



OOCYTE DONOR/RECIPIENT COMPLICATION COVERAGE

IMPORTANT: This brochure provides only a brief summary of the Program available for sale under Policy series C11695DBG. The Program provides insurance for covered accidents only while Insureds are participating in Covered Activities as described herein.

Insurance underwritten by:
National Union Fire Insurance Company of Pittsburgh, Pa.
with its principal place of business in New York, NY ("the Company")



This brochure is valid in all states EXCEPT LA, ME, MN, NC, NH, NY, OR, SC and SD.
In addition, this brochure is valid in AK for law firms only;
and valid in FL, IL and OH for healthcare workers only.



Eligibility

Description of Class

Class 1: All clients of the covered Egg Donor organization (“the Policyholder”) who are volunteer egg donors between the ages of 18 and 40 and who are: a) medically approved by a Health Care Provider; b) have signed a Contract with the Policyholder; c) are treated by a Health Care Provider; and d) participate in the Covered Activities; and all clients of the Policyholder who are sole egg recipients and who are: a) medically approved by a Health Care Provider; b) have signed a contract with the Policyholder; c) are treated by a Health Care Provider; and d) participate in the Covered Activities.

Class 2: All clients of the Policyholder who are volunteer egg donors between the ages of 18 and 40 and who are: a) medically approved by a Health Care Provider; b) have signed a Contract with the Policyholder; c) are treated by a Health Care Provider; and d) participate in the Covered Activities not included in Class 1.

When Are They Covered (“Covered Activities”)?

Covered Activity I: For the Donor: participation as an egg (oocyte) donor in enrolled and approved Policyholder sanctioned and supervised egg harvesting procedures including coverage during, and complications arising from, initial hormonal injections, ultrasound exams and actual oocyte retrieval procedures, performed by a Health Care Provider. **For the Recipient:** participation as an egg (oocyte) recipient in enrolled and approved Policyholder sanctioned and supervised egg implantation procedures performed by a Health Care Provider.

Health Care Provider means a medical facility, physician, or group of physicians that have met all current licensing and training requirements for the provision of human egg transplant services in the state in which such services are performed and have been approved by the Policyholder. Health Care Providers must be located within the United States.

Covered Activity II: For the Donor: while traveling directly to and from Covered Activity I. **For the Recipient:** while traveling directly to and from Covered Activity I.

Plan Costs

Primary Coverage	
Class 1	\$455 per Insured per Procedure
Class 2	\$386 per Insured per Procedure
Excess Coverage	
Class 1	\$350 per Insured per Procedure
Class 2	\$297 per Insured per Procedure

Insured’s Effective and Termination Dates

An Insured’s coverage under the Policy begins on the latest of: 1) the Policy effective date; 2) the date for which the first premium for the Insured’s coverage is paid; or 3) the date the person becomes a member of an eligible class of persons as described in the Eligibility section. An Insured’s coverage under the Policy ends on the earliest of: 1) the date the Policy is terminated; 2) the premium due date if premiums are not paid when due, or 3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Eligibility section. Termination of coverage will not affect a claim for a covered loss that occurred while the Insured’s coverage was in force under the Policy.

Benefits and Coverage Limits

Benefit descriptions may vary depending on the state of issue.

Accidental Death

If Injury results in the death of the Insured within 365* days of the date of the accident causing the Injury, the Company will pay 100 percent of the Accidental Death Benefit Maximum Amount.

*The incurral period of 365 days does not apply in PA.

Accident Medical Expense Benefit

If the Insured suffers an Injury that requires treatment by a physician within 90 days of the date of the accident causing the Injury, the Company will pay the usual and customary charges incurred for medically necessary Covered Accident Medical Services¹, up to the Accident Medical Expense Maximum Amount for all Injuries caused by the same accident. Benefits are payable for covered charges incurred within 52 weeks of the date of the accident causing the Injury.

Options are available for Accident Medical Expense Benefits to be provided on a primary or excess basis, where available. Primary coverage means that the Policy provides coverage for covered accident medical expenses regardless of other insurance coverage available to the Insured. Excess coverage means that covered accident medical expense benefits under the Policy are paid only after benefit payments for such expenses are exhausted under the Insured’s other valid and collectible insurance. If the Insured has no other insurance in place, then covered accident medical expenses benefits are paid on a primary basis. Excess coverage is not available in ID and OK.

Weekly Accident Indemnity

If, as a result of an Injury, an Insured is rendered totally disabled within 30 days of the accident that caused the Injury, the Company will pay a benefit after 1 day of total disability due to that Injury in any one period of disability, retroactive to the first day of total disability in that period of disability. The amount of the benefit per week is the lesser of: 1) \$300; or 2) 66 2/3% of weekly earnings. The benefit is payable weekly, so long as the Insured remains totally disabled due to that Injury in that period of disability, up to a maximum of 52 weeks. No benefits are payable if the Insured had no earnings at the time of the accident causing the Injury from an occupation, job or work being performed at that time. This benefit is not available in CA.

Paralysis Benefit

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis:

Type of Paralysis	Percentage of Maximum Amount
Quadriplegia	100%
Triplesia**	75%
Paraplegia	75%
Hemiplegia	50%

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Triplesia” means the complete and irreversible paralysis of three limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and

irreversible paralysis of the upper and lower limbs of the same side of the body. “Limb” means entire arm or entire leg. If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

**Triplesia is not available in RI.

Limitation on Multiple Benefits

If an Insured suffers one or more losses from the same accident for which amounts are payable under the Accidental Death Benefit and Paralysis Benefit, the maximum amount payable under these Benefits combined will not exceed the amount payable for the largest of one of these losses.

Aggregate Limit

The maximum amount payable under the Policy may be reduced if more than one Insured suffers a loss as a result of the same accident, and if amounts are payable for those losses under one or more of the following Benefits provided by the Policy: Accidental Death Benefit, Paralysis Benefit. The maximum amount payable for all such losses for all Insureds under those benefits combined will not exceed the amount shown as the Aggregate Limit. If the combined maximum amount otherwise payable for all insureds must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual maximum amount otherwise payable for each Insured for all such losses under all those benefits combined.

Benefit Schedule

(some coverages may not be available to certain groups or in certain states)

Class 1 and Class 2

Covered Activity I Benefits	Maximum Benefit Amount
Accidental Death	\$100,000
Paralysis	\$100,000
Accident Medical Expense	\$250,000
Deductible	\$0
Benefit Period	52 weeks
Weekly Accident Indemnity	\$300 or 66.67% of Weekly Earnings (whichever is less)
Elimination Period	1 day
Maximum Duration	52 weeks

Covered Activity II Benefits	Maximum Benefit Amount
Accidental Death	\$25,000
Aggregate Limit Per (Applies to both Covered Activities)+	\$100,000

+ Aggregate Limit does not apply in MS.

1 Covered Accident Medical Service(s) means any of the following services: a) services of a Physician; b) private duty nursing by a registered nurse (R.N.); c) laboratory tests; d) radiological procedures; e) anesthetics and the administration of anesthetics; f) blood, blood products and artificial blood products, and the transfusion thereof; g) physical therapy and occupational therapy; h) rental of durable medical equipment; i) artificial limbs, artificial eyes or other prosthetic appliances; j) medicines or drugs administered by a Physician or that can be obtained only with a Physician’s written prescription; k) use of an ambulatory medical center; l) Hospital’s most common charge for semi-private room and board (or room and board charge in an intensive care unit), Hospital ancillary services (including but not limited to use of the operating room or emergency room); m) ambulance service to or from a Hospital.

Policy Exclusions

(Exclusions may vary depending on the state of issue. State specific variations will be contained in the issued policy.)

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury.
2. sickness, disease or infections of any kind; except bacterial or pyogenic infections which result from an Injury.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. participation in any team sport or any other athletic activity, except participation in a Covered Activity.
6. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.)
7. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is: (a) riding as a passenger in any aircraft not licensed for the transportation of passengers for hire; (b) performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
8. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
9. the Insured being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
10. mental or nervous disorders, or psychological complications.
11. pregnancy or abortion.
12. cost of actual procedures relating to the testing, harvesting and implantation of human eggs (oocytes).

Accident Medical Expense Benefit Exclusions

(Exclusions may vary depending on the state of issue. State specific variations will be contained in the issued policy.)

In addition to the above Policy Exclusions, Accident Medical Expense benefits are not payable for, and usual and customary charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Maximum Benefit Amount;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight;
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense);
6. any charge for medical care for which the Insured is not legally obligated to pay;
7. care, treatment or services provided by an Insured or by an immediate family member;
8. routine physical exam and related medical services;
9. personal comfort or convenience items, such as but not limited to, hospital telephone charges, television rental, or guest meals while confined in a hospital.

Definitions

(Definitions may vary depending on the state of issue. State specific variations will be contained in the issued policy.)

Injury means bodily injury caused by an accident or complications of an accident that: 1) occurs while the Policy is in force as to the person whose injury is the basis of claim; 2) occurs while such person is participating in a Covered Activity; and 3) results directly and independently of all other causes in a covered loss.

Insured means a person: 1) who is a member of an eligible class of persons as described under the Eligibility section above; 2) for whom premium has been paid; and (3) while covered under the Policy.

Oocyte Donor (Egg Donor) / Recipient Complication Insurance

PROSPECTIVE POLICYHOLDER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Website: _____ Nature of Business: _____

PREVIOUS INSURANCE

If no prior coverage, check here ☐

Name of present carrier (attach a copy of current contract, if available) _____

Premium/Loss History: Please attach detailed premium and loss runs. Provide at least five years history. If Premium and loss runs are not available, complete the chart below.

Term	Earned Premium	Incurred Losses	Number of Losses

Number of Procedures per Year _____ Maximum Age: 40 Minimum Age: 18

Requested Date of Coverage: From _____ To _____

[Continued >](#)



PREMIUMS

Excess

Class 1 - \$350 Per Insured Per Procedure
Class 2 - \$297 Per Insured Per Procedure

Primary

Class 1 - \$455 Per Insured Per Procedure
Class 2 - \$386 Per Insured Per Procedure

PREMIUM REMITTANCE

How are premiums to be paid? All donors/recipients will be reported and premium will be paid on the 10th day of the month following the date for which coverage applies.

PARTICIPATION

Minimum number of Eligible Persons per year is five (5).

COVERAGE OPTIONS *(excess coverage not available in ID and OK)*

☐ Excess ☐ Primary

PRODUCER INFORMATION

Email the completed questionnaire to the below producer or contact the producer with any questions.

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Fertility Insurance Program

Brown & Brown Lone Star Insurance Services, Inc.

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Terms capitalized in this document are defined terms in this brochure or in the Policy.

IMPORTANT: This program provides accident insurance only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the “minimum essential coverage” requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11695DBG. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage will be contained in the issued Policy. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 1271 Ave of the Americas FL 41, New York, NY 10020-1304. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Coverage may not be available in all states and product features may vary by state. AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at <http://www.aig.com>. Products and services are written or provided by subsidiaries or affiliates of American International Group, Inc.

