

Surrogate Health Insurance Services:

- \$275: Surrogate Health Insurance Verification (\$350 During Open Enrollment)
 - We contact the insurance carrier to determine whether the policy is surrogacy compatible.
 - A detailed written report is provided, offering a comprehensive explanation of the policy's terms and coverage.
 - We verify the policy's expiration date and renewal date for the following year's plan, as coverage and exclusions may change annually.
 - A consultation is available for intended parents, the surrogate, the clinic, or the agency to address any questions regarding the policy review.

Late Submission Fees

To ensure timely processing, verification requests submitted within three days or fewer of the respective State's Open Enrollment deadline, will incur additional fees: \$100 for submissions made three days prior, \$150 for those submitted the day before, and \$200 for requests sent to us on the final day of Open Enrollment. These fees are in addition to the standard verification fees and are necessary to cover the increased staffing costs required for prompt and accurate processing. These fees are non-refundable in the case of extenuating circumstances including, but not limited to, a retroactive extension of the Open Enrollment period.

\$200: Surrogate Health Insurance Re-Verification (\$250 During Open Enrollment)

- Health insurance verifications are valid for a limited period, with our reviews remaining valid for up to one calendar year.
- Each initial review includes the policy's renewal date to help determine when a re-verification may be necessary.
- If a surrogacy cycle extends into the following year, the surrogate's health insurance must be
 re-evaluated to identify any changes to coverage, exclusions, or policy terms for the
 upcoming year.
- This service applies only to policies we have previously reviewed, and the insured's policy number must remain the same as during the initial verification.



Late Submission Fees

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\$450: Health Insurance Search and Submission

- We conduct a thorough search within the surrogate's zip code to identify all available surrogacy-compatible health plans. We evaluate each plan based on the following three qualifying criteria to determine the best option:
 - Surrogacy Compatibility: Ensuring the plan explicitly permits surrogacy-related coverage.
 - Network Coverage: Confirming the plan is accepted at the surrogate's preferred delivery hospital and by her OB-GYN.
 - Cost Efficiency: Selecting the plan with the lowest total annual costs, including the monthly premium and maximum out-of-pocket expenses.
- We assist with completing and submitting the application to the insurance carrier, along with the first month's premium payment. We then follow up with the carrier until enrollment is confirmed and a member ID number is issued.
- Once the member ID number is assigned, we will draft a comprehensive insurance review of the plan—at no additional cost—and provide it to the agency, attorney, or intended parents.

Important Note Regarding Provider Selection

To ensure the selected health plan includes the surrogate's preferred OB-GYN and delivery hospital as in-network providers, this information must be included on our **Health Insurance Request Form** at the time of submission. If provider details are missing, we cannot guarantee the chosen plan will accommodate these preferences. Should this information be provided after plan enrollment, additional fees may apply for further research to verify the correct medical group and/or to explore plan changes (if within Open Enrollment).

Late Submission Fees

To facilitate timely processing and review, health insurance search and submission requests received within three days or fewer of the respective state's Open Enrollment deadline, will incur the following additional fees: \$150 for submissions made three days prior, \$200 for those submitted the day before, and \$250 for requests sent to us on the final day

Arc Light Insurance Services, Inc.



of Open Enrollment. These late fees are in addition to the standard verification fees and are necessary to offset increased staffing costs required for prompt and accurate processing. These fees are non-refundable in the case of extenuating circumstances including, but not limited to, a retroactive extension of the Open Enrollment period.

Health Insurance Medical Group Search and Placement:

- \$200: Surrogate Health Insurance Medical Group Search and Placement
 - Assistance in locating or transitioning to a compatible medical group within an existing health insurance plan.
 - We conduct a comprehensive search to identify medical groups that align with the surrogate's current health plan and ensure the selected OB-GYN and delivery hospital are considered in-network providers.
 - A complimentary consultation is provided for intended parents, the surrogate, the clinic, or the agency to discuss best practices for selecting a primary beneficiary and contingent beneficiaries for the life insurance policy.

Life Insurance for Surrogates:

- \$350: Surrogate Life Insurance Search and Placement
 - Comprehensive search and placement of a compatible life insurance policy for the surrogate in her state of residence.
 - Assistance with completing and submitting all required applications for the selected plan.
 - A complimentary consultation with intended parents, the surrogate, the clinic, or the agency
 to provide guidance on best practices for selecting a primary beneficiary and any contingent
 beneficiaries for the policy.
 - Coordination of all outstanding carrier requirements, including scheduling tele-interviews, arranging paramedical exams, and facilitating requests for additional information during underwriting.

Health Insurance Payment Plans: For Surrogates and Newborns



(These plans can be added to any individual health insurance policy, regardless of whether we are the broker of record or when the policy was originally written)

- This service ensures that all monthly premium payments for the surrogate or newborn's health insurance policy are made on time for the duration you choose.
- In addition to processing payments, we monitor claim statuses each month to ensure claims are processed correctly. If a claim is denied, closed without payment, or delayed, we investigate the issue and provide the necessary information to the carrier for resolution.
- Each month, we submit a requisition for funds to the attorney trust account. Once the
 premium payment is received, we make the payment to the carrier on behalf of the
 surrogate or newborn.
- We provide monthly invoices and payment confirmations to the attorney trust account for transparency and record-keeping.
- This process ensures continuous and accurate payments, preventing policy lapses due to missed payments.
- Clients can trust that we are actively monitoring their claims and will notify them of any issues while ensuring the surrogate's policy remains active and in good standing.

Available Payment Plans:

- \$750: 15-Month Payment Plan
- \$660: 12-Month Payment Plan
- \$540: 9-Month Payment Plan
- \$390: 6-Month Payment Plan
- \$210: 3-Month Payment Plan
- \$80: 1-Month Payment Plan

Refund Policy:

If the premium payment plan is subsequently canceled, refunds will not be issued for the final two months of the plan's duration. This policy primarily applies to **9-month**, **12-month**, **and 15-month payment plans** and is in place due to administrative costs and the financial commitments required to ensure uninterrupted policy management.

Newborn Insurance Services:



- \$300: Newborn Insurance Search (Fee is per search, not per baby)
 - Contact insurance carrier(s) to determine coverage details, exclusions, and policy limitations.
 - Verify that the policy considers the delivery hospital as an In-Network Facility.
 - Confirm that the policy includes the OB-GYN as an In-Network Provider.
 - Provide intended parents (IP) and/or the agency with a detailed explanation of the policy reviewed, along with recommendations for any necessary supplemental policies.
 - Offer a complimentary consultation with intended parents and/or the agency to discuss insurance options in case of premature birth, including strategies for managing potential NICU expenses.
 - This search can be conducted at any time during the current calendar year, though we strongly recommend completing it well in advance of your expected delivery date.
 Understanding your insurance options early allows for informed decision-making and better financial planning for your baby's arrival.
- \$350: Newborn Insurance Submission (Fee is per baby)
 - Complete and submit the newborn's health insurance application(s) to the carrier, including the first month's premium payment.
 - Monitor the application process and follow up with the carrier until policy enrollment is confirmed and a member ID number is issued.
 - Once the member ID number is generated, we will promptly provide it to the intended parents, agency, or hospital billing department to ensure seamless insurance processing.
 - Directly contact the **hospital where the newborn was delivered** to provide all necessary insurance information.
 - Follow up with the hospital to confirm that the newborn's policy has been processed correctly and to address any potential complications with the newly acquired coverage.

Hospital Bill, Cash-Pay Negotiation Plans for Newborns:

Negotiation and reconciliation of all hospital costs related to the newborn's medical care.
 ArcLight Insurance will communicate directly with the healthcare facility on behalf of the intended parents to negotiate a more favorable settlement on hospital fees associated with the birth.



Refund Guarantee: Our guarantee is simple—if we are unable to reduce your hospital fees by
at least five times the amount of our service fee, we will provide a full refund, regardless of
how long we have worked on your case.

Fee Structure:

- \$1,500 For claims up to \$25,000
- \$3,000 For claims between \$26,000 and \$100,000
- \$4,000 For claims between \$101,000 and \$150,000
- \$5,000 For claims between \$151,000 and \$300,000
- \$6,000 For claims between \$301,000 and \$500,000
- \$7,500 For claims between \$501,000 and \$750,000
- \$10,000 For claims between \$751,000 and \$1,000,000
- TBD (Case-by-Case Basis) For claims over \$1,000,000