



Stem Cell Transplant
And Therapy Policy



We can assist you if you already have your baby's stem cells stored or if you need a cord blood bank to do so.

Get in touch with us!
www.smartstemplus.com

Introduction

The following summary does not contain all the details about the Transplant and Stem Cell Therapy Policy, which can be found in the terms and conditions of the Smart Stem Plus insurance policy and in the policy schedule.

1. The insurer

Smart Stem plus has the backing of Southern Pacific Insurance Corporation, a solid American insurance group, duly licensed and registered with the NAIC# 15659, (National Association of Insurance Commissioners), US governmental organization, which establishes the standards and oversees all compliance regulations throughout the 50 states and US Territories. NAIC is comprised by each state and territory Insurance Superintendent.

2. About the Policy

The Policy will pay the policyholder up to the face amount per life contracted by the insured, payable with benefits according to what is stipulated in this Policy, for those Covered Expenses that an insured has incurred as a result of the medically necessary treatments, services or supplies provided by or as result of a stem cell transplant or therapy covered under this policy.

2-A. Sum Insured Limits

The limit of covered expenses is \$500,000 for life by insured, per policy year. Coverage ends for an insured upon reaching the lifetime limit for covered expenses.

2-B. Sub-limits of Benefit

Guaranteed renewal while umbilical cord blood stem cells continues in storage. Ambulatory Therapy, Hospital and Room and Board, Intensive Care Unit and Medical Services will be covered 100% up to the policy limit. Surgical assistant limited to 20% of approved rates, and anesthesiologist limited to 30% of approved rates.

2-C. Covered Medical Procedures

All Transplants or Therapies covered must be determined as a medically necessary and approved by the Food And Drug Administration (FDA) as treatment for the improvement of a covered condition.

2-D. Characteristics and Benefits

For the purposes of this Policy, subject to the terms stipulated in these General Conditions and to all other provisions and conditions, Covered Expenses shall be understood as Medically Necessary expenses object of the Usual, Customary and Reasonable costs incurred by an Insured from the Start Date of your Coverage and during the Effectiveness of the Policy.

Covered Expenses up to the amount contracted:

- a) Surgical and Hospital Services.
- b) Outpatient Services as defined in this Policy.
- c) Major Diagnostic Tests.
- d) Prescribed Medications.
- e) Transportation expenses for both the insured and one companion. Coverage for a round trip economy ticket on a commercial airline for both the insured and one companion. Included in main Benefit.
- f) Reasonable expenses for daily meals and accommodations for both the insured and one companion.
- g) Autologous cord blood stem cell therapy under an FDA approved expanded access clinical trial for Autism Spectrum Disorder and Cerebral Palsy. The Insurer does not guarantee the acceptance of the insured in a clinical trial as requirements are set by each individual research.

2-E. Exclusiones o Limitaciones

As set forth in Article VI of the terms and conditions of your Smart Stem Plus insurance policy. The Policy does not cover the following procedures or expenses with respect to any treatment, Injury, Illness or charges resulting from any service or supply that does not is medically necessary.

- Any charges related to Pre-Existing Conditions as defined in this Policy.
- Any treatment, service or supply that is not scientifically or medically recognized for the indicated treatment or that is considered Experimental and / or not approved for general use by the (FDA).
- Any treatment or expense in a governmental institution (such as social security hospitals) or private in which The Insured and Dependent Insured have the right to free care or services and treatments for which there would be no payment in the absence of health insurance.
- Any expense that exceeds the Usual, Customary and Reasonable cost as defined in this Policy.
- Any Congenital and / or Hereditary Condition, except as stipulated in this Policy.
- Any admission to a Hospital for more than twenty-four (24) hours before a scheduled surgery.
- Any treatment provided by a direct family member.
- Any over-the-counter medication, whose acquisition does not require a medical prescription.
- All expenses related to the collection, reception, processing, storage, cryopreservation, maintenance, required tests, of the stem cells

extracted from the blood contained in the umbilical cord at the time of birth.

- Injuries or illnesses caused by or related to atomic energy, radioactivity, by X-ray therapy or radiotherapy applied without medical provision or supervision.
- Any expenses related to the preparation, transfer and shipment of Stem Cells extracted from the blood contained in the umbilical cord that will be removed from cryopreservation to be used in a Transplant and or Therapy.
- Any expenses related to the preparation, transfer and shipment of Stem Cells extracted from the blood contained in the umbilical cord that will be removed from cryopreservation to be used in a Transplant and or Therapy.
- Any other expense incurred before Stem Cells, extracted from the blood contained in the umbilical cord, are removed from cryopreservation to be used in a Transplant or Therapy.
- Treatment provided by more than one surgical assistant, unless previously authorized by The Insurer.
- Those medical services provided when a third party is obliged to cover them.
- Epidemics that have been placed under the direction of public authorities.
- Treatment and expenses derived directly or indirectly from: war, invasion, acts of foreign hostilities (declared war or not).
- Any claim or expense incurred for treatment, service or supply made in: 1) countries or 2) by or for the benefit of individuals and / or companies.

3. Type or Class of Insurance

Smart Stem Plus is an international health insurance plan designed to cover expenses related to a Stem Cell Transplant or Therapy.

4. Duration - Period of Insurance

If the total premium has been paid, coverage begins at 00:01 Eastern Standard Time (USA) of the effective date of the policy and ends at 12:00 p.m. Eastern Standard Time (USA) on the expiration date of the policy.

The policy is valid for twelve (12) months and will be renewed automatically for periods of twelve (12) months, while the stem cells are preserved in the Cord Blood Bank described in the certificate, with the total payment of the premium corresponding, subject to the conditions and other provisions of the current policy at the time of renewal.

5. Cancellation Rights

- The primary Insured has the right to examine and return the policy within the ten (10) days following the receipt of the same if he/she is not satisfied with the offered coverage.
- The primary insured understands that Smart Stem Plus is an international health insurance plan that does not follow regulations or mandatory coverage required by authorities of his/her country of residence or other jurisdictions.
- If returned the policy will be considered void as if never had been issued. The insurance company will refund the premium paid, less the amount charged for administrative expenses.
- If not returned within the ten (10) days period, any requests for refund of premiums shall be processed pursuant to the policy provision of "Refunds of Unearned Premiums".

6. How to make a Claim

- Once the need to use the umbilical cord stem cells stored properly for treatment or therapy has been determined, the Borrower, the Principal Insured or the Dependent Insured will complete and send the Pre-Certification Claim Form to the Insurer.

This form must be sent within 3 days of the written notification to the Blood Bank laboratory where the Stem Cells are stored by email at **claims@smartstemplus.com**.

- Once the laboratory approves the sending of Stem Cells to the Medical Center where the Transplant will be performed, it is the responsibility of the Debtor, the Principal Insured or the Dependent Insured to notify Smart Stem Plus via an email at **claims@smartstemplus.com**.

- To request a refund for expenses incurred once your claim has been approved, send the following scanned documents to the email address indicated above.

- Claim form completed and signed by the treating physician.

- Medical Center expenses invoices.

- Proof of payment to the provider: proof of credit card or check. All other receipts for covered expenses. If you need more information you can contact us by email **claims@smartstemplus.com** or phone number **+1 305 971 3556**.