



INTERNATIONAL
FERTILITY INSURANCE



Insurance and Management Services Overview

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

We have experience supporting roughly 2,000 Intended Parents each year around the world and 225+ Surrogacy Agencies, Attorneys and Fertility Clinics across the United States, Canada, Mexico, South America, Europe/UK, Israel, Asia, Australia, New Zealand and South Africa. We 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



<p>Life Insurance</p> <p>Surrogate Accidental Death Insurance</p>	<ul style="list-style-type: none"> • Surrogate Accidental Death Policy – No underwriting, no interview, no exam. Optional Add-on coverages <ul style="list-style-type: none"> - Intended Parent - Recovery of Financial Loss - Loss of Reproductive Organs - Permanent Total Disability - Stillbirth - Recovery of Financial Loss - Covid Coverage 		<ul style="list-style-type: none"> • Term Life Insurance – Not recommended, except where contractually needed as process is far more challenging. 	
<p>Surrogate Disability Insurance</p>	<ul style="list-style-type: none"> • Hospital Indemnity • Surrogate Bed Rest Disability 		<ul style="list-style-type: none"> • Disability Insurance Reviews 	
<p>Egg Donor / Surrogate/Recipient IVF Complications Insurance</p> <p>Local Monitoring Management Services</p>	<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 	<p>Local Monitoring Management</p> <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
<p>Surrogate Maternity Insurance</p> <p>Health Insurance Policy Reviews</p> <p>Financial Case Management</p>	<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) • Back-Up Maternity Plan (Previously known as Secondary or Contingency Maternity Insurance) 	<ul style="list-style-type: none"> • Bridge The Gap • Unmanaged Bridge The Gap/Self-Pay/Reimbursement • Short Term Medical 	<ul style="list-style-type: none"> • ACA Search and Policy Placement • ACA Payment Monitoring and Continued Support • ACA Maternity Medical Billing Management
<p>Maternity & IVF Management</p>	<ul style="list-style-type: none"> • Local Monitoring Management / Support 		<ul style="list-style-type: none"> • Medical Billing Management 	
<p>Newborn Insurance and IFI Newborn Billing Management (International and Domestic)</p>	<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 	
<p>Business Insurance Needs (For Agencies, Attorneys, Clinics)</p>	<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
<p>Insurance Resources</p>	<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, NY. For NJ, please inquire about process.
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 35 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; defined as 200% of the rates Medicare deems appropriate for treatment

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



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 (Step 1 if not already complete)

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



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

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

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Coordination of Benefits Review Add On

(+\$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



COORDINATION OF BENEFITS SECTION	
Order of Benefit Determination	
<i>The information below (from the request form) is typically incorrect data in this section could</i>	
Policyholder or Dependent	Dependent- X
Employer Plan	Yes
Is member an Active Employee	Yes
Is this a COBRA, TRICARE, or MEDICAID Policy?	No
Is this a Supplemental Policy?	No
Policy has Coordination of Benefits Section	Yes, page 40
Review Information	
Exclusion for Surrogacy Maternity	Yes, page 39- TREATMENT A
Reimbursement (Lien) language for Surrogacy	No
Restriction on having another Health Insurance Policy?	No
Duty to send a copy of Surrogacy Contract to the Insurance Company?	No
Need to Notify the Insurance Company if holding another Health Insurance Policy?	No
Coordination of Benefits Opinion	
<i>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.</i>	Our opinion is plan if one is p
Recommended Actions for the Surrogate / Agency	
	Consider using Maternity Plan

COORDINATION OF BENEFITS SECTION

PRIORITY OF COVERAGE WHERE COVERAGE IS PROVIDED BY MORE THAN ONE PLAN: The Plan covering the spouse of the Custodial parent; • The Plan covering the spouse of the non-custodial parent; • The Plan covering the spouse of the non-custodial parent Custodial parent is the parent with whom the dependent excluding any temporary visitation. If the dependent child Subparagraph (c)(1) above shall determine the order of benefits as if those in (i) The Plan that covers a person as an active employee is as a retired or laid-off employee is the secondary Plan. T an active employee and that same person is a dependent does not have this rule, and as a result, the Plans do not rule does not apply if the rule labeled (b) can determine provided pursuant to COBRA or under a right of continuation under another Plan, the Plan covering the person as an e the person as a dependent of an employee, member, sul state or other federal continuation coverage is the secor as a result, the Plans do not agree on the order of benefi rule labeled (b) can determine the order of benefits. The member, policyholder, subscriber or retiree longer is the shorter period of time is the secondary Plan. If there is c coverage shall have primary responsibility unless prohibi Covered Participants of this Plan or another Central Stat the preceding rules do not determine the order of benef between the Plans meeting the definition of Plan.



ORDER OF BENEFIT DETERMINATION RULES SECTION

CONTI



When the Surrogate has Multiple Insurance Policies

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

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

General Information

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

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

[Slides – IFI Maternity Medical Billing](#)

[Management](#)

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Medical Billing Management

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



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Maternity 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**

Maternity Medical Billing Management (Continued)

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

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

What else should I know?

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

What is commonly ordered?

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

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

Maternity Medical Billing Management - Testimonials From Surrogates

“As far as billing throughout my journey, any and all **issues stemmed from my hospital**. No matter how many times I instructed them on the details of my surrogacy and how insurance and billing should work, **they never listened**. **Thankfully, I was able to hand over all of these issues to my IFI medical billing coordinator to handle the back and forth**. As my final bill arrived after delivery, I sent it in to my billing specialist and **much to my surprise, she 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 for your patience while we discussed this case internally. First, I want to **thank you again for all of the blood, sweat and tears you have put into helping us**. Second, both companies have done their due diligence to assist with this situation up to and including scheduling calls he requested and then did not show (multiple times). “

“**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**.”

Maternity Medical Billing Management - Testimonials From Intended Parents

“Good news! The single 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 both *great* questions. I'm going to ask them! We really really appreciate this!”

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

“Hi, M.B. and I read through the secure email thread from you today. 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.”



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)
- Ability to start on this plan and move to ACA if more favorable

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

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

What else should I know about it?

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

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



Step 1 - Maternity Cost Estimate

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

Step 2 - Application / Underwriting

Application materials and medical records are submitted to review your surrogate for approval (~5-10 days).

At this point a deductible is set, which is \$19,000, or the estimated cost of an uncomplicated pregnancy as noted in the maternity cost estimate, whichever is higher. (May be higher with high-cost providers, twins or unfavorable underwriting result.)

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

We collect the following:

- **\$4,750** - This covers the **underwriting review of medical records, medical billing management and support throughout the pregnancy, delivery and post-partum and 25% down payment on the Lloyd’s of London insurance plan** to secure the right to use it if major complications arise.
- The **maternity cost estimate amount** to fund the pregnancy bills (for example \$16,000 if the maternity cost estimate was \$16,000). Our **experienced medical billing management team manages the escrow, analyzes each bill and coordinates all payments.**

Step 4 - Delivery

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

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

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

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

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

Sample Maternity Cost Estimate

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

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

Potential Scenarios & Costs

Scenario A:

- Maternity Cost Estimate Provided
 - **Parents don't move forward, or no confirmation of pregnancy**
 - Overall Cost: \$250

Scenario B:

- **Actual Cost for Maternity Services is \$15,000** (less than expected)
 - Return of Excess Escrow: -\$1,000
 - Overall Cost: \$20,000
 - (\$5,000 initial insurance premium deposit & fees + \$15,000 medical services)

Scenario C:

- **Actual Cost for Maternity Services is \$16,000** (as expected)
 - Return of Excess Escrow: \$0
 - Overall Cost: \$21,000
 - (\$5,000 initial insurance premium deposit & fees + \$16,000 medical services)

Scenario D:

- **Actual Cost for Maternity Services is \$18,000** (due to minor complications)
 - Additional Escrow Funds Needed: \$2,000
 - Overall Cost: \$23,000
 - (\$5,000 initial insurance premium deposit & fees + \$18,000 medical services)

Scenario E:

- **Actual Cost for Maternity Services is \$200,000** (due to Major Complications)
 - Additional Escrow Funds Needed: In this case, \$3,000 (Intended parents are responsible for the higher of \$19,000 deductible or the estimated uncomplicated pregnancy maternity costs + 20% provider medical expense variation buffer)
 - **higher with high-cost providers, twins, or poor underwriting results*
 - Overall Cost: ~\$31,800
 - (\$5,000 initial insurance premium deposit & fees + \$19,000 medical services up to the set deductible + ~\$7,800 remainder of the premium to activate the Lloyd's policy)

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

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

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

IFI Maternity - Bridge The Gap to ACA

Potential Scenarios & Costs

Scenario F: Moving to ACA Plan – Uncomplicated Maternity

- Sample Cost for Maternity Services until ACA: \$3,000
- Sample ACA Shared Costs by the end of journey: \$4,000
- Return of Excess Escrow Funds: \$9,000
 - (\$16,000 escrow *minus* 3,000 initially used on IFI plan, *minus* \$4,000 additional used while on ACA plan)
- **Overall Cost: \$12,000 plus the cost of monthly ACA premiums**
 - (\$5,000 initial insurance premium deposit & fees + \$3,000 used before ACA + \$4,000 used with ACA)

Scenario G: Moving to ACA Plan – Complicated Maternity

- Sample Cost for Maternity Services until ACA: \$3,000
- Sample ACA Out of Pocket Maximum: \$7,000*
- Initial Return of Excess Escrow Funds: \$6,000
 - (\$16,000 escrow *minus* \$3,000 used initially used on IFI plan, *minus* \$7,000 max out of pocket met on ACA plan = \$6,000)
- Total ACA Shared Costs by the end of journey: \$7,000*
- Final Return of Excess Escrow Funds: \$0
 - (\$7,000 escrow *minus* \$7,000 additional used = \$0)
- **Overall Cost: \$15,000 plus the cost of monthly ACA premiums**
 - (\$5,000 initial premium deposit & fees + \$3,000 used before ACA + \$7,000 used with ACA)

*** ACA Individual Maximum Out of Pocket varies, can be as high as \$9,450, higher for family deductible as relevant.**

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

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

Included Additional Benefits:

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

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

Commonly ~ \$500-\$600 per month



**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/Secondary)

What is it?

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

What does it cover?

- Uncomplicated or complicated surrogate pregnancy and delivery costs after primary insurance fails and no other options fit.

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

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

What else should I know about it?

- **Potential reasons primary insurance can fail, 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**, change in view on surrogacy coverage at insurer or employer plan administrator level
 - Change in plan restrictions at **state or national level**
 - **Insurance companies leaving** your surrogate's market
 - Vetted In-Network Providers not/no longer accepting new patients
 - Vetted In-Network Providers not accepting Surrogates
 - Vetted In-Network Providers not accepting plans than appear to be subsidized
 - Vetter In-Network Provider withdraws from network
 - Change in **marital status**
 - **Review** of insurance could be **incorrect**

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
- **This policy is only activated a handful of times each year, but when it is the claims tend to be \$50,000 to \$250,000** (if the bill is small Intended Parents will commonly just pay the bill out of pocket without activating coverage)
- 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.





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 \$9,450 ("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.

ACA 2024 – Service Levels – Agency Clients

Service Item	Comprehensive \$2,645	Standard \$845
Present Available Policy Options Present options for policies with surrogacy-friendly language. Plan choice guidance via email.	✓	✓
Confirm Providers are in Network Check to verify that the requested preferred providers are in network. Note: It may not be possible to find a plan with the requested providers in network	✓	✓
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	✓	✓
Personalized Consultation We will meet with the intended parents to review the results of our research for help selecting a plan.	✓	✓
Monthly Premium Payment Verification 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: Questions - Changes - Policy Cancellation (separate charge in 2024) Note: Does not include support for medical billing issues	✓	✓
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	✓	

Basic Search \$495 (does not include payment monitoring, ongoing support for questions on providers or coverage throughout journey, or medical billing management)

Key Dates

2023

October							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
39							1
40	2	3	4	5	6	7	8
41	9	10	11	12	13	14	15
42	16	17	18	19	20	21	22
43	23	24	25	26	27	28	29
44	30	31					

October 9 - Columbus Day
 16th - Start Accepting ACA Requests

November							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
44			1	2	3	4	5
45	6	7	8	9	10	11	12
46	13	14	15	16	17	18	19
47	20	21	22	23	24	25	26
48	27	28	29	30			

November 23-24 Thanksgiving Day
 27th - Last Day for 12/15
 Enrollment Deadline Requests

December							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
48					1	2	3
49	4	5	6	7	8	9	10
50	11	12	13	14	15	16	17
51	18	19	20	21	22	23	24
52	25	26	27	28	29	30	31

December 25 - Christmas Day
 8th - Last Day for 12/31
 Enrollment Deadline Requests
 22nd - Last Day for 1/15
 Enrollment Deadline Requests

2024

January							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
1	1	2	3	4	5	6	7
2	8	9	10	11	12	13	14
3	15	16	17	18	19	20	21
4	22	23	24	25	26	27	28
5	29	30	31				

January 1 - New Year's Day
 15 - MLK Birthday
 12th - Last Day for 1/31
 Enrollment Deadline Requests

February							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
5				1	2	3	4
6	5	6	7	8	9	10	11
7	12	13	14	15	16	17	18
8	19	20	21	22	23	24	25
9	26	27	28	29			

February 19 - President's Day

March							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
9					1	2	3
10	4	5	6	7	8	9	10
11	11	12	13	14	15	16	17
12	18	19	20	21	22	23	24
13	25	26	27	28	29	30	31

ACA 2024 – Process Flow



Request

Agency completes and submits the [ACA Request Form](#)
Submitter receives email acknowledgement
IFI is notified, and our system is updated



Research

Case is assigned internally at IFI, and research begins
Case is added to the [Agency Status Sheet](#)
Research is completed
Results are reviewed internally
Once approved, results are sent to agency
Results consultation if needed



Enroll

Plan selection is made
Enrollment appointment request is sent to surrogate
Appointment is scheduled
Enrollment completed
Agency & Surrogate receive completion email
Agency receives plan documents and policy review



when ordering

[Standard Service Level](#)

Payment monitoring process will begin
Ongoing Support & Maintenance

[Comprehensive Level](#)

Payment monitoring will begin
We will reach out for additional Information
IFI Billing Management Case Manager is assigned
IFI Case Manager will reach out to agency
Agency to notify IFI when COP is reached
At COP, Billing Management process begins



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



INTERNATIONAL
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The Importance of Payment Monitoring (IFI Standard Service Level)

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

Excerpts from actual emails we've received

“...when I called, they said that because the premium payment was technically due on...so the policy was still terminated.”

“...and 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?”

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

“...can you please help us understand why she received this and that she has a total due of \$...”

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

“...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...”



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



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Maternity Insurance Solutions – Medical Billing Management

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

What is it?

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

What does it cover?

Surrogate's maternity medical billing account management including:

- Review of medical bills for accuracy to **avoid excessive charges and double billing**
- Ensure payments and adjustments are **applied properly toward appropriate areas of the insurance contract (deductibles, co-pays, co-insurance, maximum out of pocket)**
- OBGYN global **fee pre-payments**
- **Specialist/Maternal Fetal Medicine**
- **Hospital facility charges**
- **Labs, ultrasounds and diagnostic testing**
- Bills related to **complications of pregnancy**
- **Provide agency or intended parents (when not using an agency) with estimates**
- **Manage escrow funds and payments to providers**
- **Mitigate issues through steady communication with providers**

Maternity Medical Billing Management - Testimonials From Surrogates

“As far as billing throughout my journey, all **issues stemmed from my hospital**. No matter how many times I instructed them on the details of my surrogacy and how insurance and billing should work, **they never listened**. **Thankfully, I was able to hand over all of these issues to my IFI medical billing coordinator to handle the back and forth**. As my final bill arrived after delivery, I sent it in to my billing specialist and **much to my surprise, she 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 for your patience while we discussed this case internally. First, I want to **thank you again for all of the blood, sweat and tears you have put into helping us**. Second, both companies have done their due diligence to assist with this situation up to and including scheduling calls he requested and then did not show (multiple times).”

“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.”

Maternity Medical Billing Management - Testimonials From Intended Parents

“Good news! The single 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 both *great* questions. I'm going to ask them! We really really appreciate this!”

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

“Hi, M.B. and I read through the secure email thread from you today. 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.”



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



The Importance of the Back Up Maternity Plan

**One Carrier Even Left Middle of the Year*

Carriers are Planning to Leave Certain Markets in 2024

Ascension	IN, KS, MI TN, TX	Exiting Multiple Counties
CareSource	Arizona Iowa Kansas	Exiting Pinal & Gila Counties Only No longer offering Individual Health Plans No longer offering Individual Health Plans
Cigna	Utah Missouri Colorado North Carolina	Exiting Weber and Utah Counties Only No longer offering Individual Health Plans
Friday	Oklahoma Nevada Georgia	No longer offering Individual Health Plans
Oscar	California	No longer offering Individual Health Plans

In 2023 4 “Surrogate-Friendly” Carriers Exited Markets

- 1. Bright HealthCare:** Exited the Individual Market in 6 states: IL, NM, OK, SC, UT, & VA
- 2. CareSource:** Exited the Athens and Gainesville areas in Georgia
- 3. Friday Health Plans:** Exited the Individual Market in 2 states: NM – TX
- 4. Oscar** – Exited the Individual Market in 2 states: AR – CO

These will be (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 an 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 - Lloyd's Back-up Maternity](#)

[Slides - Lloyd's Back-up 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 - Lloyd's Secondary Maternity](#)

[Slides - Lloyd's Secondary Maternity](#)

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

What is it?

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

What does it cover?

- Uncomplicated or complicated surrogate pregnancy and delivery costs after primary insurance fails and no other options fit.

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

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

What else should I know about it?

- **Potential reasons primary insurance can fail, 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**, change in view on surrogacy coverage at insurer or employer plan administrator level
 - Change in plan restrictions at **state or national level**
 - **Insurance companies leaving** your surrogate's market
 - Vetted In-Network Providers not/no longer accepting new patients
 - Vetted In-Network Providers not accepting Surrogates
 - Vetted In-Network Providers not accepting plans than appear to be subsidized
 - Vetter In-Network Provider withdraws from network
 - Change in **marital status**
 - **Review** of insurance could be **incorrect**

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
- **This policy is only activated a handful of times each year, but when it is the claims tend to be \$50,000 to \$250,000** (if the bill is small Intended Parents will commonly just pay the bill out of pocket without activating coverage)
- 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.



ACA 2024 – Upcoming Webinars



Professionals Webinars

9/13 Wednesday 10:00 am PT: IFI ACA Webinar - Agency Best Practices

9/27 Wednesday 10:00 am PT: IFI ACA Webinar Session 2

10/4 Wednesday: Importance of Back-Up Maternity, Standard & Comprehensive service levels

10/11 Wednesday: ACA Session 3 - final updates

10/25 Wednesday: When ACA doesn't fit – IFI Surrogacy Maternity Plan

11/15 Wednesday: ACA Session 4 – Mid Open Enrollment Update

12/6 Wednesday: ACA Session 5 – Mid Open Enrollment Update

1/3/24 Wednesday: ACA Email Update (not a webinar)

IP Webinars

Session 1 – Tuesday **10/3**

Session 2 - Thursday **10/26**

Session 3 – Thursday **11/16**

Session 4 – Thursday **11/30**

Session 5 – Thursday **12/7**

Session 6 – Thursday **12/21**



ACA Plans (Affordable Care Act) For Independent 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 \$9,450 ("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.

ACA 2024 – Service Levels – Independent Matches

Service Item	Comprehensive \$2,645	Standard \$845
Present Available Policy Options Present options for policies with surrogacy-friendly language. Plan choice guidance via email.	✓	✓
Confirm Providers are in Network Check to verify that the requested preferred providers are in network. Note: It may not be possible to find a plan with the requested providers in network	✓	✓
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	✓	✓
Personalized Consultation We will meet with the intended parents to review the results of our research for help selecting a plan.	✓	✓
Monthly Premium Payment Verification 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: Questions - Changes - Policy Cancellation (separate charge in 2024) Note: Does not include support for medical billing issues	✓	✓
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	✓	

Key Dates

2023

October							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
39							1
40	2	3	4	5	6	7	8
41	9	10	11	12	13	14	15
42	16	17	18	19	20	21	22
43	23	24	25	26	27	28	29
44	30	31					

October 9 - Columbus Day
 16th - Start Accepting ACA Requests

November							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
44			1	2	3	4	5
45	6	7	8	9	10	11	12
46	13	14	15	16	17	18	19
47	20	21	22	23	24	25	26
48	27	28	29	30			

November 23-24 Thanksgiving Day
 27th - Last Day for 12/15
 Enrollment Deadline Requests

December							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
48					1	2	3
49	4	5	6	7	8	9	10
50	11	12	13	14	15	16	17
51	18	19	20	21	22	23	24
52	25	26	27	28	29	30	31

December 25 - Christmas Day
 8th - Last Day for 12/31
 Enrollment Deadline Requests
 22nd - Last Day for 1/15
 Enrollment Deadline Requests

2024

January							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
1	1	2	3	4	5	6	7
2	8	9	10	11	12	13	14
3	15	16	17	18	19	20	21
4	22	23	24	25	26	27	28
5	29	30	31				

January 1 - New Year's Day
 15 - MLK Birthday
 12th - Last Day for 1/31
 Enrollment Deadline Requests

February							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
5				1	2	3	4
6	5	6	7	8	9	10	11
7	12	13	14	15	16	17	18
8	19	20	21	22	23	24	25
9	26	27	28	29			

February 19 - President's Day

March							
Wk	Mo	Tu	We	Th	Fr	Sa	Su
9					1	2	3
10	4	5	6	7	8	9	10
11	11	12	13	14	15	16	17
12	18	19	20	21	22	23	24
13	25	26	27	28	29	30	31

ACA 2024 – Process Flow

Request

Agency completes and submits the [ACA Request Form](#)
Submitter receives email acknowledgement
IFI is notified, and our system is updated



Research

Case is assigned internally at IFI, and research begins
Case is added to the [Agency Status Sheet](#)
Research is completed
Results are reviewed internally
Once approved, results are sent to agency
Results consultation if needed



Enroll

Plan selection is made
Enrollment appointment request is sent to surrogate
Appointment is scheduled
Enrollment completed
Agency & Surrogate receive completion email
Agency receives plan documents and policy review



If ordering

[Standard Service Level](#)

Payment monitoring process will begin
Ongoing Support & Maintenance

[Comprehensive Level](#)

Payment monitoring will begin
We will reach out for additional Information
IFI Billing Management Case Manager is assigned
IFI Case Manager will reach out to agency
Agency to notify IFI when COP is reached
At COP, Billing Management process begins



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



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The Importance of Payment Monitoring (IFI Standard Service Level)

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

Excerpts from actual emails we've received

“...when I called, they said that because the premium payment was technically due on...so the policy was still terminated.”

“...and 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?”

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

“...can you please help us understand why she received this and that she has a total due of \$...”

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

“...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...”



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



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Maternity Insurance Solutions – Medical Billing Management

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

What is it?

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

What does it cover?

Surrogate's maternity medical billing account management including:

- Review of medical bills for accuracy to **avoid excessive charges and double billing**
- Ensure payments and adjustments are **applied properly toward appropriate areas of the insurance contract (deductibles, co-pays, co-insurance, maximum out of pocket)**
- OBGYN global **fee pre-payments**
- **Specialist/Maternal Fetal Medicine**
- **Hospital facility charges**
- **Labs, ultrasounds and diagnostic testing**
- Bills related to **complications of pregnancy**
- **Provide agency or intended parents (when not using an agency) with estimates**
- **Manage escrow funds and payments to providers**
- **Mitigate issues through steady communication with providers**

Maternity Medical Billing Management - Testimonials From Surrogates

“As far as billing throughout my journey, all **issues stemmed from my hospital**. No matter how many times I instructed them on the details of my surrogacy and how insurance and billing should work, **they never listened**. **Thankfully, I was able to hand over all of these issues to my IFI medical billing coordinator to handle the back and forth**. As my final bill arrived after delivery, I sent it in to my billing specialist and **much to my surprise, she 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 for your patience while we discussed this case internally. First, I want to **thank you again for all of the blood, sweat and tears you have put into helping us**. Second, both companies have done their due diligence to assist with this situation up to and including scheduling calls he requested and then did not show (multiple times).”

“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.”

Maternity Medical Billing Management - Testimonials From Intended Parents

“Good news! The single 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 both *great* questions. I'm going to ask them! We really really appreciate this!”

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

“Hi, M.B. and I read through the secure email thread from you today. 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.”



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



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The Importance of the Back Up Maternity Plan

**One Carrier Even Left Middle of the Year*

Carriers are Planning to Leave Certain Markets in 2024		
Ascension	IN, KS, MI TN, TX	Exiting Multiple Counties
CareSource	Arizona Iowa Kansas	Exiting Pinal & Gila Counties Only No longer offering Individual Health Plans No longer offering Individual Health Plans
Cigna	Utah Missouri Colorado North Carolina	Exiting Weber and Utah Counties Only No longer offering Individual Health Plans
Friday	Oklahoma Nevada Georgia	No longer offering Individual Health Plans
Oscar	California	No longer offering Individual Health Plans

In 2023 4 “Surrogate-Friendly” Carriers Exited Markets

- Bright HealthCare:** Exited the Individual Market in 6 states: IL, NM, OK, SC, UT, & VA
- CareSource:** Exited the Athens and Gainesville areas in Georgia
- Friday Health Plans:** Exited the Individual Market in 2 states: NM – TX
- Oscar** – Exited the Individual Market in 2 states: AR – CO

These will be (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 an 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 - Lloyd's Back-up Maternity](#)

[Slides - Lloyd's Back-up 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 - Lloyd's Secondary Maternity](#)

[Slides - Lloyd's Secondary Maternity](#)

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

What is it?

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

What does it cover?

- Uncomplicated or complicated surrogate pregnancy and delivery costs after primary insurance fails and no other options fit.

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

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

What else should I know about it?

- **Potential reasons primary insurance can fail, 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**, change in view on surrogacy coverage at insurer or employer plan administrator level
 - Change in plan restrictions at **state or national level**
 - **Insurance companies leaving** your surrogate's market
 - Vetted In-Network Providers not/no longer accepting new patients
 - Vetted In-Network Providers not accepting Surrogates
 - Vetted In-Network Providers not accepting plans than appear to be subsidized
 - Vetter In-Network Provider withdraws from network
 - Change in **marital status**
 - **Review** of insurance could be **incorrect**

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
- **This policy is only activated a handful of times each year, but when it is the claims tend to be \$50,000 to \$250,000** (if the bill is small Intended Parents will commonly just pay the bill out of pocket without activating coverage)
- 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.



ACA 2024 – Upcoming Webinars



Professionals Webinars

9/13 Wednesday 10:00 am PT: IFI ACA Webinar - Agency Best Practices

9/27 Wednesday 10:00 am PT: IFI ACA Webinar Session 2

10/4 Wednesday: Importance of Back-Up Maternity, Standard & Comprehensive service levels

10/11 Wednesday: ACA Session 3 - final updates

10/25 Wednesday: When ACA doesn't fit – IFI Surrogacy Maternity Plan

11/15 Wednesday: ACA Session 4 – Mid Open Enrollment Update

12/6 Wednesday: ACA Session 5 – Mid Open Enrollment Update

1/3/24 Wednesday: ACA Email Update (not a webinar)

IP Webinars

Session 1 – Tuesday **10/3**

Session 2 - Thursday **10/26**

Session 3 – Thursday **11/16**

Session 4 – Thursday **11/30**

Session 5 – Thursday **12/7**

Session 6 – Thursday **12/21**



Surrogate Life Insurance and Related Options



The Basics of Surrogate Accidental Death and Additional Coverages

What is it?

- **Surrogacy friendly coverage of risk that Surrogate passes away from pregnancy complications 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
 - **COVID** – Adds COVID to list of covered death reasons
 - **Permanent Disability** – Pays selected amount to Surrogate if she suffers a permanent injury. Many choose this to cover the contractual period after the birth should they owe her money related to injury.

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

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

What else should I know about it?

- Prorated refunds available as needed
- Higher rates for ages 41-45 (ask as needed)
- **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
 - COVID is added based on personal decision

***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
Premium including death related to COVID-19 (plus taxes and fees) ***	\$380	\$525	\$795	\$965	\$1,205	\$1,395
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.



Surrogate Accidental Death – COVID Coverage Terms

- Warranted that Surrogate meets the “Preferred Surrogate Criteria” (found in “Important Policy Underwriting Information” slides/section).
- IFI is pleased to announce there is no longer a vaccine requirement to qualify for coverage and rates are reducing 25% - target date to order at reduced rates is late September 2023.
- Coverage is limited to death from COVID-19 only and does not extend to Permanent Disability or Loss of Reproductive Organs or Stillbirth coverage.

Subject to change, please read your policy carefully.

Stillbirth Coverage

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

- Must meet preferred criteria
(found in “Important Policy Underwriting Information” slides/section)
- PLUS
 - No history of stillbirth
 - 35 or under

Frequently Asked Questions

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

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

- Q: Who is the insurance company?
- A: Lloyd’s of London

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 NH, 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

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

*Surrogate must fit preferred criteria (See "Important Policy Underwriting Section/Slides) with no history of physician ordered bedrest to qualify.

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

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

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

See policy specimen for full details. Subject to change.

Surrogate Bedrest Disability - Frequently Asked Questions

Q. When does coverage begin?

A: Coverage starts at confirmation of pregnancy.

Q. When does coverage end?

A: Coverage ends at normal childbirth. 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 (v2.0 and v3.0) – Shorter Term Coverage

Financial support when Surrogate is hospitalized with 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 (up to 30 days per year)
 - + Once a year Emergency Room benefit (\$300)
 - + Once a year Ambulance Benefit (\$150)

Sample Pricing

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

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

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

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

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

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



Hospital Indemnity – Shorter Term Coverage

Product Availability - Updated States List

Unavailable Completely

- Florida and New York

Unavailable to Purchase From:

- New Jersey

New 4.0 Version

- Alabama, Alaska, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, Nevada, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin and Wyoming.

3.0 / 2.0 versions

District of Columbia, Indiana, Maryland, Ohio, Oregon, Pennsylvania, Rhode Island, Virginia, Washington and Wyoming.

See policy specimen for full details.

Important all parties understand intended use of claims benefit.



Coverage for US Based Intended Parents



INTERNATIONAL
FERTILITY INSURANCE

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/Neonatal 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.
- ****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

Coverage For United States Based Intended Parents

Coverage for Your Expanding Family

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.

- Examples include:
 - **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



INTERNATIONAL
FERTILITY INSURANCE

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)

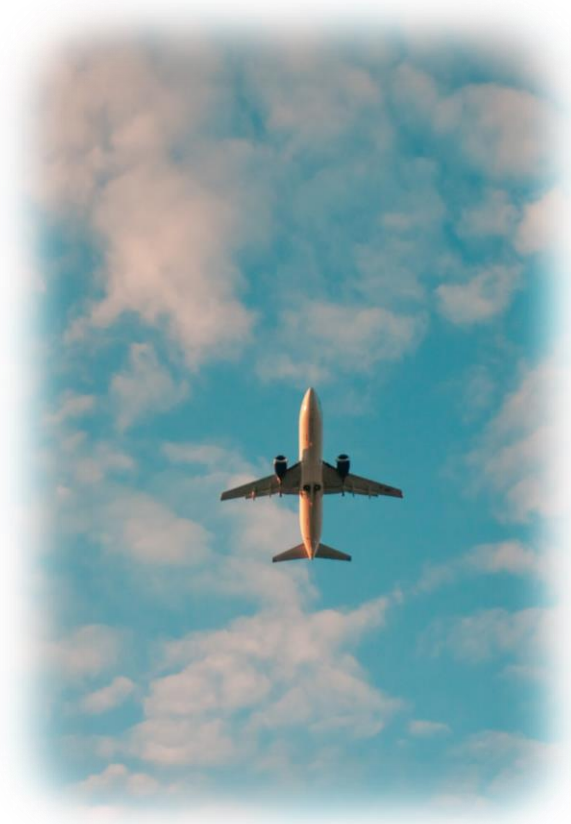
 - Level 1 plus
 - Collecting and maintaining escrow (Newborn Cost Estimate amount)
 - Review and evaluation of bills, payment of bills, zero balance statement (complete ledger summary at account closing)
 - Level 3 – Newborn Negotiation and Billing Management and Pediatric Appointment Support**

\$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



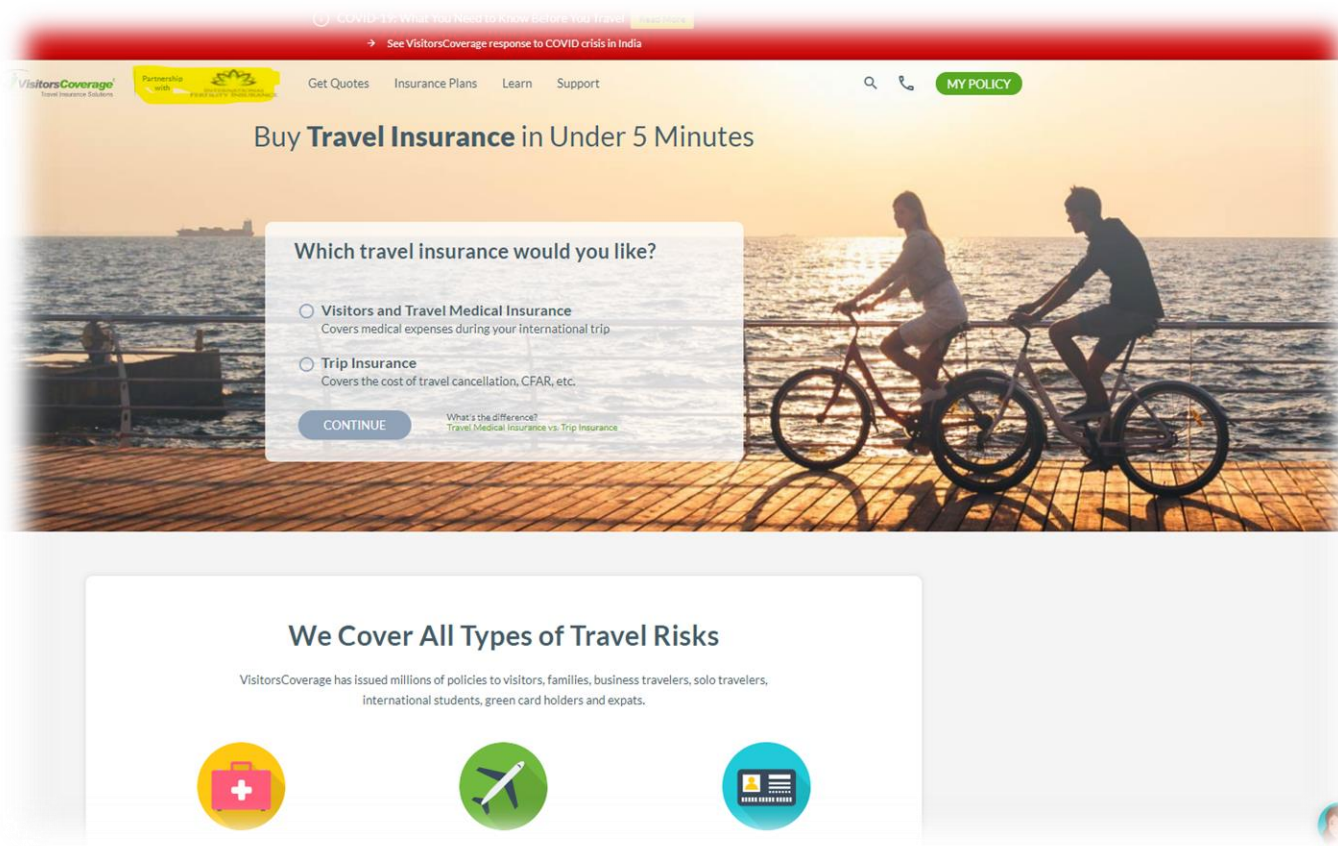
Travel Emergency Medical Insurance



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.

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

- **Bupa Global:** Needs to be in place 10 months before birth. Ordering 4+ months before transfer suggested.
- **David Shield's "Baby Shield":** Needs to be in place 1 month before transfer. 5,000,000 USD in 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 above plan limits.
- **Travel Insurance:** Many find this useful to accompany newborn insurance to cover medical needs of internationally travelling intended parents or others travelling with intended parents. Options to cover trip cancellation costs as well.



Bupa Global
(non-US births only, for Europeans only)



Newborn and Travel Insurance

- **Bupa Global:** An international travel health plan for one of the Intended Parents, which adds the newborn or even newborns as a dependent(s). 2 Options includes the largest coverage limit at over \$5,000,000 and comprehensive Intended Parent coverage as well. **Purchased ~4+ months in advance of transfer. Best chance for approval due to being prior to pregnancy.** Limited to Intended Parents from most European countries (Switzerland, Poland, Germany and Ireland excluded, unless Intended Parents have a home in another acceptable European country. Must have policy 10 months in order to add baby/babies without underwriting.
- If this plan does not meet your needs we offer alternative options that are more expensive and lower coverage levels but do exist if this doesn't fit your timeline or needs.

Additional Service Illustrated

- **Travel Insurance:** Many find this useful to accompany newborn insurance to cover medical needs of internationally travelling additional intended parents or others travelling with intended parents. Options to cover trip cancellation costs as well.

Bupa

About Bupa

- Founded in 1947
- Headquartered in the UK/United Kingdom
- ~85,000 Employees
- ~31,000,000 Customers
- More info <https://www.bupaglobal.com/en>

Pros

- Coverage for Newborns with or without complications
- Relatively easy underwriting – Underwriting is of Intended Parent(s) and prior to any potential pregnancy complications
- Monthly Payment Options
- Highest coverage limit ~\$5,100,000 (Elite Plan)
- International health coverage for insured Intended Parent
 - Many ways to utilize to reduce your overall cost
- Birth in Canada or other countries

Cons

- Must have for 10 months prior to birth to be able to add baby (suggest applying 4 or more months pre-transfer to avoid not reaching 10 months)
- Unavailable in some markets
- Intended Parent/Parents are underwritten, significantly “unhealthy” parents would be declined
- **Bupa will not cover US births**

Application Process

- IP Application and quote (general turnaround about 10 days)
- **Special Hold Harmless Note** – We have done extensive research on this plan, and have approvals in writing to use it, however it is new to use for covering babies of surrogacy and we advise Intended Parents to ask questions in pursuit of making their own informed decision in these early stages of using it. The contract is between Intended Parent(s) and BUPA.

Please read policy carefully – See Bupa for any clarification – Subject to Change



About the SIP Medical Family Office®

IFI works with SIP on Bupa Global applications. The SIP Medical Family Office® is the world-leading independent consultant for International Health Management and Global Health Insurance, based in Zurich, Switzerland. For 25 years, individuals, families and companies as well as their advisors have been relying on our expertise to protect their health around the world.

About SIP

- Founded in 1997
- Headquartered in Switzerland
- More info www.sip.ch

Independent insurance broker

- Licensed insurance intermediary by FINMA in Switzerland under SIP Switzerland AG
- Licensed insurance intermediary by the FMA in Liechtenstein under SIP Europe AG
- Licensed insurance intermediary by the FCA in the United Kingdom under SIP MFO Ltd
- Working with more than 20 international health insurance providers

Contact

- Email: zurich@sip.ch
- Phone: +41 44 266 6111

Bupa International Health Plan Overview

- International Health Insurance Plan designed for global citizens and frequent travelers that is also able to cover babies through surrogacy when certain timelines are met
- Elite Plan assists with newborn medical expenses incurred from birth, including intensive care after birth, newborn well baby care, childhood check-ups, and more. Coverage also applies after return to home country.
- Plan provides many benefits for the insured Intended Parent(s)
 - Useful to offset the cost of the plan
- Newborn can be added to the policy without underwriting
(Assuming you have been insured with Bupa on appropriate policy for at least 10 months)
- Approximately \$5,100,000 of coverage limit on Elite, or \$2,500,500 on Premier
- Monthly payments available, and ability to cancel with 14 days notice
- Covid-19 is covered for all insured members
- No medical provider network restrictions
- Direct billing is commonly available
- Ability to Add Children
 - Elite Plan - Up to 2 babies able to be covered at no additional cost per Intended Parent assuming timelines met – additional children would incur a charge
 - Premier Plan – cost of approximately €2,900 - €3,800 per year per baby to add. You may not need a full year though and monthly payments are available.

Application Process

- Quote (~2-3 days)
- Intended Parent Application (~7-10 days)



Bupa

COVERAGE	Premium	Discounts
COST	<p>Approximately €5,000 - €15,000/year * Price Varies Based on Age, Country and Plan Selection</p>	<p>Adding 15% to 25% Outpatient Co-Insurance will provide discount of approximately 10-15% *Reflected in Pricing Range</p>
RESTRICTIONS	<p>Currently Available for European and UK based Intended Parents Not Available for Intended Parents from: Switzerland, Poland, Germany, Ireland (Unless second home in acceptable market, or for German residents on case by case for expat non-permanent residents)</p>	
	<p>Policy must be in place 10 months before a child can be added without underwriting – this generally means applying 16-18+ weeks ahead of transfer to reach this goal in case of premature birth</p>	
BENEFITS	<p>No underwriting of newborns, if policy in place 10 months prior to birth. Ability to add baby/babies for free on Elite, or for a fee on Premier.</p>	
	<p>Includes travel health coverage and many health insurance benefits throughout the coverage period for intended parent(s)</p>	
	<p>Covers complications with very high limits \$2,500,500 - \$5,100,000 (varies based on plan selection)</p>	

Please read policy carefully – See Bupa for any clarification- Subject to Change



Extensive Private Coverage for Intended Parent

(Elite Plan shown, Premier plan has reduced benefits / shared expenses)

International (Worldwide, Even in Home Country) Health Insurance Plan Designed for Global Travel

Benefit	Details	Limit per person / year	Waiting period
Health Screenings and Check-ups	Examples include: Cholesterol, blood sugar level, liver and kidney function tests, blood pressure, cardiac risk assessment, breast exam, cervical exam, prostate exam, skin cancer, bone density	\$ 1,700	10 Months
Vaccinations	Examples include: Childhood Immunizations, Human Papiloma Virus, Influenza, Travel Vaccination, Anti-Malaria	\$ 1,700	None
Preventative Dental	Examples include: Check-ups, X-rays, cleaning, polish, gum shield and more	\$ 4,200 – Combined Limit	6 months
Routine dental	Examples include: Fillings, root canal treatment, tooth extraction, anaesthesia	\$ 4,200 – Combined Limit	6 Months
Orthodontics	Examples include: Check-ups, removal of baby teeth, braces, retainers	\$ 4,200 – Combined Limit	12 Months
Eye Exam/Test	One test per policy year	Paid in full	None
Visual aids	Frames, lenses, contacts	\$ 4,200 – Combined Limit	None

Please read policy carefully – See Bupa for any clarification





Baby Shield
by David Shield
(Canada Births only)



Baby Shield by David Shield

Key Details (all figures US Dollar)

- Backed by 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

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- 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.
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- **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)

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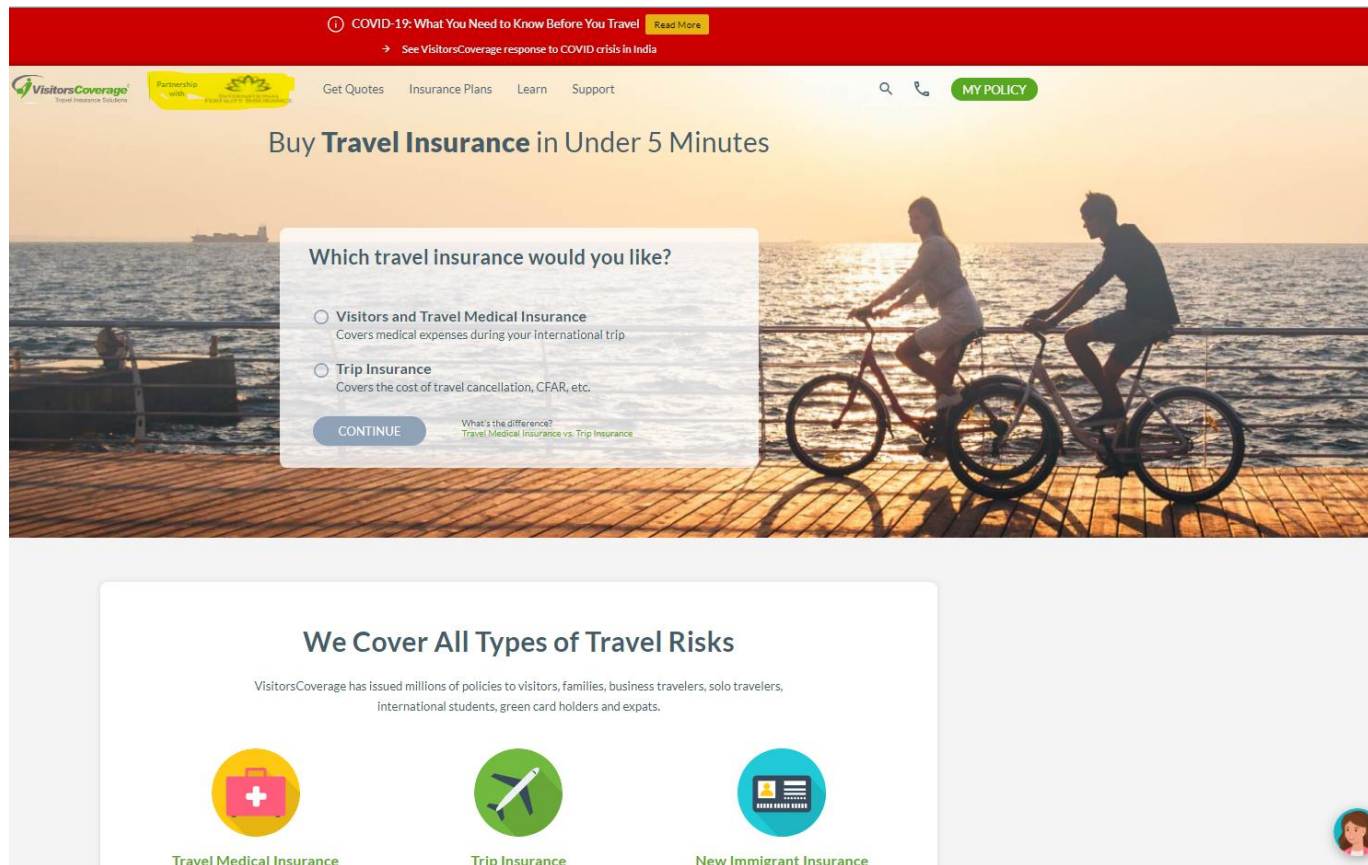
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Travel Insurance Portal



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 - 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.