

CosmetAssure[®]

We Cover Complications.



ENDORSED BY



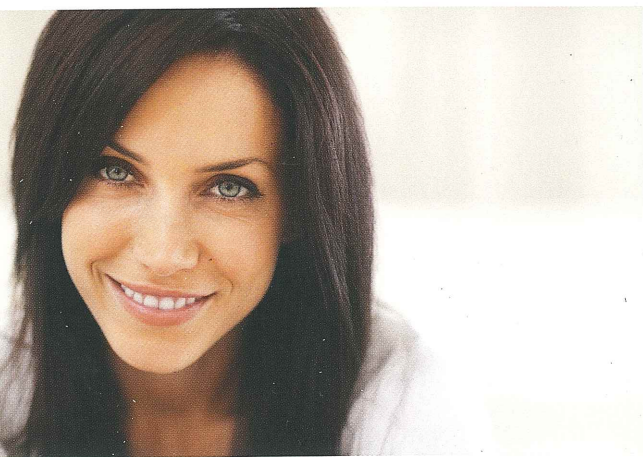
AMERICAN SOCIETY OF
PLASTIC SURGEONS

ALLIANCE



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We Cover Complications.



Your CosmetAssure Coverage

The Company will pay Usual and Customary Covered Expenses incurred by the patient of a CosmetAssure Participating Physician, up to the applicable Maximum Limits, if the patient develops a Covered Complication within 30 days of the original elective procedure and is admitted to an accredited facility, such as a hospital, ER, or surgical center. Covered expenses are the charges for Medically Necessary medical services, supplies, and treatments listed.

Inpatient Hospital Expense and Intensive Care/Trauma Expense:

1. Services of Physicians, other than professional fee of the Plastic Surgeon who performed the Covered Procedure, and registered nurses;
2. Anesthetics and their administration;
3. Laboratory tests;
4. Oxygen and its administration;
5. Blood and blood derivatives that are not donated or replaced, and their administration;
6. Radiological procedures;
7. Prescription drugs prescribed during Hospitalization, and a follow-up thereto; and
8. Room and board up to the most common charge for a semi-private room or ICU/Trauma, when required, and hospital ancillary services (including but not limited to use of operating room).

Visit us online at CosmetAssure.com for more information, including FAQs.

Emergency Medical Expense:

1. Services of Physicians, other than the professional fee of the Plastic Surgeon who performed the Covered Procedure, and registered nurses;
2. Anesthetics and their administration;
3. Laboratory tests;
4. Oxygen and its administration;
5. Blood and blood derivatives that are not donated or replaced, and their administration;
6. Radiological procedures;
7. Prescription drugs prescribed during the Hospitalizations, and a follow-up thereto; and
8. Room and board up to the most common charge for a semi-private room or ICU/Trauma, when required, and hospital ancillary services (including but not limited to use of operating room).

Ambulance Expense:

1. Professional ambulance service to a Hospital within 50 miles of the patient's home;
2. Air ambulance service to a Hospital when such service is ordered by a Physician and is accomplished in an aircraft used primarily for transporting sick or injured persons.

Follow-up Physician Expense:

1. Services of Physicians, other than the professional fee of the Plastic Surgeon who performed the Covered Procedure, and registered nurses to include home health care supplies and services;
2. Anesthetics and their administration;
3. Laboratory tests;
4. Oxygen and its administration;
5. Blood and blood derivatives that are not donated or replaced, and their administration;
6. Radiological procedures;
7. Prescription drugs prescribed during a follow up visit or as a follow-up thereto.

Rule Out Deep Vein Thrombosis/Rule Out Infection:

1. Services of Physicians, other than the professional fee of the Plastic Surgeon who performed the Covered Procedure;
2. Laboratory tests;
3. Radiological procedures (*Non-Hospital Rule-Out DVT*).

Maximum Limits:

The following amounts apply during any one Benefit Period for all Covered Complications due to the same Surgical Event:

MEDICAL EXPENSE	MAXIMUM LIMITS
Inpatient Hospital Expense	\$5,000/day, maximum 45 days
Intensive Care/Trauma Expense	\$1,000/day, maximum 10 days
Emergency Medical Expense	\$3,500
Ambulance Expense	\$2,000
Follow-Up Physician Expense	\$1,500
Rule Out Deep Vein Thrombosis*	\$750
Rule Out Infection*	\$750

*(*non-hospital procedure*)

Coverage Period:

Covered Expenses are payable until the earliest of:

1. The date the Covered Complication no longer requires further Hospitalization, or Follow Up Physician Services; or
2. The date the Maximum Limits are paid; or
3. The expiration of the Coverage Period (six months from the date of the original qualifying admission due to a Covered Complication.)

Covered Complications

Coverage is available only if the patient is required to seek medical attention in an Emergency Room, hospital or accredited* surgical center within 30 days following a Covered Procedure, for the following covered complications.

Cardiopulmonary Related Complications:

- Myocardial Infarction
- Rule Out Myocardial Infarction
- Arrhythmia
- Hypoxia
- Pulmonary Dysfunction
- Pulmonary Embolus
- Rule Out Pulmonary Embolus
- Fluid Overload
- Cardiac Arrest
- Shock
- Deep Vein Thrombosis
- Rule Out Deep Vein Thrombosis

Surgery Related Complications:

- Hemorrhage
- Infection**
- Rule Out Infection**
- Hematoma***

Anesthesia Related Complications:

- Severe hypotension (systolic BP equal to or less than 80, three hours after the Covered Procedure).
- Severe hypertension (systolic BP equal to or greater than 200 or diastolic BP equal to or greater than 100, three hours after the Covered Procedure).

*Accreditation requirements include JCAHO, AAAHC, AAAASF or Medicare approval

**Infections that are related to the Covered Procedure.

***Hematomas that are related to the Covered Procedure.

Claim Information

Please retain this brochure and your copy of the CosmetAssure Patient Information Sheet, given to you by your surgeon, to use in case of questions or a claim. Present your copy of the Patient Information Sheet along with the card to the right to the accredited medical facility if a claim occurs. If you have questions concerning the CosmetAssure program, please call toll-free 800.362.1542. If you have questions concerning a claim, please call Gallagher Bassett at 816.216.5208.

With CosmetAssure, patients have the peace of mind of knowing that their surgeon has taken the responsible steps to cover them in the event of an eligible loss.

Protection and Peace of Mind

CosmetAssure is a solution to the lack of coverage for medial complications that can occur during or after elective cosmetic plastic surgery procedures. Because you are a patient of a Participating CosmetAssure Physician, you are covered for certain medical expenses that could arise from complications subsequent to one or more of the specified Covered Plastic Surgery Procedures.

CosmetAssure is endorsed by the prestigious American Society of Plastic Surgeons (ASPS) and is exclusively available ASPS and American Society for Aesthetic Plastic Surgery (ASAPS) members and candidate members who have passed their written boards. Once a physician becomes active in the CosmetAssure program, all of his/her patients having one or more of the Covered Procedures are eligible to receive coverage should a Covered Complication occur.

Without CosmetAssure, patients may be left with a financial burden should an unexpected complication arise after cosmetic plastic surgery.

With CosmetAssure, patients have the peace of mind of knowing that their surgeon has taken the precautionary steps to cover them in the event of an eligible loss.

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AMERICAN SOCIETY OF
PLASTIC SURGEONS



Here's what you'll need to report a claim:

Date of Original Procedure: _____

Surgeon's Name: _____

Procedure: _____

Complications Resulting from Original Procedure: _____

Your surgeon
only wants **the best.**



The Comfort of Added Assurance

Selecting a surgeon such as yours, who is a member or candidate member of the American Society of Plastic Surgeons or the American Society for Aesthetic Plastic Surgery is one of the best ways to be assured of a positive experience and successful outcome following cosmetic plastic surgery. Your surgeon is also one of a highly select group qualified to provide you the added assurance of CosmetAssure.

All types of surgery carry with them some degree of risk. CosmetAssure was developed to provide you with insurance coverage in the unlikely event that you have specific complications within 30 days of surgery and are admitted to an accredited treatment facility such as a hospital, ER, or surgical center. This is an important benefit to you since most traditional health insurance plans do not cover such occurrences.

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**For questions about a CosmetAssure claim,
or to report a claim, please contact:**

Gallagher Bassett Services, Inc.
Patty Hemberger, Claims Adjuster
Ph: 816.216.5208 • Fax: 816.216.5768
CMC, PO Box 419797 • Kansas City, MO 64141

Protection from the costs of complications

Covered Plastic Surgery Procedures:

CosmetAssure coverage extends to the procedures listed below. All patients having one or more of the Covered Procedures must be enrolled in the CosmetAssure program through a participating surgeon to be eligible for coverage.

*Abdominoplasty *(NS)*

Arm Contouring

Breast Augmentation

Revisional Breast Implant Procedures

Breast Lift

Breast Reduction

Browlift

*Buttock Lift *(NS)*

Cheek Implants

Chin Augmentation

Chin Reduction

Cosmetic Eyelid Surgery

Facial Rejuvenation

Labiaplasty

Liposuction

*Lower Body Lift *(NS)*

Male Breast Surgery

Mandibular Implant

Otoplasty

Rhinoplasty

*Thigh Lift *(NS)*

*Upper Body Lift *(NS)*

**(NS): Non-Standard Procedure*

CosmetAssure enrollment is required on all patients having one or more of these Covered Procedures in the case that (1) regular health insurance does not cover the initial aesthetic procedure(s), and/or (2) patient requires general anesthesia or IV sedation.

Responsible patients, Responsible surgeons

Exclusions:

No coverage shall be provided under the policy and no payment shall be made for any loss resulting in whole or in part from, or contributed to, by, or as a natural and probable consequence of any of the following excluded risks*:

- The patient being under the influence of drugs unless taken under the advice of and as specified by a physician;
- The patient being under the influence of intoxicants while operating any vehicle or means of transportation or conveyance;
- Experimental or investigative treatment or procedures;
- Suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at self-inflicted injury or autoeroticism;
- Sickness or disease, mental incapacity or bodily infirmity, whether the loss results directly or indirectly from any of these except as provided for herein;
- Infections of any kind, except as provided for herein;
- Treatment of mental disorders;
- Medical expenses that are a result of a patient's dissatisfaction with the cosmetic results of a surgical procedure or additional surgery to improve the appearance of the affected area;
- Treatment that is normally managed on an outpatient basis by a surgeon such as, but not limited to, minor infections, tissue sloughing and hematoma;
- Procedures, services, or supplies that are not medically necessary; or
- Expenses that exceed the Usual and Customary expense for the same medical issue.

**Other exclusions may apply. Please refer to Policy for details.*

Coverage is underwritten by Covington Specialty Insurance Company, an A (Excellent) A.M. Best rated insurance carrier.

This brochure provides only a brief description of the coverage (s) available under policy series RSG610010313. The policy will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the policy. If there is any conflict between the content of this document and the policy, the policy will govern in all cases.

800.362.1542
info@cosmetassure.com
www.CosmetAssure.com



.com/CosmetAssure



@CosmetAssure