilized Local/Outside Monitoring clinics in the patient's area and cost estimates for common services performed*
- Appointment registration (patient still needs to schedule her day/time), faxing orders, and providing payment instructions.
- Time-of-service assistance will be provided as a 3rd party liaison between the patient, IP clinic staff and agency staff as needed. This includes registration with new orders, missing or incorrect orders, subsequent appointments that require different testing locations. Finding workarounds to last minute calendar changes and visits upon request of the ordering physician.

Not Included:

- Following up on results.
- Missed appointment/no-show changes when patient does not follow explicit instructions.
- Local/Outside Monitoring clinic mandatory patient registration forms (if applicable).

Local/Outside Monitoring Management (continued)

Disclaimer - please read

The ability to accommodate outside monitoring Egg Donors and Surrogates has changed often with COVID levels by region, so proper re-verification will be required by agency and Egg Donor/Surrogate at time of scheduling. IFI makes no guarantees on acceptance of specific patient services or appointment availability.

All cost estimates provided are subject to change. If there are no prior records on pricing within the calendar year at listed facility, agency is responsible for obtaining if they wish to provide this for IPs.

IFI makes no guarantees for customer service, staff friendliness or timeliness of appointments at the local monitoring clinics. Understanding that we do not have established relationships with every location and cannot make assurances of the patient overall experience. We will do our best to provide feedback when appropriate.



Surrogate Maternity Insurance Guide



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Maternity Insurance: Reviewing Your Surrogate's Health Insurance

- **Will Surrogate's Insurance Cover Surrogate Pregnancy?**
 - IFI Health Insurance Review Service + Coordination of Benefits Review Service
- **When the Surrogate's Existing Insurance Will Cover Surrogacy**
 - Medical Billing Management
- **When Surrogate's Insurance Won't Cover Surrogacy**
 - ACA Policy Search and Placement Services (Traditional Health Insurance)
 - Medical Billing Management highly recommended if Surrogate's insurance will cover or alongside ACA plan
- **When No ACA (Traditional Health Insurance) is Available Without Surrogacy Exclusions or Outside Open Enrollment Window**
 - IFI Surrogacy Maternity Plan (Backed by Lloyd's of London) - Cost containment plan professionally managing self pay negotiated rates for maternity with insurance for complications
 - Bridge the Gap Option if near ACA Open Enrollment (Generally July to September)
- **Back-Up (Secondary/Contingency) Planning**
 - Lloyds of London Secondary / Back Up / Contingency Plan - Back up to an existing health insurance plan or new ACA Plan to protect against changes or exclusions at renewal or throughout the pregnancy



Health Insurance Review + Coordination of Benefits Review



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Health Insurance Policy Review (Step 1 if not already complete)

- Thorough review of gestational carrier's existing health insurance
- Available in the following options:
 - ~5 business days (\$250), ~3 business days (\$300) or 2 day (\$500)
 - Optional verification call to the insurance company (\$40)
 - Coordination of Benefits Review (\$75) – Important to confirm if ACA will fit with existing plan



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Surrogate Name	Sample Surrogate
Insurance Company	Aetna
Insurance Plan Name	Health Investment Choice POS II
State of Residence	Sample State
Policy # and Effective Date	W12334567; January 1, 2018
	Please remember that this policy renews on December 31 of each year. Policies can be changed at the renewal time which could impact the network, deductibles/copays, and overall coverage. If the pregnancy will span two policy years, we strongly suggest that you get an updated opinion on coverage when the new policy document is available.
Our Coverage Opinion	Our opinion based on the plan language is that this plan will cover maternity benefits during a surrogacy journey.
Policy Self-funded by Surrogate's Employer	No
Lien (if any)	No
Subrogation Risk	Minimal risk
Verification call (if applicable)	Not applicable

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Deductibles, Co-Insurance, and Maximums	In-Network Benefits	Out-of-Network Benefits
	Deductible: \$1,600.00 Out-of-pocket max: \$3,600.00 Co-insurance: none for prenatal; 20% maternity	Deductible: \$1,600.00 Out-of-pocket max: \$6,000.00 Co-insurance- 40% prenatal and mat.
Non-Covered Services/Exclusions Language	<p>Pregnancy charges (pg. 33): Charges in connection with pregnancy care other than for complications of pregnancy and other covered expenses specifically described in the Eligible Health Services under your plan section.</p> <p>Maternity and related newborn care (pg. 36): Any services and supplies related to births that take place in the home or in any other place not licensed to perform deliveries.</p> <p>Infertility (pg. 37): All charges associated with:</p> <ul style="list-style-type: none"> - Surrogacy for you or the surrogate. A surrogate is a female carrying her own genetically related child where the child is conceived with the intention of turning over to be raised by the others, including the biological father. - The use of a gestational carrier for the female acting as the gestational carrier. A gestational carrier is a female carrying an embryo to which she is not genetically related. 	
Covered Services Language	<p>Prenatal care (pg. 13): Eligible health services include your routine prenatal physical exams as Preventive care; which is the initial and subsequent history and physical exam such as: maternal weight, blood pressure, fetal heart rate check, and fundal height.</p> <p>Maternity and related newborn care (pg. 19): Eligible health services included prenatal and postpartum care and obstetrical services. After your child is born, eligible health services include: 48 hours of inpatient care after a vaginal delivery, 96 hours of inpatient care after C-section.</p>	

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(+\$75)(not charged if existing plan covers surrogacy)

- Thorough review of gestational carrier's existing health insurance specifically to analyze if her plan will allow her to have another plan and which is primary if so.
- Helps avoid ordering additional plan for no reason if it won't be allowed to be used



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COORDINATION OF BEN

Order of Benefit Determination

The information below (from the request form) is typically incorrect data in this section could

Policyholder or Dependent	Dependent- X
Employer Plan	Yes
Is member an Active Employee	Yes
Is this a COBRA, TRICARE, or MEDICAID Policy?	No
Is this a Supplemental Policy?	No
Policy has Coordination of Benefits Section	Yes, page 40

Review Inform

Exclusion for Surrogacy Maternity	Yes, page 39- TREATMENT A
Reimbursement (Lien) language for Surrogacy	No
Restriction on having another Health Insurance Policy?	No
Duty to send a copy of Surrogacy Contract to the Insurance Company?	No
Need to Notify the Insurance Company if holding another Health Insurance Policy?	No

Coordination of Benefits Opinion

Note that this is an opinion only. While we strive for accuracy and feel confident in our opinion, for further clarity, we suggest calling member services to verify.

Recommended Actions for the Surrogate / Agency	Consider using Maternity Plan
---------------------------------------------------	----------------------------------

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COORDINATION OF BENEFITS SECTION

PRIORITY OF COVERAGE WHERE COVE
no fault, personal injury protection or
always have primary responsibility. If
surgical, dental, psychiatric, chiropract
or overlapping shall be avoided. In t
the following order: (a) (b) (c) A Plan
A Plan that covers the person other th
as a dependent is the secondary Plan.
law, Medicare is secondary to the Plan
person as other than a dependent, the
covering the person other than as a de
Unless there is a court decree stating c
order of benefits is determined as foll
together, whether or not they have ev
the calendar year is the primary Plan;
parent the longest is the primary Plan.
living together, whether or not they ha
court decree states that one of the pa
health care coverage and the Plan of t
rule applies to Plan years commencing
states that both parents are responsib
the provisions of Subparagraph (c)(1) a
the parents have joint custody without
or health care coverage of the depend
order of benefits; or (iv) [v] (3) if the
care expenses or health care coverage,
Custodial parent: •



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ORDER OF BENEFIT DETERMINATION RULES SECTION

CONT.

The Plan covering the spouse of the Custodial parent; •
 The Plan covering the spouse of the non-custodial parent
 Custodial parent is the parent with whom the dependent
 excepting any temporary visitation. If the dependent child
 Subparagraph (c)(1) above shall determine the order of
 than one Plan of individuals who are not the parents of
 above shall determine the order of benefits as if those in
 (i) The Plan that covers a person as an active employee is
 as a retired or laid-off employee is the Secondary Plan. If
 an active employee and that same person is a dependent
 does not have this rule, and as a result, the Plans do not
 rule does not apply if the rule labeled (b) can determine
 provided pursuant to COBRA or under a right of continu
 under another Plan, the Plan covering the person as an
 the person as a dependent of an employee, member, su
 state or other federal continuation coverage is the second
 as a result, the Plans do not agree on the order of benefi
 rule labeled (b) can determine the order of benefits. The
 member, policyholder, subscriber or retiree longer of the
 shorter period of time is the Secondary Plan. If there is a
 coverage shall have primary responsibility unless prohibi
 Covered Participants of this Plan or another Central Stat
 the preceding rules do not determine the order of benef
 between the Plans meeting the definition of Plan.

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When the Surrogate has Multiple Insurance Policies

Coordination of Benefits (COB) determines the manner in which expenses will be paid when a member is covered under more than one health policy. COB is designed to avoid the duplication of payment for Covered Services.

- For proper billing, it is the member's responsibility to provide the insurance companies and medical service providers with information concerning any duplication of coverage under any other health plan, program, or policy.
- If insurance companies do not receive information regarding the other plan, they may deny claims and subsequently the member may be responsible for payment of any expenses related to denied claims.
- It is important to determine which would be the primary and which would be secondary payor.
 - Based on the Coordination of Benefits rules contained within each plan, either could be determined to be the primary plan and would therefore need to be billed first.
 - We advise that the surrogate present both ID Cards to their healthcare providers (even if one has an exclusion) for them to determine this. Another way to resolve this would be for the surrogate to call both insurance providers to determine which would be the primary plan.
- Insurance companies may require disclosure that the member has another policy in place.
- If this is a High Deductible High Premium (HDHP) plan with a Flexible Spending Account (FSA) or Health Savings Account (HSA), the plan may have restrictions on her being covered under another plan. If you are unsure whether an insurance policy or other health coverage policy you have is allowed with the HDHP and HSA, contact your employer benefits representative.

General Information

1. If the surrogate has any other policies or means to acquire another policy, we recommend that all policies be reviewed for coordination of benefits in order to have the complete picture.
2. IFI also has a Medical Billing Management service that further reduces the risk of coordination of benefits billing issues due to the ability to catch any conflicts early.
 - Professional management of the billing throughout the pregnancy, delivery, and post-partum
 - Review of medical bills for accuracy to avoid excessive charges and double billing
 - Ensure payments applied properly toward deductibles, co-pays, co-insurance, & max out of pocket
 - OBGYN global fee pre-payments
 - Specialist/Maternal Fetal Medicine
 - Hospital facility charges
 - Labs, ultrasounds and diagnostic testing
 - Bills related to complications of pregnancy

[Video – IFI Maternity Medical Billing Management](#)

Slides – IFl Maternity Medical Billing



Medical Billing Management

**Important Support Service to Guide
the Process When Surrogate's
Employer Based or ACA/Personal Plan
is Expected to Cover Surrogacy**



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Maternity Insurance Solutions – Medical Billing Management

(Suggested addition to Employer or ACA (Affordable Care Act) plans that are expected to cover surrogacy)

What is it?

- Our experience shows approximately 80% of all medical bills contain errors – these errors cost Intended Parents money (excessive charges, double billing overpayment). Delayed bill payments can also result in surrogates ending up in collections.
- IFI is pleased to provide professional, experienced management of the billing throughout the surrogate pregnancy, delivery and post-partum with detailed reporting.

What does it cover?

Surrogate's maternity medical billing account management including:

- Review of medical bills for accuracy to avoid excessive charges and double billing
- Ensure payments and adjustments are applied properly toward appropriate areas of the insurance contract (deductibles, co-pays, co-insurance, maximum out of pocket)
- OBGYN global fee pre-payments
- Specialist/Maternal Fetal Medicine
- Hospital facility charges
- Labs, ultrasounds and diagnostic testing
- Bills related to complications of pregnancy
- Provide agency or intended parents (no agency) with estimates
- Manage escrow funds and payments to providers
- Mitigate issues through steady communication with providers

Maternity Insurance Solutions – Medical Billing Management (Continued)

When do I order it? When does it start/end?

- Typically paired with ACA, or at medical clearance if pairing with employer plan. Starts at confirmation of pregnancy(ultrasound confirmation of heartbeat), ends upon zero balance with all providers (this involves reaching out to all providers, and surrogate to confirm zero balances).

What else should I know?

- Cost is \$2,000. Volume discounts may apply to agencies outsourcing all cases.

What is commonly ordered?

- ACA + Medical Billing Management (“Comprehensive” service level) or Employer Plan + Medical Billing Management.

*Subject to change. Variations may apply based on provider requirements.



IFI Surrogacy Maternity Plan

**When Surrogate's Health
Insurance has Exclusions
and No ACA/Health
Insurance Options Available**



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The Basics of the IFI Surrogacy Maternity Plan, Backed by Lloyd's

What is it?

- **Cost conscious, efficient** approach to the Lloyd's Maternity Plan, launched by IFI in 2019, that **covers a surrogate pregnancy and delivery and includes professional medical billing management**

What does it cover?

- Covered claim costs of an uncomplicated or complicated surrogate pregnancy and delivery

What are the advantages of this plan?

- Available year round
- No network limitations
- Minimal cost to try for those with 1-2 embryos (\$250)
- Professional Medical Billing Management included (\$2,000 value)
- Ability to start on this plan and move to ACA if more favorable

When do I order it, and when does it start and end?

- Most buy it upon medical clearance as underwriting is involved. **Assuming it is purchased and paid for by then it starts at confirmation of pregnancy and lasts beyond birth for the length of the contract**, up to 18 total months, longer on request, subject to underwriting discretion.

What else should I know about it?

- Plan provides **\$500,000 of coverage**, with ability to increase to \$750,000 or \$1,000,000 for additional fee
- General cost **~\$20,000 to ~\$27,500 for uncomplicated pregnancy or ~\$31,800 for complicated pregnancy**.
 - Twins, high-cost providers, and surrogates outside of preferred criteria may be higher
- Maternity cost estimates (step 1) can take ~1-2 weeks and underwriting generally ~1 week
- Coverage is subject to underwriting and begins upon payment and confirmation of pregnancy form received

Please request detailed view/policy specimen to fully understand plan. Subject to change.



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How the Plan Works

Step 1 - Maternity Cost Estimate

We prepare your “Maternity Plan Cost Estimate” for uncomplicated vaginal and c-section deliveries. We charge \$250 to do this initial research (Generally takes about 1-2 weeks business days, depending on availability of financial counselors at medical provider and Hospital locations). Commonly we find estimates of \$15,000 to \$22,500 (varies by location and providers, some higher). If estimate is over \$20,000, we will offer to review additional set of providers. This fee (\$250) is applied to the plan if you move forward. (It’s part of the \$5,000)

Step 2 - Application / Underwriting

We gather application details and medical records to review your surrogate for approval (~5-10 days).

At this point a deductible is set, generally \$19,000. (may be higher with high-cost providers, twins or unfavorable underwriting result. For high-cost providers, deductible will be 120% of estimate)

Step 3 - Activation and Initial Escrow – Upon Confirmation of Pregnancy

We collect the following:

- \$4,750 - This covers Underwriting Review of Medical Records, Medical Billing Management and Support throughout the pregnancy, delivery and post-partum and 25% down payment on the Lloyd’s of London Plan to secure the right to use it if major complications arise.
- The maternity cost estimate to fund the pregnancy bills (for example \$16,000 if the maternity cost estimate was \$16,000). Our experienced billing management team manages the escrow, analyzes each bill and coordinates all payments.

Step 4 - Delivery

We return any escrow funds that weren’t used and provide a final accounting.

Should a complicated pregnancy arise we manage a claim with Lloyd’s of London including collection of remainder of deductible and additional premium to Lloyds of London.

Bridge the Gap Variation (Generally applicable if starting discussion in June to September timeframe)

If a more favorable Affordable Care Act (ACA)/Open Enrollment plan is found Intended Parents can elect to leave this plan. IFI will manage the medical billing of the new ACA Plan (\$2,000 value). Bills are closed out as applicable and escrow is carried on to use toward ACA policy “maximum out of pocket” with any remainder returned to Intended Parents.

***subject to change – processes will evolve over time. Ask for most up to date processes at plan selection.**

Sample Maternity Cost Estimate

	SAMPLE – For reference only. Results on a case-by-case basis.
GS Name	XXXXXX
IPs	XXXXXX
Agency	XXXXXX
Birth Plan	Vaginal
<u>Obstetrician</u>	
Name of Practice/Dr	Dr. John Siegle
Address	807 N. Monte Vista St. Ada, OK 74820
Phone	555-555-5555
Rep Name	Anne
Fees (OB Global)	V: \$2,452 C: \$2,707
Routine labs	\$1,000
Routine ultrasounds	\$1,500
<u>DELIVERY HOSPITAL</u>	
Name of facility	Mercy Hospital Ada
Address	430 N. Monte Vista St. Ada, OK 74820
Phone	555-555-5555
Rep name	Anne
Department	Patient Financial
Fees (Facility Delivery)	V: \$8,698 C: \$9,607
Anesthesia	\$2,500
TOTAL birth plan cost estimate:	~\$16,200 (Vaginal) ~\$17,400 (C-Section)
Suggested Escrow	\$16,700 (Vaginal) \$17,900 (C-Section)

Disclaimer: Estimate only. Actual results subject to change at OB/Hospital discretion.

Cost Overview

Common Costs – Uncomplicated Singleton Pregnancy

(Singleton):	Initial Fees:	\$5,000
	Uncomplicated Pregnancy Estimate:	Generally, \$15,000 to \$22,500
	Total Cost:	Generally, \$20,000 to \$27,500
	Coverage Limit:	\$500,000

***Special Notes – Estimates vary. May be higher for high-cost providers, twins, or based on underwriting results.**

***Coverage limit may be increased to \$750,000 for \$3,000 or \$1,000,000 for \$5,000**

Common Costs - Complicated Pregnancy with Claim Activated (rare)

(Singleton):	Initial Fees:	\$5,000
	Deductible:	\$19,000 (or 120% of estimate, whichever higher)
	Additional Premium (to activate):	~\$7,800
	Total Cost:	~\$31,800 (if \$19,000 deductible)
	Coverage Limit:	\$500,000
	*costs approximate – taxes added to insurance premiums vary by state, and costs higher for high-cost providers, twins, or underwriting results.	

Please see/request detailed view and/or policy specimen for full details. Subject to change.



Potential Scenarios & Costs

Scenario A: Maternity Cost Estimate Provided

But parents don't move forward, or no confirmation of pregnancy

Overall Cost: \$250

Scenario B:

Actual Cost for Maternity Services is \$15,000

Return of Excess Escrow: -\$1,000

Overall Cost: \$20,000 (\$5,000 initial costs + \$15,000 medical services)

Scenario C:

Actual Cost for Maternity Services is \$16,000

Return of Excess Escrow: \$0

Overall Cost: \$21,000 (\$5,000 initial costs + \$16,000 medical services)

Scenario D:

Actual Cost for Maternity Services is \$18,000 (due to minor complications)

Additional Escrow Funds Needed: \$2,000

Overall Cost: \$23,000 (\$5,000 initial costs + \$18,000 medical services)

Scenario E:

Actual Cost for Maternity Services is \$200,000 (due to Major Complications)

Additional Escrow Funds Needed: Generally, \$3,000 (Intended parents are responsible for the usually \$19,000 deductible)

Overall Cost :~\$31,800

(\$5,000 initial costs + \$19,000 medical services up to the set deductible + ~7,800 Remainder of the Premium to Active the Lloyd's Policy)

All Scenarios Based on an example \$16,000 Maternity Cost Estimate and Escrow

** Costs will increase for high-cost providers, twin pregnancies, or underwriting. Please ask for specific details.*

SAMPLE - For reference only. Results on a case-by-case basis.	
GS Name	XXXXX
IPs	XXXXX
Agency	XXXXX
Birth Plan	Vaginal
OBGYN	
Name of Practice/Dr	Dr. John Siegle
Address	807 N. Monte Vista St. Ada, OK 74820
Phone	555-555-5555
Rep Name	Anne
Fees (OB Global)	V: \$2,452 C: \$2,707
Routine labs	\$1,000
Routine ultrasounds	\$1,500
DELIVERY HOSPITAL	
Name of facility	Mercy Hospital Ada
Address	430 N. Monte Vista St. Ada, OK 74820
Phone	555-555-5555
Rep name	Anne
Department	Patient Financial
Fees (Facility/Delivery)	V: \$8,698 C: \$9,607
Anesthesia	\$2,500
TOTAL birth plan cost estimate:	~\$16,200 (Vaginal) ~\$17,400 (C-Section)
Suggested Escrow	\$16,700 (Vaginal) \$17,900 (C-Section)

IFI Maternity - Bridge The Gap to ACA Potential Scenarios & Costs

Scenario F: Moving to ACA Plan – Uncomplicated Maternity

Cost for Maternity Services until ACA: \$3,000

ACA Out of Pocket Maximum: \$7,000

Initial Return of Excess Escrow Funds: \$6,000

(\$16,000 escrow minus \$3,000 used = \$13,000 left minus \$7,000 = \$6,000)

Total ACA Shared Costs by the end of journey: \$4,000

Final Return of Excess Escrow Funds: \$3,000

(\$7,000 escrow minus \$4,000 additional used for ACA = \$3,000)

Overall Cost : \$12,000 **plus the cost of monthly ACA premiums**

(\$5,000 initial costs + \$3,000 used before ACA + \$4,000 used with ACA)

Scenario G: Moving to ACA Plan – Complicated Maternity

Cost for Maternity Services until ACA: \$3,000

ACA Out of Pocket Maximum: \$7,000

Initial Return of Excess Escrow Funds: \$6,000

(\$16,000 escrow minus \$3,000 used = \$13,000 left minus \$7,000 = \$6,000)

Total ACA Shared Costs by the end of journey: \$7,000

Final Return of Excess Escrow Funds: \$0

(\$7,000 escrow minus \$7,000 additional used = \$0)

Overall Cost : \$15,000 **plus the cost of monthly ACA premiums**

(\$5,000 initial costs + \$3,000 used before ACA + \$7,000 used with ACA)

All Scenarios Based on an example \$16,000 Maternity Cost Estimate and Escrow

** Costs will increase for high-cost providers, twin pregnancies, or underwriting. Please ask for specific details.*

Included Additional Benefits

- ✓ Professional Medical Billing Management (\$2,000 value)
- ✓ Lloyd's Policy is still in place as a backup to ACA (\$2,000 value)

ACA Premiums can range from approximately \$350 to \$1,200 per month
Rates are based on age, location, insurance company, and choice of plan

Commonly ~ \$500-600 per month

IFI Surrogacy Maternity

How Much is My Deductible?

Your deductible will be set and documented on your policy quote based on the total cost from your Maternity Cost Estimate

If you're Maternity Cost Estimate is:	Your Deductible will be:
<i>Up to \$15,900</i>	\$19,000
\$17,500	\$21,000
\$20,000	\$24,000
\$22,000	\$26,400
\$25,000	\$30,000

	SAMPLE - For reference only. Results on a case-by-case basis.
GS Name	XXXXX
IPs	XXXXX
Agency	XXXXX
Birth Plan	Vaginal
OBGYN	
Name of Practice/Dr	Dr. John Siegle
Address	807 N. Monte Vista St. Ada, OK 74820
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Rep Name	Anne
Fees (OB Global)	V: \$2,452 C: \$2,707
Routine labs	\$1,000
Routine ultrasounds	\$1,500
DELIVERY HOSPITAL	
Name of facility	Mercy Hospital Ada
Address	430 N. Monte Vista St. Ada, OK 74820
Phone	555-555-5555
Rep name	Anne
Department	Patient Financial
Fees (Facility Delivery)	V: \$8,698 C: \$9,607
Anesthesia	\$2,500
TOTAL birth plan cost estimate:	~\$16,200 (Vaginal) ~\$17,400 (C-Section)
Suggested Escrow	\$16,700 (Vaginal) \$17,900 (C-Section)

IFI Surrogacy Maternity Plan

Preferred Criteria Plan Pricing

In order to qualify for Preferred Pricing and potentially to qualify for the plans, candidate medical profile and maternity history cannot contain any of the following:

(coverage may still be available at higher terms for those with these factors)

- Surrogates younger than 21 or older than 40 (unless otherwise agreed)
- More than 3 previous C-sections or more than 5 pregnancies
- Prior history of diabetes or gestational diabetes **requiring hospitalization**
- Prior history of hypertension or pregnancy induced hypertension **requiring hospitalization**
- Prior history of pre-eclampsia
- Documented blood pressure reading within the 30 days prior to the effective date that was higher than 135/85
- Prior delivery earlier than 6 months prior to conception
- Prior history of pre-term labor (labor before 37th week of singleton pregnancy, 36th week of twin pregnancy)
- Prior obstetrical complications that risk recurrence during a future pregnancy and present as an adverse finding significant for a healthy pregnancy outcome
- BMI (body mass index) less than 18.5 or greater than 32.0

Lloyd's Maternity Plan Exclusions

What is excluded from the plan?

Like most surrogacy insurance policies, this plan does not include:

- Charges incurred by the surrogate for treatment of any medical condition other than for medically necessary medical expenses directly related to pregnancy
- Pre-Existing Conditions
- Genetic Testing and or Counseling
- Chiropractic Care
- Any gestation greater than twins, for example triplets
- Any expenses which exceed policy definition of reasonable and customary; defined as 200% of the rates Medicare deems appropriate for treatment

For a complete explanation of the applicable coverage terms and conditions, please refer to the Lloyd's of London policy certificate wording(s) on file with International Fertility Insurance 'IFI'; Terms and Conditions are subject to change, please contact 'IFI' for information.



Back-Up Maternity Plan

**(Backed by Lloyds)
(Previously known as
Secondary or Contingency Plan)**

**Contingency Plan Behind Surrogate
Employer Plan or ACA/Health
Insurance Plan**



INTERNATIONAL
FERTILITY INSURANCE

The Basics of Back-Up Maternity Insurance

(Also known as Contingency or Secondary Maternity)

What is it?

- Back-up insurance in case ACA, or employer plan changes mid pregnancy
- **\$500,000 of coverage**, with ability to upgrade. **Generally, \$2,000 to buy, \$26,000 more to activate it (activation rarely needed, when it is, commonly for very large claims)** (higher for twins, high-cost providers and those not fitting preferred underwriting criteria)

What does it cover?

- Costs of an uncomplicated or complicated surrogate pregnancy and delivery after primary insurance fails to cover and no other options fit.

When do I order it, and when does it start and end?

- Most buy it upon medical clearance as underwriting is involved. **Assuming it is purchased and paid for by then it starts at confirmation of pregnancy and lasts beyond birth for the length of the contract**, up to 18 months, longer on request, subject to underwriting discretion.

What else should I know about it?

- **Potential reasons primary insurance can fail** and the need for Secondary Maternity insurance to be needed include:
 - Change in location
 - Change in spousal coverage, or change in spousal job, leading to new coverage
 - **Loss or change of employer coverage at policy renewal, often mid-pregnancy (main reason for need)**
 - Change in employer coverage leadership, change in view on surrogacy coverage
 - Change in plan restrictions at state or national level
 - Providers leaving your surrogate's market
 - Change in marital status
 - Review of insurance could be incorrect or view on surrogacy could change at insurer or employer plan administrator level

What is commonly requested?

- Many agencies mandate this as without it Intended Parents could be covering all or part of a full pregnancy
- **This policy is only activated a handful of times each year, but when it is the claims tend to be \$50,000 to \$250,000** (if the bill is small Intended Parents will commonly just pay the bill)
- Most take this extra layer of protection to avoid covering large medical bills

Back-Up Maternity Plan Underwriting

Preferred Criteria Plan Pricing

In order to qualify for Preferred Pricing and potentially to qualify for the plan(independent cases), candidate medical profile and maternity history cannot contain any of the following:
(coverage may still be available at higher terms for those with these factors)

- Surrogates younger than 21 or older than 40 (unless otherwise agreed)
- More than 3 previous C-sections or more than 5 pregnancies
- Prior history of diabetes or gestational diabetes **requiring hospitalization**
- Prior history of hypertension or pregnancy induced hypertension **requiring hospitalization**
- Prior history of pre-eclampsia
- Documented blood pressure reading within the 30 days prior to the effective date that was higher than 135/85
- Prior delivery earlier than 6 months prior to conception
- Prior history of pre-term labor (labor before 37th week of singleton pregnancy, 36th week of twin pregnancy)
- Prior obstetrical complications that risk recurrence during a future pregnancy and present as an adverse finding significant for a healthy pregnancy outcome
- BMI (body mass index) less than 18.5 or greater than 32.0

Lloyd's Maternity Plan Exclusions

What is excluded from the plan?

Like most surrogacy insurance policies, this plan does not include:

- Charges incurred by the surrogate for treatment of any medical condition other than for medically necessary medical expenses directly related to pregnancy
- Pre-Existing Conditions
- Genetic Testing and or Counseling
- Chiropractic Care
- Any gestation greater than twins, for example triplets
- Any expenses which exceed policy definition of reasonable and customary; defined as 200% of the rates Medicare deems appropriate for treatment

For a complete explanation of the applicable coverage terms and conditions, please refer to the Lloyd's of London policy certificate wording(s) on file with International Fertility Insurance 'IFI'; Terms and Conditions are subject to change, please contact 'IFI' for information.



Surrogate Life Insurance and Related Options



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The Basics of Surrogate Accidental Death and Additional Coverages

What is it?

- Surrogacy friendly coverage to cover should Surrogate pass away from pregnancy complications or accident with several add on options selected by most intended parents. This plan has been in place for many years, is backed by Lloyds of London, a 300+ year old company and was tailored for Surrogacy. There is no underwriting, it is just bought warranted that the Surrogate has been approved by an IVF doctor.

What does it cover?

- Death from pregnancy complications or accident.
 - Optional additions
 - **Intended parent coverage** – Recovery of financial loss if she passes due to pregnancy complications or accident
 - **Stillbirth coverage** – recovery of financial loss if baby is lost after 20 weeks until labor begins
 - **Loss of Reproductive Organs** – Pays amount if she has a partial hysterectomy or loses an ovary, fallopian tube or uterus, and double if she has a full hysterectomy
 - **Covid Coverage** – Adds covid to list of covered death reasons
 - **Permanent Disability** – Pays selected amount to Surrogate if she suffers a permanent injury. Many choose this to cover the contractual period after the birth should they owe her money related to injury.

When do I order it, and when does it start and end?

- Most buy ahead of start of medications. Runs from start of medications assuming ordered and paid for by then up to 18 months (24 also available) or until delivery whichever is first. Additional 12 months beyond birth only for pregnancy related claims. Can be extended up to 18 more months for prorated amount.

What else should I know about it?

- Prorated refunds available as needed
- Higher rates for ages 41-45 (ask as needed)

What is commonly requested?

- Varies by surrogacy contract / agency
 - In terms of the add on coverages
 - Intended Parent coverage – most common is 100k, though we see many for 150k
 - Loss of Reproductive Organs – most common request is 5k/10k level
 - Permanent Disability – most common request is 100k
 - Stillbirth – most common request is 100k
 - Covid is added based on personal decision

Surrogate Accidental Death Coverage (ages 21-40 shown, 41 to 45 higher)

Accidental Death, Maximum Benefit	\$250,000	\$350,000	\$500,000	\$600,000	\$750,000	\$850,000
18 Month Premium (plus taxes and fees)	\$315	\$435	\$675	\$820	\$1,030	\$1,200
Premium including death related to COVID-19 (plus taxes and fees)	\$450	\$620	\$920	\$1,110	\$1,385	\$1,590
Benefit Split	\$250,000 to Surrogate's Family	\$250,000 to Surrogate's Family; \$100,000 to Intended Parents (<i>higher limits available for example \$150,000</i>)	\$500,000 to Surrogate's Family	\$500,000 to Surrogate's Family; \$100,000 to Intended Parents (<i>higher limits available for example \$150,000</i>)	\$750,000 to Surrogate's Family	\$750,000 to Surrogate's Family; \$100,000 to Intended Parents (<i>higher limits available for example \$150,000</i>)
Medical Exams	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Coverage Period (generally from start date of medication)	18 Months	18 Months	18 Months	18 Months	18 Months	18 Months

Loss of Reproductive Organs Coverage – Additional Endorsement Options

Partial Hysterectomy or Loss of Ovary or Tube/Full Hysterectomy	\$3,000/\$6,000	\$5,000/\$10,000	\$10,000/\$20,000
Premium (plus taxes & fees)	\$170	\$250	\$500

Permanent Total Disability (PTD) – Additional Endorsement Option

Permanent Total Disablement 'PTD', Maximum Benefit	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Premium (plus taxes and fees)	\$100	\$200	\$300	\$400	\$500

Stillbirth – Recovery of Financial Loss

Maximum Benefit	\$50,000	\$75,000	\$100,000	\$150,000	Higher needs
Premium (plus taxes & fees)	\$625	\$940	\$1,250	\$1,875	Please inquire

Please contact IFI for additional information and a complete explanation of the applicable coverage terms and conditions. Terms and conditions subject to change. Some states will have restrictions on coverage.



Surrogate Accidental Death – Covid Coverage Terms

- Warranted that Surrogate meets the “Preferred Surrogate Criteria” (see or request list)
- Warranted Surrogate has been fully vaccinated with a Covid-19 vaccine approved for use in United States of America in accordance with the protocols recommended by the Centers of Disease Control and Prevention
 - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>
 - (Please be aware this can change over time)
- Coverage is limited to death from Covid-19 only, does not extend to permanent disability or loss of reproductive organs or stillbirth coverage

Subject to change, please read your policy carefully

Stillbirth Coverage

Coverage to recover financial loss upon loss of baby at or after 20 weeks of pregnancy, but before labor.

- Must meet preferred criteria PLUS
 - No history of stillbirth
 - 35 or under
 - Exceptions may be reviewed

Frequently Asked Questions

- Q: What if embryo splits?
- A: Premium will be refunded and stillbirth coverage cancelled

- Q: Is this available through other brokers?
- A: This is exclusively available to IFI registered users

- Q: Who is the insurance company?
- A: Lloyds of London

- Q: Will Surrogates over 35 be given consideration?
- A: Please submit cases to IFI for review. Product is new, will likely evolve over time with experience.

Additional questions? Please ask!

Subject to change, please read your policy carefully



Surrogate Disability Insurance/Income Replacement Options

(Assistance with Lost Wages, Child Care
Expenses and Housekeeping Expenses)



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Surrogate Disability / Income Replacement

- **Does Your Surrogate Work?**
 - We can help cover lost wages, childcare expenses and housekeeping expenses due to pregnancy complications
- **Is Your Surrogate a Stay-at-Home Mom?**
 - Even stay at home mothers will potentially need assistance for childcare and housekeeping, and perhaps spousal lost wages

Fortunately, we have 2 ways to cover these concerns!

The Basics of Surrogate Disability Insurance

What Is Surrogate Disability Insurance?

- Insurance to cover lost wages, childcare and housekeeping if Surrogate is hospitalized or on physician ordered bedrest, potentially saving Intended Parents thousands.

Why do I need this?

- Typical surrogacy contracts include Intended Parents covering lost wages, childcare and housekeeping if Surrogate is on bedrest or hospitalized with pregnancy complications. Medical insurance may cover medical bills, but not wages, childcare or housekeeping. Without this coverage Intended Parents would cover these amounts for perhaps 10-20 or more weeks.

What does it cost?

- Costs vary by plan what level of coverage is needed to cover lost wages, childcare and housekeeping. We also offer various weeks of coverage length on the bedrest policy. The higher the amount to cover and the longer the coverage requested the more it will cost.

When do I buy it?

- Most purchase both Surrogate Bedrest Disability and Hospital Indemnity at medical clearance as the hospital indemnity plan must be before start of medication to avoid a 6-month waiting period (and can't buy it once pregnant period) and the bedrest policy gives a full refund if no pregnancy so no benefit to waiting.

Anything else I should know?

- Both policies would have ability to end early upon miscarriage or stillbirth for a partial refund. The hospital indemnity policy specifically refund would go to the Surrogate so you would need to arrange to have it returned to you.
- For Hospital Indemnity - Surrogate may not reside in NY or FL. For MA, ME, NH, NJ please inquire about process.
- For Bedrest Policy - Surrogate must fit preferred criteria and no history of physician ordered bedrest.

Surrogacy Bedrest Disability Policy - Longer Term Coverage

Coverage for Pre-Childbirth Pregnancy Complications Leading to Physician Ordered Bedrest

*Surrogate must fit preferred criteria plus no history of physician ordered bedrest to qualify exception may be review/considered.

Coverage Features

- Policy Weekly Limit to cover the following:
 - 80% of Net Lost Wages
 - 100% of Child Care
 - 100% of Housekeeping
- Singleton or Twins coverage available
- Full refund if no pregnancy
- Pro-Rated refund if miscarriage or stillbirth (if no claim made)
- Up to \$1,800/week of coverage (higher limits on request)
- Coverage ends upon childbirth

Important Notes

- Surrogates with a previous physician ordered bedrest excluded (situational bedrest may be considered)
- Subject to surrogate meeting preferred criteria, subject to underwriter discretion
- 7-day deductible means Intended Parents cover first 7 days of bedrest due to covered complications before policy starts to pay
- IFI now offers options custom fit to the dollar of need and higher weekly limits!
- Independent cases (No agency / meeting preferred criteria) subject to higher rates

Sample Pricing (Singleton) (Most Common Request – 16 weeks of Coverage after 7-Day Deductible)

- \$800/Week = \$1,274
- \$1,200/Week = \$1,911
- \$1,600/Week = \$2,548

*each quote will be custom built to your specific need for lost wages, childcare and housekeeping

See policy specimen for full details. Subject to change.

Surrogate Bedrest Disability - Frequently Asked Questions

Q. When does coverage begin?

A: Coverage starts at confirmation of pregnancy.

Q. When does coverage end?

A: Coverage ends at normal childbirth except that the coverage period may be extended for up to two (2) weeks post termination of the pregnancy without a normal childbirth if needed due to miscarriage or other pregnancy related complication as detailed in writing by Surrogate's treating physician.

Q: Will there be a refund if pregnancy is not achieved? What about a miscarriage or still birth?

A: Yes, there will be a full refund if no pregnancy. A pro-rated refund is offered on miscarriage or still birth assuming no claim. If a twin pregnancy results in loss of one child, partial refund to the singleton rate will occur, assuming no claim.

Q: How is Net Lost Wages defined?

A: Net Lost Wages means the Surrogate's average weekly earnings from her usual employment, excluding bonuses, overtime, commissions and sick pay, and net of all tax related deductions.

Q: What is considered acceptable reason for a claim?

A: Coverage is provided for physician ordered bedrest resulting from severe complications of childbirth.

Q: What is considered severe complications?

A: Definition of "Severe Complications": "Severe Complications" includes physical conditions that result from or are aggravated by pregnancy and have an adverse effect on a woman's health. The consequences of "Severe Complications" are wide-ranging and include higher health service use, higher direct medical costs, extended hospitalization stays, and long-term rehabilitation. Named severe complications including but not limited to severe preeclampsia, pregnancy induced hypertension, gestational diabetes, uterine rupture, disseminated intravascular coagulation (DIC), chorioamnionitis, wound dehiscence, stroke, pulmonary embolism, amniotic fluid embolism.

See policy specimen for full details. Subject to change.

Hospital Indemnity – Shorter Term Coverage

Financial support when Surrogate is hospitalized with complications

- Surrogate may not reside in NY or FL. For MA, ME, NH, NJ please inquire about process.
- Coverage for Lost Wages, Childcare and Housekeeping
- Daily Benefit when Surrogate is hospitalized with complications
 - Pays a Daily Benefit (up to 30 days per year)
 - + Once a year Emergency Room benefit (\$300)
 - + Once a year Ambulance Benefit (\$150)

Sample Pricing

- \$300/Day (Benefit Paid to Surrogate) = ~\$225/year
- \$600/Day = ~\$325/year
- \$900/Day = ~\$425/year

*Varies based on age and state (above are approximate costs for a 28-year-old – will vary slightly up or down based on age)

- **Purchase ahead of TREATMENT (In Place Before Start of Medication)**
 - Coverage after start of medication but before pregnancy subject to 6 month waiting period.
- Coverage for pregnancy related complications ends upon childbirth.

*Covered pregnancy claim reasons include the following and more: Non-elective Cesarean section (1 night of coverage only), Acute nephritis, nephrosis, cardiac decompensation, placenta previa, puerperal infection, miscarriage, missed abortion and similar medical and surgical conditions of comparable severity, ectopic pregnancy which is surgically terminated and spontaneous termination of pregnancy occurring during a time that a viable birth is not possible, pernicious vomiting (hyperemesis gravidarum), pre-eclampsia and toxemia with convulsions (eclampsia of pregnancy)

*Covers many non-pregnancy reasons for hospitalization as well, including Covid-19 when admitted overnight

See policy specimen for full details. Important all parties understand intended use of claims benefit.



IFI Bedrest Policy – Preferred Surrogate Criteria

In order to qualify for Preferred Pricing and potentially to qualify for the plan (independent cases), candidate medical profile and maternity history cannot contain any of the following:
(coverage may still be available at higher terms for those with these factors)

- Surrogates younger than 21 or older than 40 (unless otherwise agreed)
- More than 3 previous C-sections or more than 5 pregnancies
- Prior history of diabetes or gestational diabetes **requiring hospitalization**
- Prior history of hypertension or pregnancy induced hypertension **requiring hospitalization**
- Prior history of pre-eclampsia
- Documented blood pressure reading within the 30 days prior to the effective date that was higher than 135/85
- Prior delivery earlier than 6 months prior to conception
- Prior history of pre-term labor (labor before 37th week of singleton pregnancy, 36th week of twin pregnancy)
- Prior obstetrical complications that risk recurrence during a future pregnancy and present as an adverse finding significant for a healthy pregnancy outcome
- BMI (body mass index) less than 18.5 or greater than 32.0
- Prior history of **Physician ordered** bedrest (situational exceptions may be reviewed)



Coverage for US Based Intended Parents



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Newborn Coverage for US Based Parents



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Coverage For United States Based Intended Parents

Newborn Insurance/Coverage for Domestic US Intended Parents

- It's good practice to reach out to your insurance provider and confirm how it will work to add a newborn to your plan. Very rarely we see cases where there is no out of network coverage. In these cases, we can apply 2 different newborn options from the international newborn options we provide.



Coverage for Expanding US Based Families



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Coverage For United States Based Intended Parents

Coverage for Your Expanding Family

- Many of the services we provide to cover Surrogates can also be offered to Intended Parents for their own planning as they add to their families
- Examples include:
 - Life Insurance
 - Disability Insurance

We work with over 100 companies, enabling us to provide competitive prices with companies of strong financial strength and streamlined underwriting processes



Newborn Coverage for International Parents



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The Basics of Newborn Insurance

What Is Newborn Coverage?

- Newborn Insurance is there to cover the medical bills of baby or babies of intended parents delivering away from their home country. Commonly their insurance won't cover these often very large medical bills.

Why do I need this?

- Typical needs include:
 - “Well-Baby Care” (the 1–2-night stay for a healthy baby to have applicable tests run to clear baby to head into the world). This is typically \$3,000 to \$10,000. Costs vary.
 - “NICU” (Newborn/Neo-Natal Intensive Care Unit) – this is when a baby comes early and needs extra special care. This is typically \$5,000 to \$25,000 per day.
- Without this coverage Intended Parents could be responsible for bills in the hundreds of thousands of dollars.

What does it cost?

- Costs vary by plan and availability changes often. The following pages outline the options currently available.

When do I buy it?

- Plans availability is ever changing. It is good to begin discussions as early as the match. Some plans have historically been needed months before transfer, others mid-pregnancy.

Anything else I should know?

- IFI also offers Newborn Negotiation and Billing Management to reduce costs and stress throughout the process. Most pair this with a newborn insurance plan, or it can be purchased on its own, though it is not insurance.

What's the right plan for you? We offer the following options:

- **Lloyds of London:** Apply as early as confirmation of pregnancy, unavailable once complications exist.

Additional Services

- **IFI Newborn Negotiation and Billing Management:** For intended parents who choose not to apply for a newborn insurance policy, IFI offers newborn negotiation and billing management. Also useful with in conjunction with plans to reduce normal well baby care bill (commonly \$3,000 to \$6,000 we can often reduce 30-75%), or cases where NICU (Intensive Care Unit) bills exceed above plan limits.
- **Travel Insurance:** Many find this useful to accompany newborn insurance to cover medical needs of internationally travelling intended parents or others travelling with intended parents. Options to cover trip cancellation costs as well.



Lloyds of London



INTERNATIONAL
FERTILITY INSURANCE

Lloyd's Of London

Pros

- Longest standing option – track record of success
- Payment to hospital directly, Intended Parents won't need to pay and seek reimbursement (rare exceptions could arise as each hospital is unique).
- No network limitations

Cons

- Corona virus is not covered
- Well baby is not covered (we suggest adding IFI Newborn Negotiation and Billing Management)
- Congenital disorders not covered (often these can be handled months later in your home country)

Application Process (approximately 5-10 days from complete submission)

- Surrogate application (medical questionnaire)
- Clearance form from IVF Clinic or Obstetrician
- Maternity medical records
- Intended Parent application

Lloyd's Singleton Plan Options

COVERAGE LIMIT	Premium /Enrollment (plus taxes)	Escrow (Deductible / Excess / Franchise)
\$100,000	\$16,000	\$20,000
\$250,000	\$16,000	\$30,000
\$500,000	\$26,000	\$30,000

Other Details

- Deductible/Excess/Franchise is the amount you pay before the insurance company pays a covered claim up to the coverage limit.
- \$6,000 of deductible / excess / franchise along with premium are due on approval. Any unused deductible / excess / franchise is returned.
- Refund Policy – 100% is returned, less a \$1,000 administrative fee if there is no live birth.
- Most add IFI Newborn Negotiation and Billing Management as well baby care is not included for savings and additional support.
- Exclusions include congenital disorders, well baby care, and policy is limited to 60 days after birth. For additional details please inquire or seek a policy specimen.



IFI Newborn Negotiation and Billing Management



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IFI Newborn Negotiation and Billing Management

- The Newborn Insurance plans just covered generally cover severe complications (NICU / Intensive Care Unit)
- IFI has a service to assist with the “Well Baby Care Billing” often saving Intended Parents thousands of dollars!
- If none of the previous plans were selected, or if costs exceed policy limits, IFI can also help negotiate NICU/Intensive Care Bills
- IFI can also assist with Pediatric Visit support and US based parent newborn support

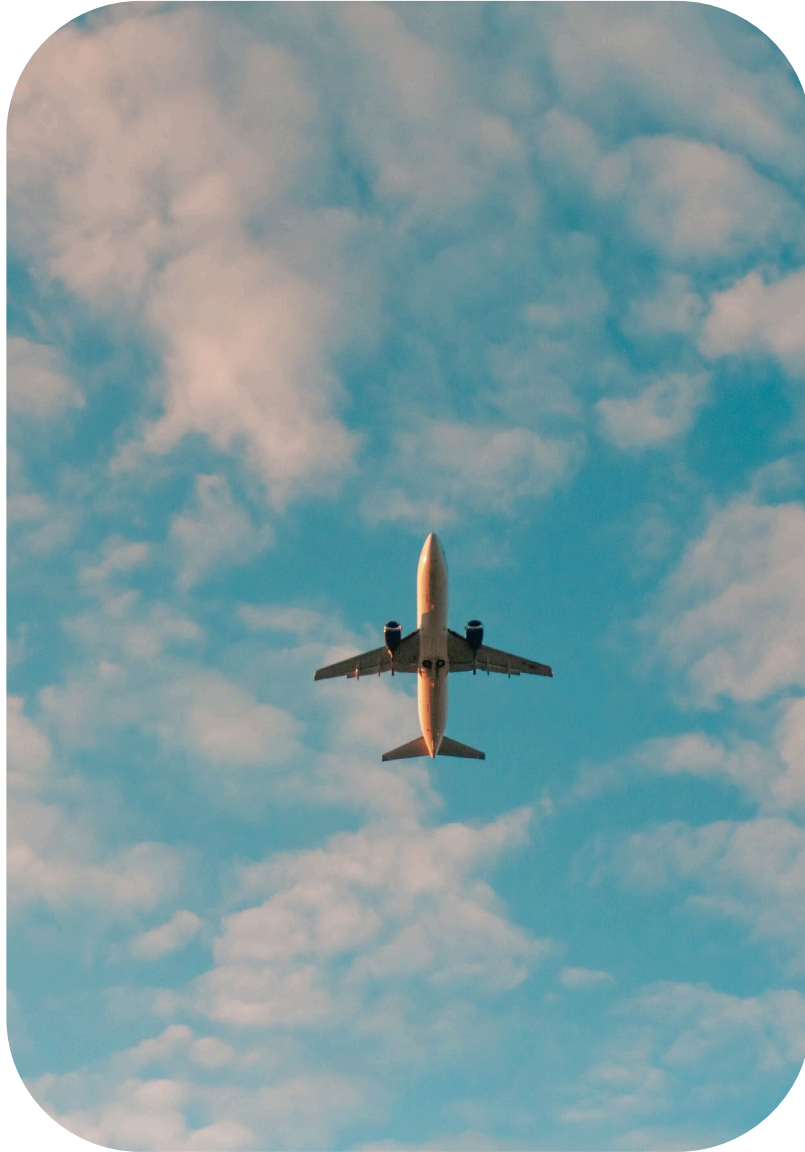
***** IFI will refund any portion of our fee we don't create in savings*****

(Does not apply to Pediatric Appointment Support. That is more local support vs. savings.)

OVERVIEW	DETAILS
Enrollment Cost	<ul style="list-style-type: none">• See next page for support levels beginning at \$750.
Who is this for?	<ul style="list-style-type: none">• If Intended Parents prefer to pay cash pay rates for any medical bills to cover their newborn baby or babies, IFI will assist with negotiating special self-pay hospital and medical rates.• Newborn billing can be tricky and time consuming. We are happy to assist via our professional billing management team.
How does it work?	<ul style="list-style-type: none">• IFI will collect escrow for negotiated newborn care rates, plus additional fees as needed for complications/emergencies. This is not insurance, and there is no limit on expenses the intended parents will incur.

IFI Newborn Negotiation and Billing Management

- In addition to Lloyds, or on its own, most add IFI Newborn Negotiation and Billing Management service. This is not insurance, rather our management service led by our experienced team of medical billing professionals. We have various levels of service. As of the time of writing this we have never saved less than our fee. As such we guarantee it. If we ever saved less than our fee, we would refund whatever we didn't save.
- **We have 4 levels of service:**
 - Level 1 – Newborn Negotiation & Well Baby Quote** - \$750 service fee (no escrow)
 - Includes Newborn Cost Estimate seeking reduced rates
 - Instructions on where/how to make payment
 - Note: Estimate is an estimate only and subject to change
 - Level 2 – Newborn Negotiation and Billing Management** - \$1,000 service fee (+\$4,500 escrow)
 - Level 1 plus
 - Collecting and maintaining escrow (Newborn Cost Estimate amount)
 - Review and evaluation of bills, Payment of bills, zero balance statement (complete ledger summary at account closing)
 - Level 3 – Newborn Negotiation and Billing Management and Pediatric Appointment Support** - \$1,250 service fee (+5,000 escrow)
 - Level 1 and 2 plus
 - Evaluate and negotiate bills of pediatric visits including payment of bills and zero balance statement (complete ledger summary at account closing)
 - Newborn Intensive Care Unit (NICU)** + \$1,500 service fee (no escrow, IFI Medical Billing Management case managers to invoice for this)
 - Add on to any of the above when intensive care unit is needed
 - Negotiation and evaluation of NICU bills
 - Any currently held escrow balance will be applied to balances as possible
 - Instructions on how/where to make payment for remaining balances
 - Payment plan creation and coordination as possible



Travel Emergency Medical Insurance

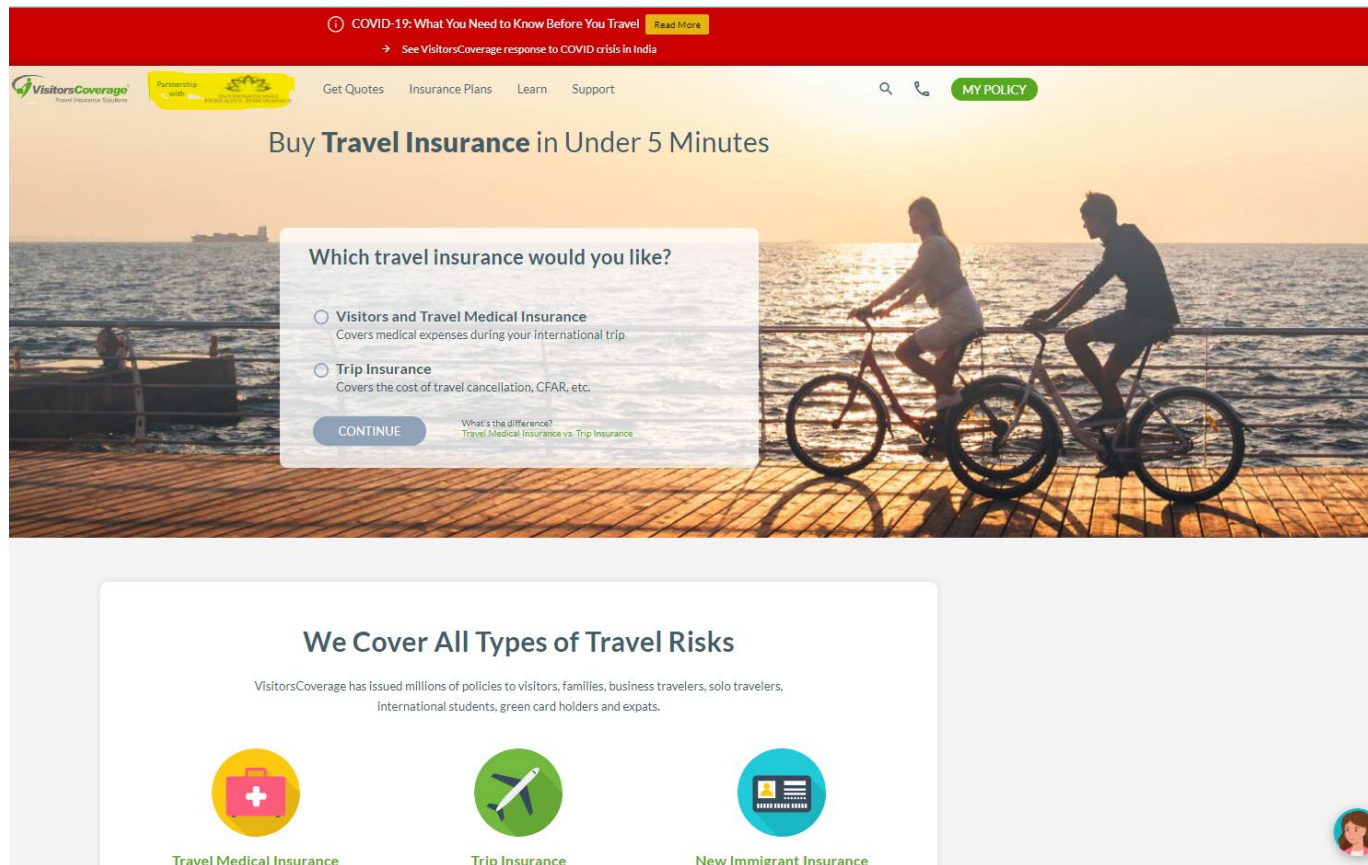


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Travel Insurance for Intended Parents, Donors and Surrogates

- Travel Medical Insurance helps cover unplanned medical needs when travelling abroad from your home country
- Trip insurance provides “Travel Medical Insurance” and also adds “Trip Cancellation Insurance” which many have found useful with the evolving health world we live in
- We offer a variety of inexpensive plans, some of which include COVID coverage
- We have a broker portal that makes ordering easy
 - The broker portal has policy booklets and payment can be taken on the spot by credit card

Travel Insurance Portal



- **Step 1: visit the portal IFI Travel Portal**
 - Be sure you see the IFI logo (highlighted in image above)
- **Step 2: Select coverage type**
- **Step 3: Fill out application**

Ask for our ordering guide for the process!

We are honored to help you during this special time. Please note policies and premiums can change over time.

For additional information, contact your IFI Service Team by phone at 949-446-6956 or by email at info@internationalfertility.com.