



SURROGATELITE

PREGNANCY COVERAGE

SURROGATELITE Pregnancy Coverage is the gold standard and will ensure your surrogate is protected throughout the pregnancy - without the uncertainties that the other limited insurance options provide you. Sage provides you the peace of mind to ensure your surrogacy journey is smooth and handled by the best in the industry. Our concierge service is second to none.

ABOUT US

Our association was started to help fill a void in the reproductive industry. Surrogate pregnancy coverage is available 365 days.

WHY CHOOSE US ?

We let you know upfront the total cost of this policy and exactly what it covers. There are no surprise expenses.

WHAT MAKES US DIFFERENT?

We are an association that is dedicated to helping our members build their family safely.

WHY SURROGATELITE?



Contractual Commitment

We are not an insurance policy, we use an indemnity policy to protect your family.



NO Balanced Billing

Unlike other products we do not use balanced billing to hide the true costs of our coverage.



No CO-Pays or Deductibles

We use a flat-fee pricing structure for all of our covered expenses.

EMAIL US AT:

Info@SageFamilyAssociation.com

One of the Sage International Family Association Member Benefits that can help you through gestational surrogacy is our SURROGATELITE Pregnancy Coverage, available to all members of our association. Pregnancy coverage provides parents protection for the pregnancy-related medical expenses for their gestational surrogate during their pregnancy. Sage International Family Association is NOT an insurance company. We use an indemnity policy to protect your family throughout your journey.

Coverage Comparisons

	Sage International Family Association	Current Fertility Policies	Traditional Health Insurance Policies
Nationwide Network	✓	✓	✓
Guaranteed <i>not</i> to have a lien	✓	✓	
Open Enrollment 365 Days a Year	✓	✓	
Guaranteed to Cover Surrogate Pregnancies	✓	✓	
No Co-Pays	✓		
No Deductibles	✓		
Concierge Phone Line	✓		

SURROGATELITE TIMELINE

Below is a step-by-step guide to navigating the process of our SURROGATELITE Pregnancy Coverage. The quick links in the right column are provided for your convenience. Please use this welcome packet as a guide for your surrogacy journey. If you have any questions, please feel free to Email us at:

Info@SageFamilyAssociation.com

1 Become a Member	Click Here to sign up for our Lifetime Family Membership for \$99.
2 Parents Complete Sage Participation Agreement	Click Here to Complete Our SURROGATELITE Participation Agreement.
3 Surrogate Completes SURROGATELITE Application	Click Here to go to the online SURROGATELITE Application Form
4 Medical Authorization from IVF Doctor	Click Here to go to the Medical Authorization Form
5 Contracts Finalized / Policy Payment Completed	Send Initial Payment to Association
6 SURROGATELITE Pregnancy Care Coverage Issued	Surrogate Receives SURROGATELITE Pregnancy Care Coverage Cards
7 Download Application to Smartphone	Download Edison / Sage SURROGATELITE Pregnancy Coverage App from App Store
8 Embryo Transfer Complete	Surrogate Becomes Pregnant
9 HeartBeat Confirmation via Ultrasound	Send Final Payment of to Association
10 SURROGATELITE Concierge Phone	888-562-BABY (4784)

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Pregnancy Coverage

Premium:	Option 1: \$30,000	Due upon pregnancy confirmation via heartbeat ultrasound.
	Option 2: \$32,500	
Policy Transfer:	\$16,250	Due upon execution of Gestational Surrogacy Agreement.
	\$16,250	Due upon end of first trimester 12 weeks gestation.
	\$350	Fee to transfer to a new surrogate. Policy will continue as stated if transfer unsuccessful due to miscarriage or loss of pregnancy.
Coverage:	Maximum Coverage:	\$500,000 (<i>any one pregnancy and in the aggregate</i>)
	In-Patient Bed Rest:	\$1,000 per day up to 30 days (<i>any one pregnancy, pre-authorization required</i>)
	Embryo Splits:	+\$20,000 (<i>if embryo splits into a healthy twin pregnancy</i>).
	Fetal Ultrasounds:	Limit six per pregnancy.
	Fetal NST's:	One per week for singleton, two per week for twins* after 32 weeks gestation. Prior to 32 weeks based upon med. necessity.
Criteria:	<ul style="list-style-type: none">• Surrogates between the age of 21 and 40; individual applicants greater in age may be eligible at policy terms to be agreed upon.• Satisfactory and completed application form (including Physician Medical Authorization).• The gestational surrogate has no adverse medical conditions and/or known or existing and/or prior medical conditions that may be cause for concern of any medical complications related to the pregnancy and childbirth.• Medical Services to be provided in the United States.• Pre-certification of surrogate's pregnancy, and childbirth-related medical services.• Surrogates must have no more than 3 previous cesarean sections.• Surrogates must have no more than 4 previous pregnancies.• No prior history of pre-eclampsia.• No prior history of hypertension or pregnancy-induced hypertension requiring hospitalization.• No prior history of diabetes or gestational diabetes.• No prior deliveries earlier than six (6) months prior to embryo transfer.	



SURROGATELITE

Medical Qualifications

To be accepted into the SURROGATELITE Pregnancy Coverage program, each surrogate's medical records must be completely reviewed. These medical records shall include but are not limited to her complete OB/GYN records for each of her pregnancies, complete delivery records for each of her births, and her most recent pap results. Her most recent pap results must have been within the last 36 months. If the surrogate does not have complete records of a birth within the last 5 years (60 months), she must automatically get a clearance letter from a licensed OB/GYN stating that she is healthy enough for pregnancy given the length of time since her last birth.

Furthermore, upon review of all her pregnancy-related medical records, a surrogate shall be recommended or denied following the chart below.

Strict Automatic Denial from Program – These items are automatic denials; these women will not be allowed in the program.

Recommended After Receiving An OB/GYN Clearance Letter – If any of these items are present in the medical records, the potential surrogate would need to get a clearance letter that states this item is not a concern and she is healthy enough for an uncomplicated pregnancy.

MINIMUM CYCLES POST BIRTH CONTROL

- Depo – one cycle after shot due date
- Mirena / IUD – one cycle
- Nexplanon – one cycle

INCIDENT WAITING PERIOD

- Ectopic – six weeks
- D & C – six weeks to six months

MEDICATIONS

- Hydroxyzine – discontinue prior to cycle
- Gabapentin – discontinue prior to cycle
- Adderall – off for 30 days and CL stating okay to continue pregnancy
- Psychological Medications – Need 1 year post medications or as delineated by psychologist/psychiatrist

STRICT AUTOMATIC DENIAL

- Third Nerve Palsy
- Preeclampsia in last pregnancy
- HELLP (ever)
- Cardiovascular hematologic disease
- Alloimmunization (Anti Knell and Anti Duffy)
- Placenta previa in last pregnancy
- Placental abruption
- Cardiac ablation
- Stint in heart
- Bicornuate uterus
- Nephrotic Syndrome
- B cell lymphoma
- Cerclage
- Cholestasis in last pregnancy
- RBC positive anti E
- Enzyme deficiency
- Uncontrolled Gestational Diabetes
- Protein S deficiency
- Thrombocytopenia, lifetime diagnosis
- Hepatitis C antibodies
- Vasa Previa
- Von Willebrand
- Past Hep C but cured
- Alpha Thalassemia
- Sickle Cell Anemia
- Heart Murmur unresolved
- Lupus
- Medicated Gestational Diabetes
- Suicidal tendencies
- HTN and Protein in Urine - Denial due to potential preeclampsia if noted
- Urine Protein Levels - 3+ flagged in last pregnancy
- ALL Beta Blockers usage
- More than 3 cesarean section deliveries

W / OBGYN CLEARANCE LETTER (CL)

- Preeclampsia in prior pregnancy with uncomplicated pregnancy after
- Preeclampsia mentioned in records but labs contradict
- Bell's Palsy - Peri CL
- Hypothyroidism - CL and current
- Thyroid levels under 2.5 (1.5 - 2.5)
- Current ovarian cysts - CL once removed
- Celiac disease - CL from treating physician
- IBS - CL from treating physician
- Cervical cancer prior to pregnancy - CL
- Blood transfusion at delivery for anemia
- Gestational hypertension
- Graves - CL and labs showing thyroid levels under 2.5 (1.5 - 2.5)
- Endometriosis - CL stating it won't affect pregnancy
- Tummy tuck
- Twins delivered sooner than 34 weeks
- Hernia surgery
- LEEP procedure
- Thrombocytopenia, delivery only diagnosis
- CIN atypical cells
- Anemia during pregnancy with blood transfusions - Current CBC and CL from hematologist
- HPV / LSIL / HSIL / "dirty" pap
- Fibromyalgia, no meds
- Terbutaline - After 30 weeks pregnancy
- Estrogen-based Cancer
- Ovarian/Uterine Cancer in Immediate family
- Singleton Birth B/F 36 weeks' gestation
- Last Baby weight under 6 pounds - needs CL if due to IUGR
- Previous Surrogacy - size of baby not important unless IUGR/Placenta issues