

## Gestational Carrier Program: Fee Schedule Estimate

Intended Parent's First Names: \_\_\_\_\_

Gestational Carrier's First Name: \_\_\_\_\_

<p><b><u>Retainer</u></b>  <i>(Fee is separate from your escrow account)</i></p>	<ul style="list-style-type: none"> <li>• <b>Coordination of Conference Call</b>  <i>This retainer is non-refundable and is due upon initiation of match. This retainer allows us to coordinate and facilitate a conference call as well as places a hold on the desired carrier candidate for clinical record review.</i></li> </ul>	<p><b>\$500.00</b></p>
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<p><b><u>Match Meeting Retainer</u></b>  <i>(Fee is separate from your escrow account)</i></p>	<ul style="list-style-type: none"> <li>• <b>Coordination of Match Meeting</b>  <i>This non-refundable retainer will be due within 48 hours of clinical approval to hold your prospective match. Upon receipt of this retainer we will coordinate the match meeting.</i></li> </ul>	<p><b>\$500.00</b></p>
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<p><b><u>Agency Fees</u></b>  <i>(Obligations and responsibilities of the agency are outlined in the Agency Agreement)</i></p>	<ul style="list-style-type: none"> <li>• <b>First Agency Installment</b>  <i>Agency to coordinate clinical approval, psychological screening, background investigations, manage pre-contract escrow distributions (Non-refundable.)</i></li> </ul>	<p><b>\$16,000.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Second Agency Installment</b>  <i>Coordinate legal representation for all parties, advise and assist with insurance procurement, manage pre-contract escrow and distributions, carrier travel, begin cycle coordination with clinic, collaborate with outside escrow management, manage and coordinate cycle related expenses, counsel for parties for a period of 6-12 months post-partum (Non-Refundable. Due upon execution of Intended Parent/GC contract)</i></li> </ul>	<p><b>\$12,000.00</b></p>
	<b>Domestic Agency Fee Total</b>	<b>\$28,000.00</b>

<p><b><u>Escrow Management Fee</u></b></p>	<ul style="list-style-type: none"> <li>• \$500.00 is due upon retention of services with signed Agency Agreement</li> <li>• \$1,000.00 is due upon execution of Intended Parent/GC contract.</li> </ul>	<p><b>*\$1,500.00</b></p>
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<p><b><u>Fees paid from escrow</u></b>  <i>(Due upon retention of services with signed Agency documents.)</i></p>	<ul style="list-style-type: none"> <li>• <b>Psychological screening of carrier and partner (if applicable)</b>  <i>Consultation includes MMPI or PAI and assessment of GC. Performed by a licensed psychologist or LSW specializing in third party reproduction</i></li> </ul>	<p><b>\$1,000.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Advance on carrier's travel expenses for screening</b>  <i>Airfare cost, hotel cost, and travel/food per diem for out of state cycles, prescription medication reimbursement, and mileage reimbursement to/from appointments, missed wages for the work up appointment.</i></li> </ul>	<p><b>\$3,000.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Carrier's cycle evaluation stipend</b></li> </ul>	<p><b>\$500.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Background investigations</b>  <i>National, Bankruptcy, and criminal for the Intended parents, Gestational Carrier, and Carrier's husband.</i></li> </ul>	<p><b>\$100.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Carrier insurance review</b>  <i>Portion paid directly to AEM for collecting and facilitating document review</i></li> </ul>	<p><b>\$600.00</b></p>
	<b>Associated Professional Fees and Expense Estimate</b>	<b>\$5,200.00</b>

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

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<b>Legal Fees</b> <i>(Due upon retention of services with signed Agency documents)</i>	<ul style="list-style-type: none"> <li>• Intended Parents Gestational Carrier Contract Origination and advisement, carrier contract review and advisement <span style="float: right;"><b>\$5,200.00</b></span></li> <li>• Pre-Birth Order Origination, Filing Fees, and Related Costs <span style="float: right;"><b>\$3,000.00</b></span>  <i>(*Prices subject to change)</i></li> </ul> <p><b>ALL LEGAL FEES AND COSTS WILL BE DISCUSSED IN DETAIL IN THE FEE AGREEMENTS OF THE PARTIES' ATTORNEYS.</b></p>
	<b>Domestic Legal Fee Estimate</b> <span style="float: right;"><b>\$8,200.00</b></span>

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<b><u>Gestational Carrier Fees</u></b>	<ul style="list-style-type: none"> <li>• <b>Medication Start Stipend</b> <span style="float: right;"><b>\$500.00</b></span>  <i>Lupron or similar, paid when the Carrier begins her injectable medication.</i></li> <li>• <b>Embryo Transfer Fee for Each Completed Embryo Transfer Cycle:</b> <span style="float: right;"><b>\$1,500.00</b></span>  <i>Covers lost wages and childcare until confirmation of pregnancy by heartbeat</i></li> <li>• <b>Fetal Heartbeat Confirmation #2</b> <span style="float: right;"><b>\$1,000.00</b></span></li> <li>• <b>Gestational Carrier Compensation</b> <span style="float: right;"><b>\$</b></span>  <i>Distributed over 10 monthly payments paid after the 2<sup>nd</sup> heartbeat confirmation. (Average range for carrier compensation: \$40,000.00-\$58,000)</i></li> <li>• <b>Carrier Stipend</b> <span style="float: right;"><b>\$3,000.00</b></span>  <i>\$200 paid on the 1<sup>st</sup> of every month upon execution of GC agreement. Stipend covers miscellaneous expenses such as parking, tolls, mileage to/from local medical appointments, prenatal vitamins, telephone, faxes, postage, FedEx costs, notarization expenses, lost wages and childcare related to local doctor appointments, and other incidental expenses likely to be incurred by Gestational Carrier while fulfilling her obligations under this GCA.</i></li> <li>• <b>Maternity Clothing Stipend</b> <span style="float: right;"><b>\$750.00</b></span>  <i>Paid at 15 weeks gestation.</i></li> <li>• <b>Carrier Supplemental Life Insurance</b> <span style="float: right;"><b>Up to \$1,080.00*</b></span>  <i>\$500,000 minimum. IPs are responsible until 2 months after normal delivery, 4 months after delivery if complicated pregnancy or delivery.            *Plan provided by New Life Agency or ART Risk upon confirmation of heartbeat, pricing is subject to change</i></li> </ul>
	<b>Gestational Carrier Fee Estimate:</b> <span style="float: right;"><b>\$</b></span>

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

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**Gestational Carrier Program: Fee Schedule Estimate**

The following fees will need to be allotted for outside of your escrow account:

<p><b><u>Variable Insurance Expenses</u></b></p> <p><i>You will be put in contact with an insurance broker independently to retain insurance as needed.</i></p>	<ul style="list-style-type: none"> <li>• <b>Maternity Insurance</b> <i>IPs are responsible for all co pays, deductibles, and premiums even if Carrier has her own insurance</i> <span style="float: right;"><b>Up to \$37,000.00</b></span></li> <li>• <b>Contingency Plan</b> <i>*Plan provided by New Life Agency or ART Risk; pricing is subject to change</i> <span style="float: right;"><b>\$3,000.00*</b></span></li> <li>• <b>Newborn Care Plan</b> <i>The child(ren) will need to be placed on IP's insurance upon birth. If your policy does not cover this (out of state birth or out of network) you will need to obtain a plan provided by New Life Agency or ART Risk Agency.</i> <span style="float: right;"><b>Variable</b></span></li> </ul>
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<p><b><u>Clinical Fees</u></b></p>	<p>This information is provided for budgeting purposes only, please note that clinical and medication costs which will differ from state to state and are <u>not</u> included within your escrow account with SeedTrust.</p>	<p><b>Varies by clinic</b></p>
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IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

Agency: \_\_\_\_\_

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<p><b><u>Variable Expenses</u></b></p> <p><i>We are unable to estimate these fees prior to your Gestational Carrier Agreement being completed. Please keep in mind these fees will need to be e allotted for outside of your escrow estimate.</i></p>	<ul style="list-style-type: none"> <li>• <b>Carrier Monthly Support Group Fee to Counselor</b> <span style="float: right;"><b>\$2,025.00</b></span>  <i>\$135/session estimated at 15 sessions</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Carrier Monthly Support Group Stipend</b> <span style="float: right;"><b>\$900.00</b></span>  <i>\$60/session estimated at 15 sessions (1<sup>st</sup> time CARRIER requirement only)</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Supplying Breast Milk (if applicable)</b> <span style="float: right;"><b>\$300.00/week to Carrier</b></span>  <i>Pro-rated from last payment to date d/c'd. Does not include cost of pump, shipping supplies, (2) nursing bra's, storage, etc....</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Supplying Breast Milk – Carrier hold fee * Payable to agency</b> <span style="float: right;"><b>\$250.00/month</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Gestational Carrier hold fee * Payable to agency</b> <span style="float: right;"><b>\$250.00/month</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Endometrial Receptivity Analysis/Mock Cycle</b> <span style="float: right;"><b>\$500.00</b></span>  <i>\$300 for each additional mock cycle ordered</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Dropped Cycle</b> <span style="float: right;"><b>\$500.00</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Estimated Travel fee for out of state Carrier's</b> <span style="float: right;"><b>Up to \$6,000.00</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Housekeeping Stipend</b> <span style="float: right;"><b>\$100.00/week</b></span>  <i>Only if carrier is placed on bedrest or reduced activities or starting at 28 weeks. Reimbursed if GC provides receipt</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Childcare</b> <span style="float: right;"><b>\$100.00/day</b></span>  <i>Only if on Bedrest or Restriction of Activities, only for supplemental childcare above and beyond what GC already pays for. Begins at 20 weeks' gestation through 3 weeks' post-partum or 6 weeks' post-partum for C-section.</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Carrier's Lost Wages</b> <span style="float: right;"><b>Variable</b></span>  <i>Actual gross lost wages at the time of loss. For up to 3 weeks after vaginal delivery and up to 6 weeks after c-section. Total lost wages capped at 12 weeks. 3 most recent paystubs must be provided to estimate lost wages.</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Spouse's/Partner's Lost Wages (if applicable, negotiated maximum)</b> <span style="float: right;"><b>Variable</b></span>  <i>Actual gross lost wages for total of ten days during term of Agreement to care for GC and children.</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Acupuncture</b> <span style="float: right;"><b>Variable</b></span>  <i>Data supports increased implantation rates; IP's will decide if service is desired</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Prenatal massage</b> <span style="float: right;"><b>Variable</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Prenatal Yoga</b> <span style="float: right;"><b>Variable</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Chiropractic Services</b> <span style="float: right;"><b>Variable</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Registered Dietician</b> <span style="float: right;"><b>Variable</b></span>  <i>If ordered by IVF or OB Dr.</i></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Personal Doula (birth coach) or Childbirth class</b> <span style="float: right;"><b>Variable</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Amniocentesis or CVS (Chorionic Villus Sampling)(per fetal sac)</b> <span style="float: right;"><b>\$500.00</b></span></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Each additional Amniocentesis or CVS</b> <span style="float: right;"><b>\$500.00</b></span></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Cerclage (Stitching unfavorable cervix closed)</b> <span style="float: right;"><b>\$500.00</b></span></li> </ul>	
<ul style="list-style-type: none"> <li>• <b>Cesarean Section or any other Open Surgical Procedure related to any complication of pregnancy or delivery up to 3 months following delivery</b> <span style="float: right;"><b>\$2,500.00</b></span></li> </ul>	

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

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<p><b><u>Variable Expenses</u></b></p> <p><b>(Cont.)</b></p> <p><i>We are unable to estimate these fees prior to your Gestational Carrier Agreement being completed. Please keep in mind these fees will need to be allotted for outside of your escrow estimate.</i></p>	<ul style="list-style-type: none"> <li>• <b>Blood Transfusion</b> <span style="float: right;"><b>\$500/transfusion</b></span>  <i>\$500 per unit transfused, capped at \$1,500</i></li> <li>• <b>Cancellation of Cycle by IPs for non-medical reasons</b> <span style="float: right;"><b>\$500.00</b></span></li> <li>• <b>Termination of pregnancy</b> <span style="float: right;"><b>\$1,000.00</b></span></li> <li>• <b>D &amp; C or D&amp;E (1<sup>st</sup> trimester)</b> <span style="float: right;"><b>\$750.00</b></span></li> <li>• <b>D &amp; C or D&amp;E (2<sup>nd</sup> trimester)</b> <span style="float: right;"><b>\$1,000.00</b></span></li> <li>• <b>Ectopic Pregnancy Medical Treatment</b> <span style="float: right;"><b>\$500.00</b></span></li> <li>• <b>Ectopic Pregnancy Laparoscopic Surgical Repair</b> <span style="float: right;"><b>\$1,200.00</b></span></li> <li>• <b>Ectopic Pregnancy Open Surgical Repair</b> <span style="float: right;"><b>\$2,500.00</b></span></li> <li>• <b>Selective Reduction (per fetus)</b> <span style="float: right;"><b>\$750.00</b></span></li> <li>• <b>Removal of uterine polyps</b> <span style="float: right;"><b>\$500.00</b></span>  <i>(For polyps diagnosed during medical screening)</i> <span style="float: right;"><i>(with anesthesia \$1,000)</i></span></li> <li>• <b>Loss of Fetal Heartbeat with Labor Induction</b> <span style="float: right;"><b>\$2,000.00</b></span></li> <li>• <b>Multiple Birth Compensation</b> <span style="float: right;"><b>\$7,000.00/ fetus</b></span></li> <li>• <b>Loss of Reproductive Organs:</b>  <i>IP's may purchase "organ loss insurance" to cover such loss risk.</i> <ul style="list-style-type: none"> <li>• <i>Loss of each ovary regardless of loss of fallopian tube with that ovary.</i> <span style="float: right;"><b>\$2,500.00</b></span></li> <li>• <i>Up to 12 weeks' post-partum \$5,000 for loss of uterus (partial hysterectomy, or loss of uterus but not cervix), or loss of uterine function</i> <span style="float: right;"><b>\$5,000.00</b></span></li> <li>• <i>Loss of uterus and cervix</i> <span style="float: right;"><b>\$7,500.00</b></span></li> <li>• <i>Complete hysterectomy: loss of uterus, cervix, both ovaries</i> <span style="float: right;"><b>\$10,000.00</b></span></li> </ul> </li> </ul>
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IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

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**Gestational Carrier Program: Fee Schedule Estimate**

<p><b><u>Discounts</u></b>  (If applicable)</p>	<ul style="list-style-type: none"> <li>• <b>Dual service discount: Clients booking an egg donor and Gestational Carrier through AEM will receive discount off your Gestational Carrier Fee Agreement</b> <span style="float: right;"><b>(\$2,000.00)</b></span></li> <li>• <b>Active Duty Military &amp; First Responder Discount</b> <span style="float: right;"><b>(10%) Off of Agency Fees</b></span></li> <li>• <b>Sibling Project</b> <span style="float: right;"><b>(15%) Off of Agency Fees</b></span></li> </ul>
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<p><b><u>Re-matching</u></b>  (AEM is not obligated to assist IPs in locating and selecting an additional Carrier after the Gestational Carrier Agreement is completed. If such a request is made of AEM the following fees will apply.)</p>	<ul style="list-style-type: none"> <li>• <b>Domestic Legal</b> <span style="float: right;"><b>\$5,200.00</b></span></li> <li>• <b>Travel</b> <span style="float: right;"><b>\$1,000.00</b></span> (Advance on Carrier's travel expenses for screening)</li> <li>• <b>Agency Fee</b> <span style="float: right;"><b>\$7,500.00</b></span> (Agency to coordinate clinical approval, psychological screening, background investigations. Non-refundable. Due upon retention of services with signed Agency Agreement)</li> </ul>
<b>Domestic Re-Matching Fee</b>	
<b>\$13,700.00</b>	

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IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

Agency: \_\_\_\_\_