

Insurance and Management Services Intended Parent Overview



INTERNATIONAL
FERTILITY INSURANCE



International Fertility Insurance

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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 2,500 Intended Parents each year around the world and 275+ 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 evaluate over 100 insurance companies to find the options 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

Comprehensive Surrogacy and Egg Donation Insurance and Services



Life Insurance Surrogate 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 		<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 Disability 		<ul style="list-style-type: none"> • Disability Insurance Reviews 	
Egg Donor / Surrogate/Recipient IVF Complications Insurance Local Monitoring Management Services	<ul style="list-style-type: none"> • 4-month, 1 Cycle • 18-month, Multiple Cycles 	<ul style="list-style-type: none"> • Optional coverages available for: <ul style="list-style-type: none"> - Loss of Reproductive Organs 'LRO' - Accidental Paralysis 	Local Monitoring Management <ul style="list-style-type: none"> • Provider Experience and Service Pricing List • Coordination and Billing Management 	<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"> • Health Insurance Policy Reviews • Coordination of Benefits Review 	<ul style="list-style-type: none"> • "IFI Surrogacy Maternity Plan" (Backed by Lloyds of London) • Bridge The Gap 	<ul style="list-style-type: none"> • Back-Up Maternity Plan (Previously known as Secondary or Contingency Maternity Insurance) 	<ul style="list-style-type: none"> • ACA Search and Policy Placement • ACA Payment Monitoring and Continued Support • ACA Maternity Medical 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 (International and Domestic)	<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, Insurance Guides and Ordering Forms Library easily accessible as resources for Intended Parents, Agencies, Attorneys and Clinics 			



**Important
Information**

Important Policy Underwriting Information



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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 US cases, no complications in previous cycle
- Higher rates exist for Surrogates or Donors outside this range/criteria or without adequate screening.

Coverage May Not be Available in All States

Write info@goifi.com if involved parties reside in CO, IN, LA, MD, MI, NE, NY, SD, & WA.

Hospital Indemnity Policy Only:

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

Please ask for a helpful guide to ordering.

Special ordering processes may need to be applied.

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

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 Surrogate needs to be 40 and under)

Lloyd's Exclusions

What is excluded from Lloyd's surrogacy insurance plans?

Like most surrogacy insurance policies, these plans do 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 (singleton only for newborn coverage)
- Any expenses which exceed policy definition of reasonable and customary

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.



IVF Cycle Complications Insurance and Management 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 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 special pricing, 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 \$395* for Donors, and \$300* for Surrogates at standard rates. Higher limits available.
 - *Better rates available for clinics/agencies based on large volume and superior claims history.
 - 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

***See policy specimen for full details. Subject to change.**



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 excessive clinic charges and/or choosing clinics with inefficient services and/or processes.

What does it include?

- Level 1 (Unmanaged) provides a list of clinic(s) available based on proven clinic experience in the requested market area, including service cost estimates.
- Level 2 (Managed) 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 service?

- 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 – Level 1 (Unmanaged)

Will your Donor or Surrogate need monitoring away from her IVF clinic?

(IVF clinic in state or city A, Surrogate/Donor lives in state or city B)

Service Level 1 (Unmanaged)

Pricing: \$300 per request

(volume discount \$250 available if outsourcing all cases; ~25 or more cases 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, and subsequent appointments that require different testing locations.

Local/Outside Monitoring Management- Level 2 (Managed)

Service Level 2 (Managed) – 1 Cycle

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

Service Level 2 (Managed) - Unlimited Cycles with Same Donor or Surrogate – 1 Pregnancy

Pricing: \$1,000 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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Health Insurance Review + Coordination of Benefits Review



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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 Policy Review

Thorough review of gestational carrier's existing health insurance

- Available in the following options:
 - Goal Timelines - ~5 business days (\$275), ~3 business days (\$325) or 2 business days (\$500)
 - Optional verification call to the insurance company (\$50)
 - 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	W1234567; January 1, 2018
Our Coverage Opinion	Please remember that this policy renews on December 31 of each year and can be changed at the renewal time which could impact the network, deductibles/copays, and overall coverage. If the pregnancy will span 1 year, we strongly suggest that you get an updated opinion on coverage before a new policy document is available.
Policy Self-funded by Surrogate's Employer	No
Lien (if any)	No
Subrogation Risk	Minimal risk
Verification call (if applicable)	Not applicable

READ THIS SECTION
By accepting delivery of this review, you agree to hold harmless International Fertility Insurance Solutions, LLC and any other related persons or agencies from any loss or damages related to this review and acceptance of coverage. International Fertility Insurance Solutions, LLC does not make any representations regarding policies discussed herein and is not in any way responsible for the coverage of such insurance.

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Health Insurance Reviews + Coordination of Benefits Review



Coordination of Benefits Review

(+\$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 BENEFITS SECTION

Order of Benefit Determination Rules Responses

The information below (from the request form) is typically used to determine Primary and Secondary Payers. Incorrect data in this section could result in a different opinion.

Policyholder or Dependent?	Dependent- XXXXXX XXXXXX (spouse is policyholder)
Employer Plan?	Yes
Is member an Active Employee?	Yes
Is this a CORRA, TRICARE, or MEDICAID Policy?	No
Is this a Supplemental Policy?	No
Policy has Coordination of Benefits Section?	Yes, page 40

Review Information

Exclusion for Surrogacy/Maternity?	Yes
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

READ THIS SECTION

By accepting delivery of this review, you agree to hold harmless and agree to indemnify International Fertility Insurance, LLC from any loss or damages related to this review and LLC does not make any representations regarding the insurance of such insurance.

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COORDINATION OF BENEFITS SECTION

ORDER OF BENEFIT DETERMINATION RULES SECTION

CONTINUED

PRIORITY OF COVERAGE will not fault, personal injury and all other health care services always have primary request surgical, dental, psychiatric or overlapping shall be and the following order: (a) (b) A Plan that covers the person as a dependent is the second plan. Medicare is secondary person as other than a dependent covering the person other. Unless there is a court decree order of benefits is determined together, whether or not the calendar year is the primary parent the longest is the primary parent. If a court decree states that the health care coverage and the rule applies to Plan years states that both parents are the provisions of Subpart the parents have joint custody or health care coverage of order of benefits; or (iv) care expenses or health care Custodial parent.

The Plan covering the spouse of the member, the Plan covering the spouse of the Custodial parent is the parent with no temporary visitation. Subparagraph (X)(1) above shall determine one Plan of individuals who are above shall determine the order of (i) The Plan that covers a person as a retired or laid-off employee is an active employee and that same rule does not have this rule, and as a result, the Plans do not agree or rule labeled (b) can determine the member, policyholder, subscriber or shorter period of time is the second coverage shall have primary request Covered Participants of this Plan or the preceding rules do not determine between the Plans meeting the definition



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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 payer.
 - 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

- 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.
- If you also have 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
 - OB/GYN 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 - IFI Maternity Medical Billing Management](#)

Health Insurance Reviews + Coordination of Benefits Review



Comprehensive Service - The Importance of Medical Billing Management

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 billing throughout the surrogate pregnancy, delivery and post-partum with detailed reporting**.

What does it include?

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 working without an agency with estimates
- **Manage escrow funds and payments to providers**
- **Mitigate issues through steady communication with providers**

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan



Comprehensive Service - The Importance of Medical Billing Management

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.

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan



Comprehensive Service - The Importance of Medical Billing Management

Thank you for all your support through both journeys...I have heard horror stories from other surrogates about getting bills paid and going to collections and such, but I have **never had to worry about anything working with you**. You are truly amazing, and again I can't thank you enough.

"My hospital...they never listened. Thankfully, I was able to hand over...these issues to my IFI medical billing coordinator to handle the back and forth. As my final bill arrived much to my surprise, (my billing specialist) had already reviewed and paid it on my behalf. I am so thankful to her for endlessly calling month after month to deal with my hospital billing chaos. I will be insisting on returning to this same group for my sibling journey."

"You're the best! Thanks for being so tenacious about it! "

"I'm glad you are back to help during this journey! You were my life saver!!"

"I will miss you, but if I ever lose my mind enough to do surrogacy again, I will tell the agency that a firm, non-negotiable condition is that you are my bill person because you are amazing. You are an absolute joy, and I will genuinely miss you."

"Thank you...I want to thank you again for all of the blood, sweat and tears you have put into helping us."

"Thank you for everything! It's been great working with you! Hopefully, we'll get you again for next journey!"

"How bittersweet our billing journey is coming to an end haha! I'll miss you 🥳"

"I have no outstanding bills on my end, so I think we are good to close! Thank you for everything you have done for me during this journey, I will truly be forever grateful."

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Testimonials From Surrogates



Comprehensive Service - The Importance of Medical Billing Management

“Good news! The case agreement is in place and has been **signed by the hospital and plan. I want to thank you again for your assistance staying persistent in seeing this through - it relieves some stress before the big day when we start a new chapter of our lives.”**

“Thanks so much for dealing with my craziness through all these frustrations. Hopefully, the rest of the journey won’t have as many bumps. I appreciate your continued knowledge and support.”

“THANK YOU and the entire team for taking one major stress off our plates during this process.”

“These are *great* questions. I'm going to ask them! We really really appreciate this!”

“Thanks for answering my question regarding Medical Billing Support. That was exactly the information we were looking for. :)”

“We already cannot begin to tell you how grateful we are for your help in navigating this with the hospital and working to get some answers and clarity.”

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate’s
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Testimonials From Intended Parents



Comprehensive Service - The Importance of Medical Billing Management

Issue:

Surrogate **notified of out of network provider after services were rendered**. The **provider knew after the first visit that they were out of network but continued seeing her**. The provider submitted **several appeals and had the account on hold** for over 6 months. This has resulted in the account being put on hold multiple times with no resolve.

Resolution:

After trying for months to resolve this issue with the billing department with no success, **we submitted a formal complaint against the billing department**. After countless calls and escalation emails, the **balance of \$4,797 was written off**.

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Stories of Success



Issue:

Provider did not disclose that self-pay flat rate delivery package wouldn't apply if surrogate had insurance (even though it doesn't cover surrogacy). We ask at cost estimate if discounts apply when surrogate cannot use their policy. There was no issue reported, we moved forward with the providers. Preparing for the delivery costs, we again explained surrogate is self-pay due to insurance having exclusion. **The self-pay agreement was signed and arranged in advance of delivery. ~2 weeks after this, we received a call indicating contract was void as "she has coverage" and is not truly uninsured.**

Resolution:

Re-explained she technically does not have coverage since insurance excludes surrogacy, making her uncovered/uninsured for this service. We advocated this was not disclosed at the cost estimate as well as previous calls and requested exception be made due to **miscommunication** and how close this was to delivery. We also advised the hospital, if they truly do not allow the self-pay package to be used in these instances of exclusions, **we would take note and not allow future surrogacy cases at this provider.** The conversations **professionally escalated to upper management**, and we continued to advocate for the situation.

Over 2 weeks, we continued to communicate. **It was negotiated they would extend the self-pay package.** The **total billed was to be \$15,997** for delivery but with our due diligence and understanding of insurance language, **we were able to secure the entire delivery cost for \$5,000, saving over \$10,000** just on delivery costs.

This created a relationship with this hospital for future cases. They will extend the self-pay rate, even when insured! A major win!

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Stories of Success



Issue:

The surrogate was **cost screened for a singleton vaginal delivery**. The surrogate **ended up delivering twins via cesarean delivery**. The escrow funds held for a **singleton vaginal delivery were \$18,400**. Total bills owed for a **twin cesarean delivery were \$29,610.72**. This would have cost an additional **\$11,210.72**.

Resolution:

We spoke with the provider's billing department to obtain the maximum discount possible. The conversations were **professionally escalated to upper management**. We **negotiated the total amount due with only an additional \$1,956.20 requested** in escrow funds.

Medical Billing Management

Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Stories of Success





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 with professional medical billing management included.**

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)
- **No need for Back Up/Secondary Maternity Plan** (\$2,000+ Value)
- Ability to **start on this plan and move to ACA if more favorable ("Bridge the Gap")**

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/exclusions to understand plan.
Subject to change.**



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The IFI Surrogacy Maternity Plan, Backed by Lloyd's

Simple 3 Step Process

Step 1 - IFI Maternity Cost Estimate (routine pre-natal and delivery birth plan)

- IFI Maternity Medical Billing Team engages with providers (doctor and hospital financial offices) to negotiate self pay rate for your specific case (research fee \$250)

Step 2 - Underwriting

- Evaluation of Surrogate Medical Records against Lloyds "Preferred Criteria"
- Deductible is set of \$19,000 or higher based on estimate or underwriting

Step 3 - Confirmation of Pregnancy

- IFI collects maternity estimate plus \$4,750 which covers already completed underwriting, built in IFI Maternity Medical Billing Management, and down payment to Lloyds of London for \$500,000 of coverage in case of severe complications

What are the overall costs?

- General cost ~\$20,000 to ~\$27,500 for uncomplicated pregnancy or ~\$31,800 for complicated pregnancy
 - In a complicated pregnancy the deductible is fully funded and ~\$7,800 is due to activate a claim
 - Any excess remaining from estimate is returned.
 - Twins, high-cost providers, and surrogates outside of preferred criteria may be higher

Bridge the Gap

- If a more favorable option exists during ACA open enrollment Intended Parents may switch to an ACA plan. Medical Billing Management carries on to the ACA plan(\$1,800 savings). A Back-Up/Secondary insurance plan is not needed as this plan will remain as needed(\$2,000 savings).
 - Additional fees include ACA search fee, payment monitoring if desired, ACA monthly premiums, and ACA co-payments and coinsurance.



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

~80

Percent of cases stay within the plans maternity estimate funds.

*Any excess escrow is refunded.

~16

Percent of cases exceed the maternity estimate with additional funds required for unexpected medical bills, but not severe complications of pregnancy requiring the activation of a claim.

*~\$1,000-\$7,800 over maternity estimate is generally due. Variations exist based on estimate and underwriting.

~4

Percent of cases require the activation of a claim to Lloyds of London due to pregnancy complications that exceed the deductible, and the balance of the insurance premium is paid to activate and file a claim.

*~Deductible is fully funded and \$7,800 over maternity estimate generally due, plus any non-covered balance billing if there were exclusions like genetic testing or pre-existing conditions. Variations exist based on providers and underwriting.

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

The IFI Surrogacy Maternity Plan, Backed by Lloyd's

Pricing Ranges and Considerations

PROGRAM	PRICE RANGE			Considerations
	Uncomplicated (80% of the time)	Minor Complications (16% of the time)	Major Complications (4% of the time)	
IFI Surrogacy Maternity Plan	\$21,000 or potentially less If estimate collected is higher than actual need.	\$22,000 – \$31,700	\$31,800	<ul style="list-style-type: none"> Available year round No network restrictions Reduced stress due to lack of change
“Bridge The Gap” Start on IFI Surrogacy Maternity Plan, Move to ACA Plan *Including Payment Monitoring and continuation of Medical Billing Management	\$14,850 – \$18,850 Based on \$500/month for 6 months ACA (may be lower/higher or shorter/longer) Based on \$3k-\$5k in expenses through 12/31 and \$3k-\$5k after 1/1 on ACA	\$15,850 – \$22,850 Based on \$500/month for 6 months ACA (may be lower/higher or shorter/longer) Based on \$3k-\$6k in expenses through 12/31 and \$4-8k after 1/1 on ACA	\$17,600 – \$31,800 Based on \$500/month for 6 months ACA (may be lower/higher or shorter/longer) Based on \$3k to full claims on Lloyds in expenses through 12/31 and \$6k- \$9,200 after 1/1 on ACA	
ACA Plan *Plus Back Up Maternity Plan + Payment Monitoring and Medical Billing Management. Based on 16 months of payments to cover 10 months plus 6 months post birth.	\$15,645 – \$18,645 Based on \$3k-\$6k of shared expenses throughout pregnancy	\$16,645 – \$20,645 Based on \$4k-\$8k of shared expenses throughout pregnancy	\$18,645 – \$21,845 Based on \$6k to \$9,200 of shared expenses throughout pregnancy	<ul style="list-style-type: none"> Commonly available for 1/1 or 2/1 start date May not be able to find a plan without exclusions or liens or that work with your doctor or hospital Higher if first attempt is not successful Plan may change or be eliminated in following year Higher if need to activate Back Up Maternity Plan

Based on 16k maternity cost estimate. Higher for higher-cost providers, twins, or Surrogates falling outside Preferred Surrogate Criteria.
 Approximate/estimate, actual may vary. Please ask questions until fully comfortable. Please request detailed view/policy specimen to fully understand plan.
 Based on 2023-2024 ACA search fees, and maximum out of pocket, and assuming in-network doctor/hospital on ACA plan. Subject to change for 2024-2025.



Back-Up Maternity Plan (Backed by Lloyd's) (previously known as Secondary or Contingency Plan)

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



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The Basics of Back-Up Maternity Insurance (Contingency or Secondary Maternity)

What is it?

- Back-up insurance in case ACA or employer plan changes mid pregnancy and new plan is not surrogacy friendly or doesn't cover existing doctor or hospital. Without this important coverage Surrogate may be left pregnant with no coverage.
- \$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 atypical underwriting result)

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.

What else should I know about it?

- Potential reasons primary insurance can fail, triggering the Back Up 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, with change in view on surrogacy coverage
 - Change in plan restrictions at state or national level
 - Change in marital status
 - Review of insurance could be incorrect
 - Vetted In-Network Providers not accepting new patients
 - Vetted In-Network Providers on surrogacy friendly plan not taking Surrogates
 - Vetted In-Network Providers leaving network
 - Vetted In-Network Providers not taking surrogacy friendly plan that appears to be subsidized
 - Insurance companies leaving your surrogate's market
 - ACA Payment Card Failure
 - ACA Insurance Fraud Failure

What is commonly requested?

- Many agencies mandate this as without it Intended Parents may need to pay out of pocket for all or part of a full pregnancy
- When activated claims tend to be \$50,000 to \$250,000 (smaller bills Intended Parents may pay out of pocket)
- Most take this extra layer of protection to avoid paying large medical bills out of pocket

Please review important underwriting information and request detailed view/policy specimen to fully understand plan. Subject to change.



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ACA Plans (Affordable Care Act) for Agency Matches



**November through January for
January 1 or February 1
start date***
**varies by state*

ACA + Back Up Maternity Insurance Option

- **When Surrogate's insurance won't cover surrogacy AND timing is right (Open Enrollment Period or Special Enrollment Period)**
 - **IFI ACA Policy Search and Placement Service**
 - IFI will search for an ACA (Affordable Care Act) health insurance plan (also known as Obamacare or US Health Insurance), seeking one that covers surrogacy
 - Insurance plans range from ~\$400 - ~\$600 per month (sometimes as high as ~\$1,200)
 - Intended Parents will likely need to cover a period of after the delivery
 - Additionally, Intended Parent share of medical bills range from ~\$3,000 to as much as \$9,200 ("Maximum Out of Pocket" or "Max OOP")
 - Important note: These plans run until December 31st
 - Sometimes they may be renewed with new rates, sometimes they change (exclusions or liens added) or are eliminated
 - January 1 –Intended Parent share of medical bills starts over with new maximum out of pocket
 - **Lloyd's of London Back Up Maternity Plan (also known as Secondary or Contingency Plan)**
 - Back-up to an ACA Plan in case the plan changes at renewal or coverage is lost or denied (generally \$2,000 to secure, + \$26,000 to use/activate)
 - Every year, there are a handful of Intended Parents who chose not to buy a back-up plan, health insurance failed, and they needed to pay bills out of pocket. These bills can range from ~\$50,000 to ~\$200,000.

2025 Service Levels – Agency Clients

Service Item	Comprehensive Package \$2,745 ----- <i>Most Complete Service Level</i>	Standard Package \$945 ----- <i>Suggested Minimum Service Level; Requires Access to Separate Medical Billing</i>
Open Enrollment Consultation & Support Review plan options, confirm providers in-network, clarify coverage, etc.	Includes unlimited consultations during open enrollment	Includes up to 3 consultations during open enrollment
Complete Application and Premium Payment Meet with the surrogate to complete the enrollment application and assist her with making the 1st month's premium payment.	✓	✓
Policy Documents and IFI Health Review Provide the policy document, summary of benefits document, and our review of the ACA plan noting the relevant language.	✓	✓
Access to Intended Parent Content Informational materials are available on ACA plans, all other plans & services, as well as invitations to all parent-focused webinars	✓	✓
Monthly Premium Payment Verification / Monitoring Confirmation each month, for the term on the policy, that the premium has been paid. Notification to the parents and agency on any issues.	✓	✓
Continued Support Ongoing support for coverage, network, and billing questions. <i>Note: Does not include support for medical billing issues</i>	✓	✓
Policy Cancellation	✓	✓
Maternity Medical Billing Management – includes: Management of the billing process throughout the surrogacy Review of medical bills for accuracy Ensure payments and adjustments are applied properly Provide agency or intended parents with estimates Manage escrow funds and payments to providers Mitigate issues through steady communication with providers Detailed Reporting	✓	Not included

Basic Package (\$575): Limited to one consultation during open enrollment and pregnancy. Does not include payment monitoring, Medical Billing Management, continued support, or policy cancellations.

2025 Service Levels – Independent Clients

Service Item	Comprehensive Package \$2,745 ----- <i>Most Complete Service Level</i>	Standard Package \$945 ----- <i>Suggested Minimum Service Level; Requires Access to Separate Medical Billing</i>
Open Enrollment Consultation & Support Review plan options, confirm providers in-network, clarify coverage, etc.	Includes unlimited consultations during open enrollment	Includes up to 3 consultations during open enrollment
Complete Application and Premium Payment Meet with the surrogate to complete the enrollment application and assist her with making the 1st month's premium payment.	✓	✓
Policy Documents and IFI Health Review Provide the policy document, summary of benefits document, and our review of the ACA plan noting the relevant language.	✓	✓
Access to Intended Parent Content Informational materials are available on ACA plans, all other plans & services, as well as invitations to all parent-focused webinars	✓	✓
Monthly Premium Payment Verification / Monitoring Confirmation each month, for the term on the policy, that the premium has been paid. Notification to the parents and agency on any issues.	✓	✓
Continued Support Ongoing support for coverage, network, and billing questions. <i>Note: Does not include support for medical billing issues</i>	✓	✓
Policy Cancellation	✓	✓
Maternity Medical Billing Management – includes: Management of the billing process throughout the surrogacy Review of medical bills for accuracy Ensure payments and adjustments are applied properly Provide agency or intended parents with estimates Manage escrow funds and payments to providers Mitigate issues through steady communication with providers Detailed Reporting	✓	Not included

ACA Open Enrollment 2025



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Policy Start Date	Which States	Last Date to Submit a NEW SEARCH Request	Enrollment Deadline
January 1st	Any state not listed below	11/27	12/15
	CA, NV, NJ, RI	12/9	12/31
Policy Start Date	Which States	Last Date to Submit a NEW SEARCH Request	Enrollment Deadline
February 1st	Any state not listed below (except ID)	12/23	1/15
	PA	12/23	1/19
	MA	12/27	1/23
	CA, RI	1/10	1/31
Policy Start Date	Which States	Last Date to Submit a NEW SEARCH Request	Enrollment Deadline
March 1st	DC	1/10	1/31
	NY	1/31	2/15

Important Notes

- * Quotes will be worked in order of the Enrollment Deadline (*earliest deadlines worked first*)
- * Idaho OE runs 10/15 - 12/15 for Jan 1st start. There is NO February start date.

Enrollment Dates Overview

ACA Open Enrollment 2025 – Process Flow



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Request Submitted

Agency completes and **submits the ACA Request Form**
Submitter receives **email acknowledgement**
IFI is notified, and our system is updated
Case is **added to the Agency Status Sheet**

Research & Presentation of Results

Case is assigned internally, and **research begins**
Research is **completed**
Results go through **internal audit for accuracy**
Once completed, **results are sent to agency**
Consultation on results scheduled, if needed

Enrollment & Premium Payment

Plan selection is made via the results document
Enrollment appointment request is sent to surrogate
Appointment is **scheduled**
Enrollment & premium payment completed
Agency & Surrogate receive **completion email**

Standard Service Level

1. Agency, Surrogate, (and IPs if necessary) receive a Payment monitoring **'Welcome' email** introducing the service and next steps.
2. Same entities receive **detailed instructions on how the payment monitoring service will operate in their particular case with instructions on action items** (if necessary).
3. Payment monitoring **process begins, and alerts go out if necessary.**
4. **Ongoing Support is available through a dedicated email account.**

If ordering

Comprehensive Level

1. **Same process as above** from the ACA Team regarding payment monitoring.
2. An **additional email will go out from our Medical Billing Team** outlining that program and next steps.
3. At **Confirmation of Pregnancy**, the **Billing Management process begins**

ACA Open Enrollment 2025 – Workflow

2025 IFI ACA Workflow

Note: These are estimated times and may vary depending on the volume and complexity of cases received.



Results estimated to be sent

For Cases in the 'Logged' stage

'Logged' status = we have received your request but have not yet assigned it to an agent.

Requests will be assigned in order of:

1. January 1 start dates
 - a. Idaho - since it has no Feb start date option
 - b. States with a 12/15 enrollment deadline
 - c. States with a 12/31 enrollment deadline
2. February 1 start dates
 - a. States with a 1/15 enrollment deadline
 - b. States with a 1/31 enrollment deadline

Results Example



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Maternity Cost-Sharing Examples



Betty B - Test Agency

Bronze HSA 24/01-10	Silver 24/01-07	Gold 24/01-12	Platinum 24/01-08
Bronze	Silver	Gold	Platinum

Monthly Premium	\$805.15
Medical Services Deductible	
Out of Pocket Max	
Deductibles	
Copayments	
Coinsurance	
Limits or exclusions	
Total	

Example Total
Uncomplicated Maternity

Example Total
Complicated Maternity

- These plans are not:
- The plan may not cover certain services.
 - The plan could be subject to change.
 - Your surrogate care is not covered.
 - Vetted In-Network providers only.

For these and other reasons, you should consult your broker for more information.



What are ACA Plans and What do they Cover?

- The ACA plans quoted for 2014.
- IFI has reviewed the plans.
- The plans do not meet the requirements of the ACA.
- The plans quoted for 2014.
- Premium estimates for 2014.

All ACA plans provide:

- Emergency services
- Hospitalization
- Out-patient services
- Maternity and newborn care
- Mental health, behavioral health, and substance abuse treatment
- Prescription Drugs
- Rehabilitative and habilitative services
- Laboratory services
- Pediatric services, including preventive, wellness, and dental services

Services must be considered medically necessary.

For benefits to be covered, you must:

- You must be eligible for benefits.
- Premium must be paid for the plan.
- The service or supply must be covered by the plan.
- The service cannot be considered experimental, investigational, or unproven.



Optional Back-up Maternity Plan

(backed by Lloyd's of London)

What is it?

- Back-up insurance in case an ACA plan does not cover a service.
- \$500,000 of coverage, with a \$2,500 deductible.

What does it cover?

- Costs of an uncomplicated maternity.

What does it cost?

Generally, \$2,000 for the policy premium + the policyholder's share of the costs. Costs are higher for twins.

Potential reasons ACA insurance may not cover:

- Change in surrogate care.
- Loss or change of ACA plan.
- Change in plan restrictions.
- Vetted In-Network Provider.
- Vetted In-Network Provider.
- Vetted In-Network Provider.
- Insurance company.
- Review of insurance coverage.

For more information on this plan, please contact your broker.



Description of Insurance Networks and some Common Terms

Term	Definition	Types of Health Insurance Networks
Balance Billing	When providers bill you for the difference between their charge and what your insurance pays.	Point of Service (POS), Preferred Provider Organization (PPO), Health Maintenance Organization (HMO), Exclusive Provider Organization (EPO)
Coinsurance	The percentage of costs you pay after you meet your deductible.	
Co-payment	A fixed dollar amount you pay for a service.	
Covered Services	Services that your insurance plan covers.	
Deductible	The amount you pay for covered services before your insurance begins to pay.	
Exclusion	Services that your insurance plan does not cover.	
Formulary	A list of prescription drugs that your insurance plan covers.	
Limits	The maximum amount your insurance plan will pay for a service.	
Out of Network	Services provided by a provider who is not in your insurance plan's network.	
Out of Pocket Max	The maximum amount you pay for covered services in a year.	
Premium	The amount you pay for your insurance plan.	

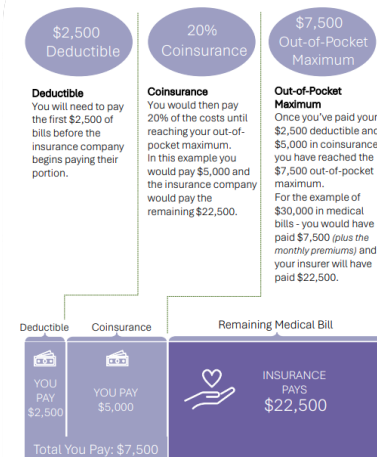


Health Plan Metal-Tier Categories

Health plan categories are based on how you and your plan split the costs of your health care. They have nothing to do with quality of care.

Example of Cost Sharing of Medical Bills between the Policyholder and Insurance Company

Let's assume your surrogate has accumulated \$30,000 in medical bills. Her plan has a \$2,500 deductible, 20% coinsurance, and a \$7,500 out-of-pocket max:



Health insurance plans all involve various forms of cost-sharing. The monthly premiums are **not** a part of the cost-sharing figures.

Definitions

Copayment
Copayments are specific dollar amounts (\$20, for example) that you may need to pay for prescription drugs or certain kinds of office visits. Copayments typically do not count toward the maximum of-out-pocket limits.

Deductible
The deductible is a specific dollar amount (\$2,500 in this example) that you must first contribute toward the cost of covered medical services before the health insurance company begins to pay.

Coinsurance
Coinsurance is a form of cost-sharing that often comes into play after you've met your deductible. Coinsurance is usually expressed as a percentage of the total covered amount. If your coinsurance is 20%, that means the insurer covers the remaining 80%.

Out-of-Pocket Maximum
This is the most you could be called upon to pay out-of-pocket towards covered medical expenses during your coverage term. After you've contributed \$7,500 (in this example) the insurer will pick up the rest of the bill for covered services. This does not include premium payments.





The Importance of Payment Monitoring and Continued Support (IFI Standard Service Level)



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Standard Service - The Importance of Payment Monitoring

...they told her the policy had been cancelled ...never requested cancellation, she only uses the app to make the premium payment. Can you please assist with seeing what's going on and how to get the policy reinstated?

... the payment never went through on the app. It looks like they cut me off and I've been trying to pay it. Is there Any way to fix this?...

... Just got a call from ... She says that the policy has been cancelled, per this letter ...

... and they mailed the notice about the underpayment to her old address, so she apparently didn't receive it. Her policy lapsed at the end of ...

... received an email that her insurance got canceled without any previous notice. Is there anything we can do about this?..

... she is not sure what happened, but it is now taken care of and paid.

... Apparently, she didn't make payments consistently and now we can't get the policy re-activated...

...Unfortunately, there was a payment issue that resulted in the policy being canceled...She is about to start her legal process, and she is not covered at this moment...



Standard Service - The Importance of Ongoing Support

- Clarification on **how ACA plans work**
- Help **finding providers when no preferred providers at time of search** request
- Working through **HMOs with no suitable provider in network**
- **Vacation Network Checks**
- **Specialist visit network checks**
- Doctor **Retiring**
- Doctor/Hospital **Leaves Network**
- Doctor that **appears to be in network is not**
- Doctor is **not taking new patients**
- Doctor is **not taking surrogates**
- Doctor is **not taking “subsidized” plans**
- **Coverage** questions
- Assistance **cancelling plan**

Standard Service - The Importance of Ongoing Support



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New Payment Monitoring Status Tracker

[illegible]



The Importance of Medical Billing Management (IFI Comprehensive Service Level)



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Comprehensive Service - The Importance of Medical Billing Management

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 billing throughout the surrogate pregnancy, delivery and post-partum with detailed reporting**.

What does it include?

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 working without an agency with estimates
- **Manage escrow funds and payments to providers**
- **Mitigate issues through steady communication with providers**

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan



Comprehensive Service - The Importance of Medical Billing Management

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.

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan



Comprehensive Service - The Importance of Medical Billing Management

Thank you for all your support through both journeys...I have heard horror stories from other surrogates about getting bills paid and going to collections and such, but I have **never had to worry about anything working with you**. You are truly amazing, and again I can't thank you enough.

"My hospital...they never listened. Thankfully, I was able to hand over...these issues to my IFI medical billing coordinator to handle the back and forth. As my final bill arrived much to my surprise, (my billing specialist) had already reviewed and paid it on my behalf. I am so thankful to her for endlessly calling month after month to deal with my hospital billing chaos. I will be insisting on returning to this same group for my sibling journey."

"You're the best! Thanks for being so tenacious about it! "

"I'm glad you are back to help during this journey! You were my life saver!!"

"I will miss you, but if I ever lose my mind enough to do surrogacy again, I will tell the agency that a firm, non-negotiable condition is that you are my bill person because you are amazing. You are an absolute joy, and I will genuinely miss you."

"Thank you...I want to thank you again for all of the blood, sweat and tears you have put into helping us."

"Thank you for everything! It's been great working with you! Hopefully, we'll get you again for next journey!"

"How bittersweet our billing journey is coming to an end haha! I'll miss you 🥳"

"I have no outstanding bills on my end, so I think we are good to close! Thank you for everything you have done for me during this journey, I will truly be forever grateful."

Medical Billing Management
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Testimonials From Surrogates



Comprehensive Service - The Importance of Medical Billing Management

“Good news! The case agreement is in place and has been **signed by the hospital and plan. I want to thank you again for your assistance staying persistent in seeing this through - it relieves some stress before the big day when we start a new chapter of our lives.”**

“Thanks so much for dealing with my craziness through all these frustrations. Hopefully, the rest of the journey won’t have as many bumps. I appreciate your continued knowledge and support.”

“THANK YOU and the entire team for taking one major stress off our plates during this process.”

“These are *great* questions. I'm going to ask them! We really really appreciate this!”

“Thanks for answering my question regarding Medical Billing Support. That was exactly the information we were looking for. :)”

“We already cannot begin to tell you how grateful we are for your help in navigating this with the hospital and working to get some answers and clarity.”

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate’s
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Testimonials From Intended Parents



Comprehensive Service - The Importance of Medical Billing Management

Issue:

Surrogate **notified of out of network provider after services were rendered**. The **provider knew after the first visit that they were out of network but continued seeing her**. The provider submitted **several appeals and had the account on hold** for over 6 months. This has resulted in the account being put on hold multiple times with no resolve.

Resolution:

After trying for months to resolve this issue with the billing department with no success, **we submitted a formal complaint against the billing department**. After countless calls and escalation emails, the **balance of \$4,797 was written off**.

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Stories of Success



Issue:

Provider did not disclose that self-pay flat rate delivery package wouldn't apply if surrogate had insurance (even though it doesn't cover surrogacy). We ask at cost estimate if discounts apply when surrogate cannot use their policy. There was no issue reported, we moved forward with the providers. Preparing for the delivery costs, we again explained surrogate is self-pay due to insurance having exclusion. **The self-pay agreement was signed and arranged in advance of delivery. ~2 weeks after this, we received a call indicating contract was void as "she has coverage" and is not truly uninsured.**

Resolution:

Re-explained she technically does not have coverage since insurance excludes surrogacy, making her uncovered/uninsured for this service. We advocated this was not disclosed at the cost estimate as well as previous calls and requested exception be made due to **miscommunication** and how close this was to delivery. We also advised the hospital, if they truly do not allow the self-pay package to be used in these instances of exclusions, **we would take note and not allow future surrogacy cases at this provider.** The conversations **professionally escalated to upper management**, and we continued to advocate for the situation.

Over 2 weeks, we continued to communicate. **It was negotiated they would extend the self-pay package.** The **total billed was to be \$15,997** for delivery but with our due diligence and understanding of insurance language, **we were able to secure the entire delivery cost for \$5,000, saving over \$10,000** just on delivery costs.

This created a relationship with this hospital for future cases. They will extend the self-pay rate, even when insured! A major win!

Medical Billing Management
Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Stories of Success



Issue:

The surrogate was **cost screened for a singleton vaginal delivery**. The surrogate **ended up delivering twins via cesarean delivery**. The escrow funds held for a **singleton vaginal delivery were \$18,400**. Total bills owed for a **twin cesarean delivery were \$29,610.72**. This would have cost an additional **\$11,210.72**.

Resolution:

We spoke with the provider's billing department to obtain the maximum discount possible. The conversations were **professionally escalated to upper management**. We **negotiated the total amount due with only an additional \$1,956.20 requested** in escrow funds.

Medical Billing Management

Important Support Service to
Manage the Billing Process When Surrogate's
Employer-Based Plan, ACA Plan, or is Included in
IFI Surrogacy Maternity Plan

Stories of Success





The Importance of Back-Up Maternity Plan (Secondary / Contingent)



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The Importance of the Back-up Maternity Insurance



Carriers are Planning to Leave Certain Markets in 2025

Ascension	IN	No Longer offering plans On or Off Exchange
	KS	
	TN	
	TX	
University of Utah	UT	Plans possibly not surrogacy friendly (discussion)
Valley Health Plans	CA	Leaving 2 Counties

In 2023 4 “Surrogacy Friendly” Carriers Exited Markets

In 2024 4 “Surrogacy Friendly” Carriers Exited Markets

These will be (and have been) on each results quote we send

Optional Back-up Maternity Plan (backed by Lloyd's of London)

This contingency plan sits behind a surrogate's ACA health insurance (or her employer plan) in case the surrogate loses that plan or if the plan itself fails to cover.

What is it?

- Back-up insurance in case an ACA (or employer) plan changes mid pregnancy
- \$500,000 of coverage, with ability to upgrade.

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.

What does it cost?

Generally, \$2,000 to buy the option to use. If the policy is needed, then total cost of about \$26,000 to activate it (the remainder of the premium + the deductible). Activation is rarely needed, but when it is, it would commonly be for very large claims. Costs higher for twins, high-cost providers, and surrogates who do not fit the preferred underwriting criteria.

Please watch the 5-minute video below and review the information in the slide deck link.

[Video - Lloyds Backup Maternity](#)

[Slides - Lloyds Backup Maternity](#)

BACKUP MATERNITY PLAN:

There can never be a guarantee of success:

- Surrogates can move to a location where there are no plans available to cover a surrogate maternity
- The same or similar plan may not be available at renewal
- The plan can change at renewal and no longer cover a surrogate maternity
- The insurance company could stop offering plans in her area

For these reasons, we suggest putting a backup or contingency plan in place in case the primary plan fails to pay.

Secondary Maternity video and presentation links:

[Video - Lloyds Secondary Maternity](#)

[Slides - Lloyds Secondary Maternity](#)

The Basics of Back-Up Maternity Insurance (Contingency or Secondary Maternity)

What is it?

- Back-up insurance in case ACA or employer plan changes mid pregnancy and new plan is not surrogacy friendly or doesn't cover existing doctor or hospital. Without this important coverage Surrogate may be left pregnant with no coverage.
- \$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 atypical underwriting result)

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.

What else should I know about it?

- Potential reasons primary insurance can fail, triggering the Back Up 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, with change in view on surrogacy coverage
 - Change in plan restrictions at state or national level
 - Change in marital status
 - Review of insurance could be incorrect
 - Vetted In-Network Providers not accepting new patients
 - Vetted In-Network Providers on surrogacy friendly plan not taking Surrogates
 - Vetted In-Network Providers leaving network
 - Vetted In-Network Providers not taking surrogacy friendly plan that appears to be subsidized
 - Insurance companies leaving your surrogate's market
 - ACA Payment Card Failure
 - ACA Insurance Fraud Failure

What is commonly requested?

- Many agencies mandate this as without it Intended Parents may need to pay out of pocket for all or part of a full pregnancy
- When activated claims tend to be \$50,000 to \$250,000 (smaller bills Intended Parents may pay out of pocket)
- Most take this extra layer of protection to avoid paying large medical bills out of pocket

Please review important underwriting information and request detailed view/policy specimen to fully understand plan. Subject to change.



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ACA 2025 – Upcoming Webinars



Professionals Webinars

9/3 Tuesday IFI ACA Agency Best Practices / Intro to ACA

9/5 Thursday IFI ACA Agency Best Practices / Intro to ACA (repeat of 9/3)

9/26 Thursday: IVF Complications Insurance and Local/Outside Monitoring Management

10/1 Tuesday: ACA Updates / IFI ACA Agency Best Practices / Intro to ACA

10/15 Tuesday: ACA Updates / IFI ACA Agency Best Practices / Intro to ACA

11/12 Tuesday: ACA Key Updates / Agency Best Practices

12/5 Thursday: ACA Key Updates

12/19 Thursday: ACA Key Updates

January: Email Updates

IP ACA Webinars

Overview/Intro 1- Tuesday **8/27**

Session 2– Wednesday **9/25**

Session 3 – Wednesday **10/16**

Session 4 – Wednesday **11/20**

Session 5 – Thursday **12/12**

Session 6 – Thursday **12/21**



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 of risk that Surrogate passes away from pregnancy complications, covid(US) or accident with several add-on options** selected by most intended parents to **reduce risks/responsibilities** as laid out in their surrogacy contract. Plan in place for many years, backed by Lloyd's of London, a 300+ year old company and tailored for surrogacy. **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**
 - **Financial Risk Reduction for Intended Parents – Common Add On Coverages**
 - **Intended Parent – Recovery of financial loss** if Surrogate passes due to pregnancy complications or accident
 - **Stillbirth – Recovery of financial loss** if fetus is lost after 20 weeks
 - **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
 - **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)
- **Takes minutes to order** (has no extra underwriting when ordered ahead of start of medication)

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

***See policy specimen for full details. See slides about COVID and Stillbirth terms to follow. Subject to change.**

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
Premium (plus taxes and fees)	\$315	\$435	\$675	\$820	\$1,030	\$1,200
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. *** Rates for covid addition will reduce by 25% shortly. Approved, awaiting ordering update.



Stillbirth Coverage

Coverage to recover financial loss upon loss of fetus at or after 20 weeks of pregnancy through delivery.

- Must meet preferred criteria, singleton only, age 40 and under, and no history of stillbirth (found in “Important Policy Underwriting Information” slides/section)
- What if embryo splits?
 - Premium will be refunded, and stillbirth coverage cancelled

Additional questions? Please ask!

Subject to change, please read your policy carefully.



Surrogate Disability Insurance / Income Replacement Options

**(Assistance with Lost Wages, Childcare Expenses and
Housekeeping Expenses)**



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Surrogate Disability / Income Replacement

Coverage of Lost Wages, Childcare and Housekeeping

- **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 of dollars.

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 pay these amounts out of pocket for perhaps 10-20 or more weeks.

What does it cost?

- Costs vary by plan and level of benefits needed to cover lost wages, childcare and housekeeping. We also offer various weeks of coverage duration on the bedrest policy. The higher the amount of benefits and the longer the coverage duration, the higher the premium will be.

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 cannot purchase after embryo transfer) and the Bedrest policy gives a full refund if no pregnancy, so no benefit to waiting (must apply prior to complications).

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 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 NJ please inquire about process.
- For Bedrest Policy - Surrogate must fit preferred criteria with no history of physician ordered bedrest.

Surrogacy Bedrest Disability Policy- Longer Term Coverage

- * Easy to order coverage for pre-childbirth pregnancy complications leading to physician ordered bedrest
- * No Underwriting – Singleton Only - Warranted Surrogate fits preferred criteria (See “Important Policy Underwriting Slides)
- * For Twins or if you prefer underwriting – please inquire about process

Coverage Features

- Policy Weekly Limit to cover the following:
 - 90% of Net Lost Wages
 - 100% of Childcare
 - 100% of Housekeeping
- Singleton or Twins coverage available
- Full refund if no pregnancy is achieved
- 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
- Subject to surrogate meeting preferred criteria, subject to underwriter discretion
- 7-day deductible means Intended Parents pay the Surrogate for the 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) (After 7-Day Deductible)

- \$400/week = \$640
- \$800/Week = \$1,275
- \$1,200/Week = \$1,910
- \$1,600/Week = \$2,550
- * Coverage available up to \$1,800 (higher with proof of income and underwriting)
- * Coverage length includes 16, 20 and 32 weeks

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. If pregnancy terminates without a normal childbirth, coverage period may be extended for up to two (2) weeks post termination if needed due to miscarriage or other pregnancy related complication (must be 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 upon 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 an 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" and "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

V4.0 - Improved Options in Many States (+ \$1,000 Lump Sum Benefit)

Financial support when Surrogate is hospitalized with covered complications

- Surrogate may not reside in NY, FL. For NJ, please inquire about process.
- Coverage for Lost Wages, Childcare and Housekeeping
- Daily Benefit when Surrogate is hospitalized with complications
 - Pays a Daily Benefit (21 days per year (admitted), up to 6 days observation)
 - + Twice a year Emergency Room benefit
 - + Once a year Ambulance Benefit
- New lump sum benefit of \$1,000 (added to daily benefit when admitted with covered complication)

Sample Pricing (varies by age/state) (approximate costs for 28-year-old – will vary slightly up or down based on age/state)

- \$300/Day (Benefit Paid to Surrogate) + \$1,000 lump sum benefit = ~\$280/year
- \$600/Day + \$1,000 lump sum benefit = ~\$370/year
- \$900/Day + \$1,000 lump sum benefit = ~\$470/year
- **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) (Subject to change- see policy specimen for confirmation) *Covers many non-pregnancy reasons for hospitalization as well, including Covid-19 when admitted overnight

See policy specimen for full details. Subject to change.

Important all parties understand intended use of claims benefit.

Hospital Indemnity – Shorter Term Coverage

Product Availability - Updated States List

Unavailable Completely

- Florida and New York

Unavailable to Purchase From:

- New Jersey

3.0 *lump sum benefit not available

-NM, PA, & VA

See policy specimen for full details.

Important all parties understand intended use of claims benefit.



Coverage for US Based Intended Parents



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Newborn Coverage For Domestic United States Intended Parents

Common practice is to add to your own plan; however, this won't always be possible.

Step 1 - Checking Your 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. Sometimes we see cases where there is no out of network coverage. When this happens, we suggest you check with your employers if other options will be available at the employer's open enrollment that might fit. If not, we have 3 potential choices.
- In these cases, see the next page.

Need Help? Check Your Insurance With Help From IFI

IFI Domestic Newborn Consultation

- Even if your insurance does cover, it can be overwhelming to figure out what to ask, when, and to what parties. IFI and our professional, experienced medical billing team, IFI Billing Management Services, offer a service to address domestic US based Intended Parent newborn questions and support needs.

Cost: \$150

Includes: Up to 30-minute consultation with newborn medical billing specialist to:

- Explain the features of insurance and how it works
- Explanation of key terms - deductible, co-payment, coinsurance, maximum out of pocket, in network vs. out-of-network
- Explanation of how to add a baby to your plan
- Provide you with a line of questions to ask your insurer to clarify coverage and what it will look like
- Answer any follow up questions you have (if applicable) via email (after your call)
- Explain our "Domestic US Newborn Billing Management" options to see if useful (at \$250 discount off rates of international cases)

Coverage For United States Based Intended Parents

Common practice is to add your baby/babies to your own plan; however, this won't always be possible.

Those with No Insurance, or Insurance that Won't Allow Adding a Baby or Babies

Occasionally we find cases where there is no coverage due to being out of network. Sometimes coverage might be out of network, but still with coverage. Sometimes, though, there is **no coverage at all**, especially in cases where intended parents are in one state, and surrogate/delivery in another, or when intended parents have an HMO, or similar limited network coverage. When this happens, it's good practice to check with your employers if other options will be available at the employer's open enrollment that might fit. If not, we have 3 potential choices.

Potential Options

1. New Coverage for Intended Parent(s)

IFI can assist with finding new coverage for the intended parents. Generally, this needs to be during open enrollment (commonly November through early January for policy start January or February). We research to find plans with a wider network, covering in the delivery location. IFI performs this research for a fee, and if a plan is found, can assist with placing the coverage and ensuring first premium is submitted.

2. Child Only Plan

Child only plans can be difficult to qualify for with needs of residency in the state of delivery for 6+ months amongst other requirements. For a fee we can research options.

IFI charges \$495 to evaluate both option 1 and 2 above to see if either will fit. Options are limited. There is no guarantee of a plan available, and fee will be due for the research performed regardless of the outcome. For options 1 and 2 we will recommend Back-Up/Secondary Newborn Coverage, which is 20% of the Lloyds Newborn Insurance premium initially, with remainder and deductible due upon activation if option 1 or 2 failed. (see next slide)

3. Private Newborn Insurance and/or IFI Newborn Negotiation and Billing Management Services

If neither of the above fit, we can review private insurance coverage options. There is no charge for the consultation.

Lloyd's Singleton Back-Up Newborn Plan Options

(only available as Back-Up to another plan expected to cover)

COVERAGE LIMIT	Initial Premium and policy administration (plus taxes)	Activation Premium (due on policy activation)	IFI Newborn Negotiation and Billing Management (due on policy activation)*	Deductible (due on large claim)**
\$100,000	\$4,000	\$12,000	\$1,000	\$20,000
\$250,000	\$4,000	\$12,000	\$1,000	\$30,000
\$350,000	\$4,000	\$12,000	\$1,000	\$40,000

Other Details

- "Activation Premium" is the amount due upon failure of the plan that had been expected to be used (i.e., parent's plan, or child only plan) to use this plan.
- *Includes IFI Newborn Negotiation and Billing Management Level 2. IFI will work with providers to reduce newborn expenses for well baby care (first 1-2 days for a healthy baby to perform tests to confirm baby is ready for release) bill by generally 20-90% (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby as of 12/2023 data). \$4,500 is invoiced due at week 20 of pregnancy to cover reduced well baby care bill, which often includes pre-payment discounts, or immediately if activation is later than 20 weeks. Excess is returned.
- Ability to upgrade to level 3 IFI Newborn Negotiation and Billing Management for \$250. Ability to add NICU Support (Newborn/Neo-Natal Intensive Care Unit) for \$1,500 (only upon need).
- ** **Deductible** is the amount you pay before the insurance company pays a covered claim up to the coverage limit.
- Refund Policy – 100% is returned, less a \$1,000 administrative fee if there is no live birth.
- Aside from lifesaving surgical procedures within the newborn intensive care unit, treatment for congenital disorders is excluded under the Lloyd's policy.
- Policy is limited to the first 60 days after birth.
- Application takes approximately 5-10 business days from complete submission. Policy is not in force until approved and paid. We suggest applying as soon as confirmation of pregnancy to reduce risk of decline.
- For additional details please inquire or seek a policy specimen.



Private Newborn Coverage (When No Other Options Fit)



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 without other insurance that covers newborn medical bills. Commonly this insurance is intended to cover very large medical bills.

Why do I need this?

- Typical needs include:
 - “Well-Baby Care” (the 1–2-night hospital stay for a healthy baby to have applicable tests run prior to releasing the baby.) This is typically \$3,000 to \$10,000. Costs vary.
 - “NICU” (Newborn/Neo-Natal Intensive Care Unit) – this is when a baby is delivered early and needs extra special care. This is typically \$10,000 to \$25,000 per day.
- Without insurance 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?

- Plan availability is ever-changing. It is good to begin discussions as early as upon match. Some plans have historically been needed months before transfer, others not until mid-pregnancy.

Anything else I should know?

- IFI also offers Newborn Negotiation and Billing Management to reduce costs and stress throughout the process. Most Intended Parents 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:

Insurance Based Options

- **Lloyd's of London:** Apply as early as confirmation of pregnancy; not available if complications occur prior to securing coverage.

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 in conjunction with insurance plans to reduce normal well baby care bill (commonly \$3,000 to \$10,000 which we can often reduce by 30%-75%), or cases where NICU (Intensive Care Unit) bills exceed insurance plan benefit limits.

Lloyd's Singleton Plan Options (Includes IFI Newborn Negotiation and Billing Management*)

Due at Confirmation of Pregnancy (or on Approval if After Confirmation of Pregnancy)				Due on a Large Claim	
COVERAGE LIMIT	Initial Premium	Policy Administration	IFI Newborn Billing Management*	Activation Premium (only due on larger claims)**	Deductible (only due on larger claims)***
\$100,000	\$7,000	\$1,000	\$1,000	\$8,000	\$20,000
\$250,000	\$9,250	\$1,000	\$1,000	\$5,750	\$30,000
\$350,000	\$11,000	\$1,000	\$1,000	\$4,000	\$40,000

- *Includes **IFI Newborn Negotiation and Billing Management Level 2**. IFI will work with providers to reduce newborn expenses for well baby care (first 1-2 days for a healthy baby to perform tests to confirm baby is ready for release) bill by generally 20-90% (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby Care as of 12/2023 data). \$4,500 is invoiced due by week 20 of pregnancy to cover reduced well baby care bill, which often includes pre-payment discounts. Remaining escrow is returned. Roughly 1% of the time additional funds are needed.
- ****Activation Premium** is the amount needed to activate a large claim exceeding deductible.
- *****Deductible** is the amount you pay before the insurance company pays a covered claim up to the benefit limit.
- Long standing insurance company operating for more than 300 years.
- Payment is made 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(rare exceptions may apply).
- Ability to upgrade to level 3 IFI Newborn Negotiation and Billing Management for \$250. Ability to add NICU Support (Newborn/Neo-Natal Intensive Care Unit) for \$1,500 (only upon need).
- Refund Policy – 100% is returned, less \$1,000 policy administration fee if there is no live birth.
- Aside from lifesaving surgical procedures within the newborn intensive care unit, treatment for congenital disorders is excluded under the Lloyd's policy.
- Policy is limited to the first 60 days after birth.
- Application takes approximately 5-10 business days from complete submission. Policy is not in force until approved and paid. We suggest applying as soon as confirmation of pregnancy to reduce risk of decline.
- For additional details please inquire or seek a policy specimen.

Potential Scenarios & Costs – All Based on 250k Newborn Insurance Plan

Scenario A:

Healthy Baby – “Well Baby Bill” typically costs \$3,000 to \$10,000***

- Initial Costs
 - Initial Insurance Premium \$9,250 + plan administration \$1,000 + IFI Newborn Billing Management fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks)
 - Escrow for Well Baby Care Costs = \$4,500
 - Sample Well Baby Care Bill \$6,000
 - Average Reduction 45% (As of December 2023) = Savings of \$2,700
 - Reduced Bill = \$3,300
 - \$1,200 Returned to Intended Parents
-

Scenario B:

Baby Arrives Early with 20 Day Intensive Care Unit Stay - Sample NICU/Intensive Care Unit Cost of \$10,000 per Day – Potential Bill \$200,000***

- Initial Costs
 - Initial Insurance Premium \$9,250 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
 - Sample* NICU / Intensive Care Unit Bill of \$200,000
 - Claim Activation Fees Due
 - Activation Premium \$5,750 + Deductible \$30,000 Less \$4,500 already collected = Total Due = \$31,250
 - Lloyds of London Responsibility is \$170,000 (\$200,000 less \$30,000 deductible)
-

Scenario C:

Baby Arrives Early with 60 Day NICU/Intensive Care Unit Stay - Sample NICU/Intensive Care Unit Cost of \$10,000 per Day – Potential Bill \$600,000***

- Initial Costs
 - Initial Insurance Premium \$9,250 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
- Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
- Sample* NICU / Intensive Care Unit Bill of \$600,000
 - Claims Activation Fees Due
 - Activation Premium \$5,750 + Deductible \$30,000 Less \$4,500 already collected = Total Due = \$31,250
 - NICU Billing Management Fee = \$1,500 (NICU Billing Management Fee only on request, for cases exceeding policy limit)
- Sample NICU Bill Reduction
 - Bill \$600,000 – Average Reduction 69% (As of December 2023) = \$414,000 Reduction
 - Sample New Bill \$186,000
- Lloyds of London Responsibility is \$156,000 (\$186,000 less \$30,000 deductible)

*****Sample only. Actual costs and reductions may vary. Taxes added to insurance premiums.
Subject to change. See International Fertility Insurance (IFI) for full details.*****

Potential Scenarios & Costs – All Based on 350k Newborn Insurance Plan

Scenario A:

Healthy Baby – “Well Baby Bill” typically costs \$3,000 to \$10,000***

- Initial Costs
 - Initial Insurance Premium \$11,000 + plan administration \$1,000 + IFI Newborn Billing Management fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks)
 - Escrow for Well Baby Care Costs = \$4,500
 - Sample Well Baby Care Bill \$6,000
 - Average Reduction 45% (As of December 2023) = Savings of \$2,700
 - Reduced Bill = \$3,300
 - \$1,200 Returned to Intended Parents
-

Scenario B:

Baby Arrives Early with 20 Day Intensive Care Unit Stay - Sample NICU/Intensive Care Unit Cost of \$10,000 per Day – Potential Bill \$200,000***

- Initial Costs
 - Initial Insurance Premium \$11,000 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
 - Sample* NICU / Intensive Care Unit Bill of \$200,000
 - Claim Activation Fees Due
 - Activation Premium \$4,000 + Deductible \$40,000 Less \$4,500 already collected = Total Due = \$39,500
 - Lloyds of London Responsibility is \$160,000 (\$200,000 less \$40,000 deductible)
-

Scenario C:

Baby Arrives Early with 75+ Day NICU/Intensive Care Unit Stay - Sample Bill \$900,000***

- Initial Costs
 - Initial Insurance Premium \$11,000 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
- Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
- Sample* NICU / Intensive Care Unit Bill of \$900,000
 - Claims Activation Fees Due
 - Activation Premium \$4,000 + Deductible \$40,000 Less \$4,500 already collected = Total Due = \$39,500
 - NICU Billing Management Fee = \$1,500 (NICU Billing Management Fee only on request, for cases exceeding policy limit)
- Sample NICU Bill Reduction
 - Bill \$900,000 – Average Reduction 69% (As of December 2023) = \$621,000 Reduction
 - Sample New Bill \$279,000
- Lloyds of London Responsibility is \$239,000 (\$279,000 less \$40,000 deductible)

*****Sample only. Actual costs and reductions may vary. Taxes added to insurance premiums.
Subject to change. See International Fertility Insurance (IFI) for full details.*****

IFI Newborn Negotiation and Billing Management

- The Newborn Insurance plans just reviewed 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 no newborn insurance is acquired, or if costs exceed policy limits, IFI can help negotiate NICU/Intensive Care Unit bills. IFI will work with providers to reduce newborn expenses for well baby care (first 1-2 days for a healthy baby to perform tests to confirm baby is ready for release) bill by generally 20-90% (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby as of 12/2023 data). \$4,500 is invoiced due by week 20 of pregnancy to cover reduced well baby care bill, which often includes pre-payment discounts. Excess is returned.
- IFI also assists with pediatric visit support.
 - *** In cases with no personal insurance that is expected to cover the baby or babies, IFI will refund any portion of our base fee (\$750) that we don't create in savings***
(Does not apply to pediatric visit support, which is more for assistance rather than 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 go without insurance 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">• For Level 1 (unmanaged), IFI presents a plan. For Level 2 and above, 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. Estimates are estimates and subject to change.

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, but rather our management service led by our experienced team of medical billing professionals. We have various levels of service. As of publication of this information, 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 – Unmanaged 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 (Included in conjunction with Lloyds Plans)**
\$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 when possible
 - Instructions on how/where to make payment for remaining balances
 - Payment plan creation and coordination when possible



Coverage for Expanding US Based Families



INTERNATIONAL
FERTILITY INSURANCE

Protecting Your Family - United States Based Intended Parents

Many of the services we provide to cover Surrogates may also be offered to Intended Parents as they add to their families. IFI is happy to review your existing insurance, then explain how to expand coverage to meet your new needs.

Building your Estate Plan:

Your estate plan should include the following:

- **Life Insurance**
 - Allowing your family to **continue with your dreams if a parent passed away sadly, reducing income** that was **intended to fulfill your plans**.
 - Generally, we find most have coverage that matches their salary through work, when they should ideally have \$1-2 million or more in life insurance.
- **Disability Insurance**
 - Allowing your family to **continue with your dreams if a parent were injured and unable to work, reducing income** that was **intended to fulfill your plans**.
 - Generally, we find most have 60%-66% their salary through work, and often for a short period. Parents should ideally have coverage that continues through planned retirement age, covering both short-term and long-term injuries.

IFI evaluates over 80 life and disability insurance companies, enabling us to provide competitive prices with companies of reputable financial strength and streamlined underwriting processes.



Newborn Coverage for International Parents



INTERNATIONAL
FERTILITY INSURANCE

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 without other insurance that covers newborn medical bills. Commonly this insurance is intended to cover very large medical bills.

Why do I need this?

- Typical needs include:
 - “Well-Baby Care” (the 1–2-night hospital stay for a healthy baby to have applicable tests run prior to releasing the baby.) This is typically \$3,000 to \$10,000. Costs vary.
 - “NICU” (Newborn/Neo-Natal Intensive Care Unit) – this is when a baby is delivered early and needs extra special care. This is typically \$10,000 to \$25,000 per day.
- Without insurance 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?

- Plan availability is ever-changing. It is good to begin discussions as early as upon match. Some plans have historically been needed months before transfer, others not until mid-pregnancy.

Anything else I should know?

- IFI also offers Newborn Negotiation and Billing Management to reduce costs and stress throughout the process (Included in conjunction with Lloyds plans). Most Intended Parents 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; not available if complications occur prior to securing coverage.

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 in conjunction with insurance plans to reduce normal well baby care bill (commonly \$3,000 to \$10,000 which we can often reduce by 20%-90%, or cases where NICU (Intensive Care Unit) bills exceed insurance plan benefit limits (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby as of 12/2023 data).
- **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.



LLOYD'S

LLOYD'S OF LONDON



INTERNATIONAL
FERTILITY INSURANCE

Lloyd's Singleton Plan Options (Includes IFI Newborn Negotiation and Billing Management*)

Due at Confirmation of Pregnancy (or on Approval if After Confirmation of Pregnancy)				Due on a Large Claim	
COVERAGE LIMIT	Initial Premium	Policy Administration	IFI Newborn Billing Management*	Activation Premium (only due on larger claims)**	Deductible (only due on larger claims)***
\$100,000	\$7,000	\$1,000	\$1,000	\$8,000	\$20,000
\$250,000	\$9,250	\$1,000	\$1,000	\$5,750	\$30,000
\$350,000	\$11,000	\$1,000	\$1,000	\$4,000	\$40,000

- *Includes **IFI Newborn Negotiation and Billing Management Level 2**. IFI will work with providers to reduce newborn expenses for well baby care (first 1-2 days for a healthy baby to perform tests to confirm baby is ready for release) bill by generally 20-90% (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby Care as of 12/2023 data). \$4,500 is invoiced due by week 20 of pregnancy to cover reduced well baby care bill, which often includes pre-payment discounts. Remaining escrow is returned.
- ****Activation Premium** is the amount needed to activate a large claim exceeding deductible. *****Deductible** is the amount you pay before the insurance company pays a covered claim up to the benefit limit.
- Long standing insurance company operating for more than 300 years.
- Payment is made 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(rare exceptions may apply).
- Ability to upgrade to level 3 IFI Newborn Negotiation and Billing Management for \$250. Ability to add NICU Support (Newborn/Neo-Natal Intensive Care Unit) for \$1,500 (only upon need).
- Refund Policy – 100% is returned, less \$1,000 policy administration fee if there is no live birth.
- Aside from lifesaving surgical procedures within the newborn intensive care unit, treatment for congenital disorders is excluded under the Lloyd's policy.
- Policy is limited to the first 60 days after birth.
- Application takes approximately 5-10 business days from complete submission. Policy is not in force until approved and paid. We suggest applying as soon as confirmation of pregnancy to reduce risk of decline.
- For additional details please inquire or seek a policy specimen.

Potential Scenarios & Costs – All Based on 250k Newborn Insurance Plan

Scenario A:

Healthy Baby – “Well Baby Bill” typically costs \$3,000 to \$10,000***

- Initial Costs
 - Initial Insurance Premium \$9,250 + plan administration \$1,000 + IFI Newborn Billing Management fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks)
 - Escrow for Well Baby Care Costs = \$4,500
 - Sample Well Baby Care Bill \$6,000
 - Average Reduction 45% (As of December 2023) = Savings of \$2,700
 - Reduced Bill = \$3,300
 - \$1,200 Returned to Intended Parents
-

Scenario B:

Baby Arrives Early with 20 Day Intensive Care Unit Stay - Sample NICU/Intensive Care Unit Cost of \$10,000 per Day – Potential Bill \$200,000***

- Initial Costs
 - Initial Insurance Premium \$9,250 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
 - Sample* NICU / Intensive Care Unit Bill of \$200,000
 - Claim Activation Fees Due
 - Activation Premium \$5,750 + Deductible \$30,000 Less \$4,500 already collected = Total Due = \$31,250
 - Lloyds of London Responsibility is \$170,000 (\$200,000 less \$30,000 deductible)
-

Scenario C:

Baby Arrives Early with 60 Day NICU/Intensive Care Unit Stay - Sample NICU/Intensive Care Unit Cost of \$10,000 per Day – Potential Bill \$600,000***

- Initial Costs
 - Initial Insurance Premium \$9,250 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
- Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
- Sample* NICU / Intensive Care Unit Bill of \$600,000
 - Claims Activation Fees Due
 - Activation Premium \$5,750 + Deductible \$30,000 Less \$4,500 already collected = Total Due = \$31,250
 - NICU Billing Management Fee = \$1,500 (NICU Billing Management Fee only on request, for cases exceeding policy limit)
- Sample NICU Bill Reduction
 - Bill \$600,000 – Average Reduction 69% (As of December 2023) = \$414,000 Reduction
 - Sample New Bill \$186,000
- Lloyds of London Responsibility is \$156,000 (\$186,000 less \$30,000 deductible)

*****Sample only. Actual costs and reductions may vary. Taxes added to insurance premiums.
Subject to change. See International Fertility Insurance (IFI) for full details.*****

Potential Scenarios & Costs – All Based on 350k Newborn Insurance Plan

Scenario A:

Healthy Baby – “Well Baby Bill” typically costs \$3,000 to \$10,000***

- Initial Costs
 - Initial Insurance Premium \$11,000 + plan administration \$1,000 + IFI Newborn Billing Management fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks)
 - Escrow for Well Baby Care Costs = \$4,500
 - Sample Well Baby Care Bill \$6,000
 - Average Reduction 45% (As of December 2023) = Savings of \$2,700
 - Reduced Bill = \$3,300
 - \$1,200 Returned to Intended Parents
-

Scenario B:

Baby Arrives Early with 20 Day Intensive Care Unit Stay - Sample NICU/Intensive Care Unit Cost of \$10,000 per Day – Potential Bill \$200,000***

- Initial Costs
 - Initial Insurance Premium \$11,000 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
 - Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
 - Sample* NICU / Intensive Care Unit Bill of \$200,000
 - Claim Activation Fees Due
 - Activation Premium \$4,000 + Deductible \$40,000 Less \$4,500 already collected = Total Due = \$39,500
 - Lloyds of London Responsibility is \$160,000 (\$200,000 less \$40,000 deductible)
-

Scenario C:

Baby Arrives Early with 75+ Day NICU/Intensive Care Unit Stay - Sample Bill \$900,000***

- Initial Costs
 - Initial Insurance Premium \$11,000 + Plan Administration \$1,000 + IFI Newborn Billing Management Fee \$1,000
- Collected by Week 20 (or Immediately on Requests Approved After 20 Weeks) - Escrow for Well Baby Costs = \$4,500
- Sample* NICU / Intensive Care Unit Bill of \$900,000
 - Claims Activation Fees Due
 - Activation Premium \$4,000 + Deductible \$40,000 Less \$4,500 already collected = Total Due = \$39,500
 - NICU Billing Management Fee = \$1,500 (NICU Billing Management Fee only on request, for cases exceeding policy limit)
- Sample NICU Bill Reduction
 - Bill \$900,000 – Average Reduction 69% (As of December 2023) = \$621,000 Reduction
 - Sample New Bill \$279,000
- Lloyds of London Responsibility is \$239,000 (\$279,000 less \$40,000 deductible)

*****Sample only. Actual costs and reductions may vary. Taxes added to insurance premiums.
Subject to change. See International Fertility Insurance (IFI) for full details.*****



IFI Newborn Negotiation and Billing Management



IFI Newborn Negotiation and Billing Management

- The Newborn Insurance plans just reviewed 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 no newborn insurance is acquired, or if costs exceed policy limits, IFI can help negotiate NICU/Intensive Care Unit bills. IFI will work with providers to reduce newborn expenses for well baby care (first 1-2 days for a healthy baby to perform tests to confirm baby is ready for release) bill by generally 20-90% (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby as of 12/2023 data). \$4,500 is invoiced due by week 20 of pregnancy to cover reduced well baby care bill, which often includes pre-payment discounts. Excess is returned.
- IFI also assists with pediatric visit support.
 - *** In cases with no personal insurance that is expected to cover the baby or babies, IFI will refund any portion of our base fee (\$750) that we don't create in savings***
(Does not apply to pediatric visit support, which is more for assistance rather than 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 go without insurance 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">• For Level 1 (unmanaged), IFI presents a plan. For Level 2 and above, 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. Estimates are estimates and subject to change.

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, but rather our management service led by our experienced team of medical billing professionals. We have various levels of service. As of publication of this information, 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 – Unmanaged 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 (Included in conjunction with Lloyds Plans)**
\$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 when possible
 - Instructions on how/where to make payment for remaining balances
 - Payment plan creation and coordination when possible



Travel Emergency Medical Insurance

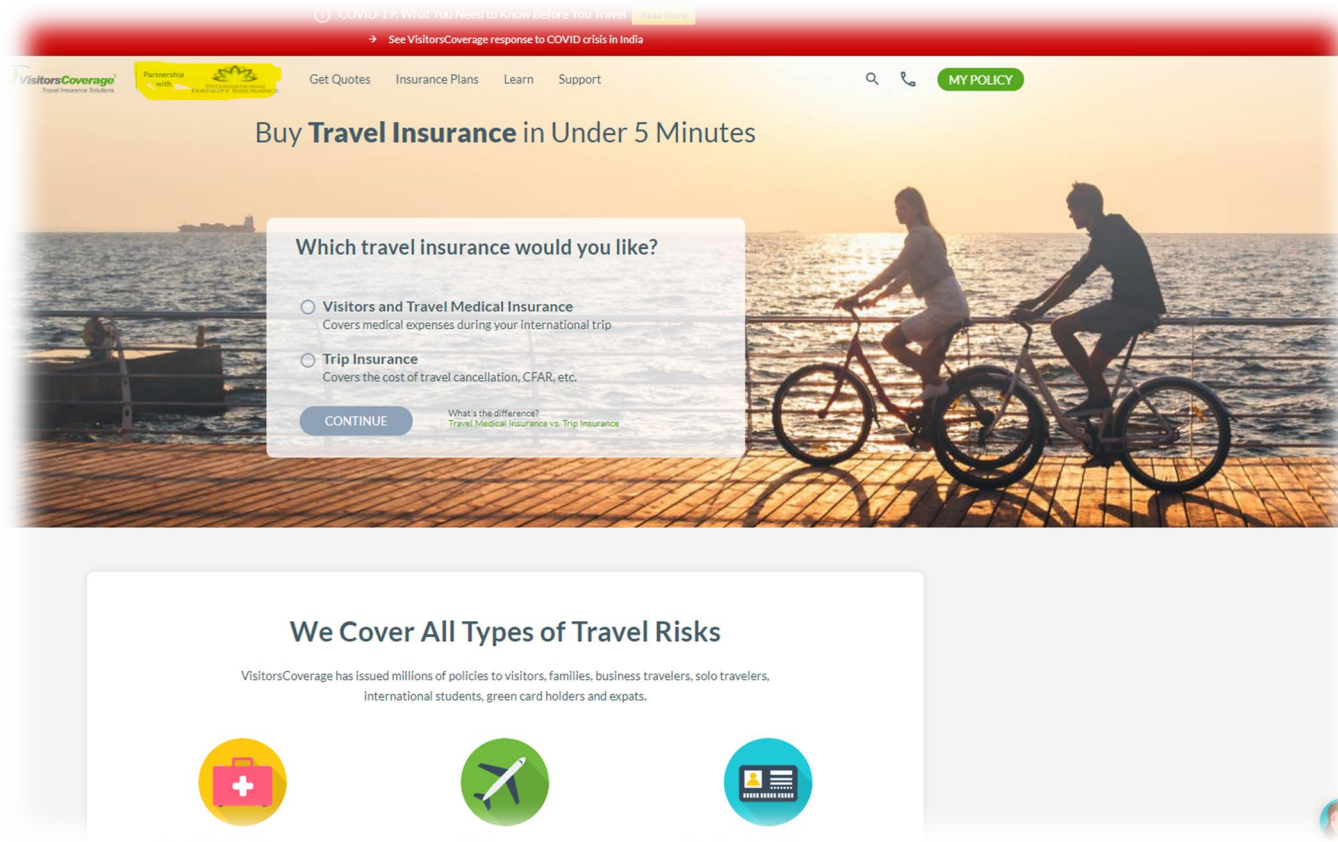


INTERNATIONAL
FERTILITY INSURANCE

Travel Insurance for Intended Parents, Donors and Surrogates

- **Travel Medical Insurance** helps cover unplanned medical needs when traveling abroad from your home country
- **Trip insurance** provides “**Travel Medical Insurance**” and 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 processed 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!



Newborn Coverage for Canadian Births



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 without other insurance that covers newborn medical bills. Commonly this insurance is intended to cover very large medical bills.

Why do I need this?

- Typical needs include:
 - “Well-Baby Care” (the 1–2-night hospital stay for a healthy baby to have applicable tests run prior to releasing the baby.) This is typically \$3,000 to \$10,000. Costs vary.
 - “NICU” (Newborn/Neo-Natal Intensive Care Unit) – this is when a baby is delivered early and needs extra special care. This is typically \$10,000 to \$25,000 per day.
- Without insurance 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?

- Plan availability is ever-changing. It is good to begin discussions as early as upon match. Some plans have historically been needed months before transfer, others not until mid-pregnancy.

Anything else I should know?

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



**Baby Shield
by PassportCard
(formerly David Shield)
(Canada Births only)**



Baby Shield by PassportCard (formerly David Shield)

Key Details (all figures US Dollar)

- Backed by PassportCard (formerly David Shield)
- Available to Intended Parents globally (except Canadians)
- Can only be used for births taking place in Canada.
- Direct Billing, as well as a David Shield Card for any small charges in case any issues arise
- \$5,000,000 in coverage, 500,000 limit if congenital disorders
- No network limitations
- Monthly payment of \$1,200/month, then \$290/month to add baby (from delivery on to add coverage for baby)
- Administrative fees \$670 to Baby Shield, \$750 to IFI
- Ability to cancel, then restart upon a failed transfer
- Single embryo transfer only, though coverage is allowed on split embryo

Negatives

- Must buy 1 month ahead of transfer
- Well baby is not covered (many add IFI Newborn Negotiation service to reduce this cost and arrange payment instructions)
- Policy actively used 2 years, though from a long-standing company. We connect you with the Baby Shield team to have your questions answered to feel confident before buying.

Application Process (generally 2-3 weeks, occasionally longer if additional records requested)

- IFI collects basic details and provides initial education until ready to move process forward.
- When ready for more detailed questions we collect a \$750 administrative fee and connect you with Baby Shield team for application processing and/or any additional questions. This fee is refundable if you do not sign up for the policy.

Special Note

- IFI Newborn Negotiation and Billing Management not mandated though highly suggested with this plan for savings, namely in terms of well baby care along with additional support as your new baby arrives to reduce stress.



IFI Newborn Negotiation and Billing Management



IFI Newborn Negotiation and Billing Management

- The Newborn Insurance plans just reviewed 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 no newborn insurance is acquired, or if costs exceed policy limits, IFI can help negotiate NICU/Intensive Care Unit bills. IFI will work with providers to reduce newborn expenses for well baby care (first 1-2 days for a healthy baby to perform tests to confirm baby is ready for release) bill by generally 20-90% (historical results, no guarantee of future results. Average 69% on NICU, 45% on Well Baby as of 12/2023 data). \$4,500 is invoiced due by week 20 of pregnancy to cover reduced well baby care bill, which often includes pre-payment discounts. Excess is returned. Examples/Data
- IFI above data/results based on US births/management. Results in Canadian market may vary.

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 go without insurance 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">• For Level 1 (unmanaged), IFI presents a plan. For Level 2 and above, 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. Estimates are estimates and subject to change.

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, but rather our management service led by our experienced team of medical billing professionals. We have various levels of service. Note this service is newer in Canada in 2023, so results may vary.

- **We have 4 levels of service:**

- Level 1 – Unmanaged 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 when possible
 - Instructions on how/where to make payment for remaining balances
 - Payment plan creation and coordination when possible



Travel Emergency Medical Insurance

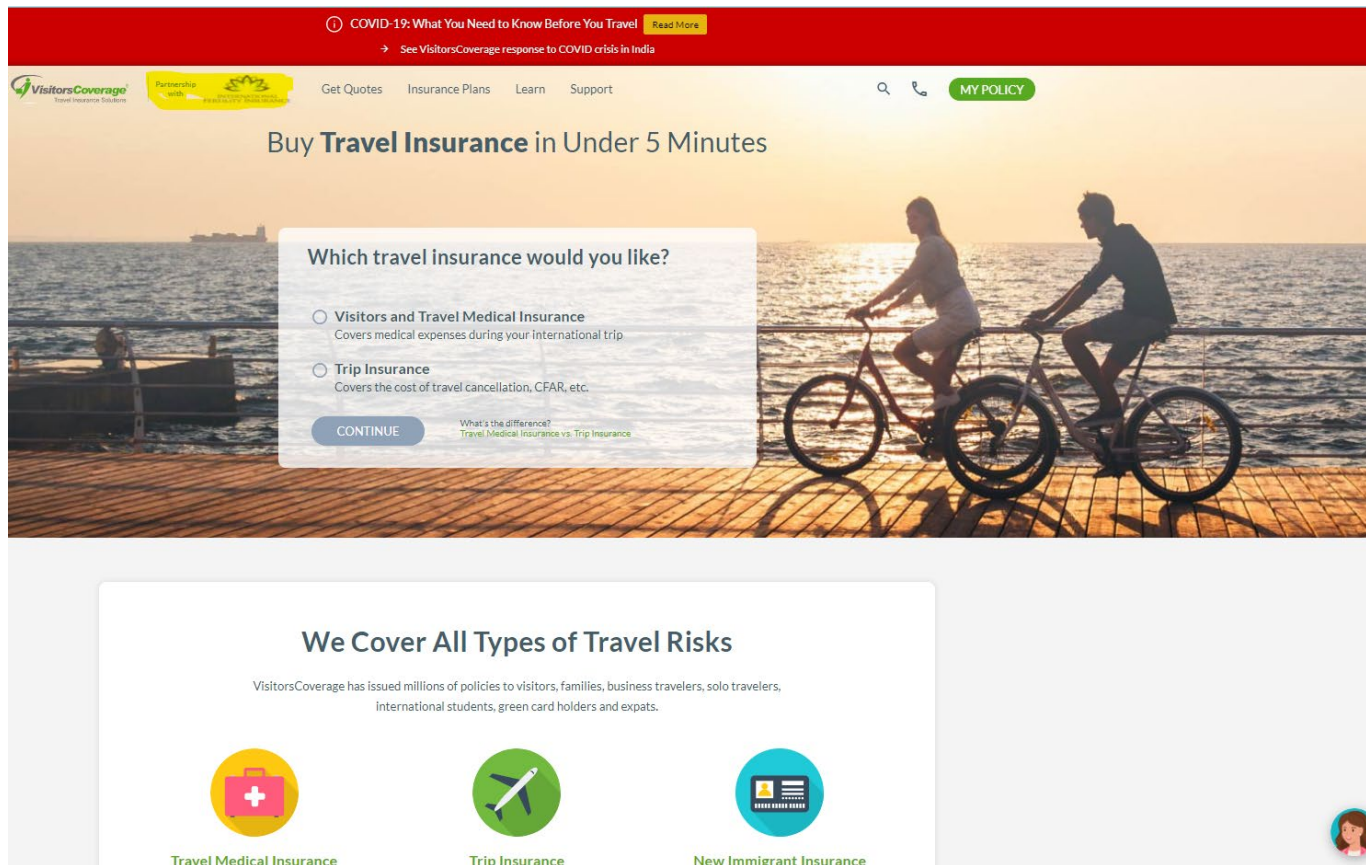


INTERNATIONAL
FERTILITY INSURANCE

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 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 processed 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@goifi.com.



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