



Your CosmetAssure Coverage

Selecting a surgeon such as yours, who is a CosmetAssure Participating Surgeon, is one of the best ways to be assured of a positive experience and successful outcome following an elective cosmetic surgery.

Your surgeon is part of an elite group working to provide the highest level of patient protection and satisfaction possible.

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

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

If you have questions concerning CosmetAssure, please call us toll-free 855.874.1230 or visit us online at CosmetAssure.com.

There is only **ONE** CosmetAssure,
the **GOLD STANDARD**
in complications insurance.

CosmetAssure should be run as secondary insurance, or primary if no other insurance exists.

For questions about a CosmetAssure claim, please contact:

Intercare Insurance Services, Inc.
PO Box 52810 | Bellevue, WA 98015
P: 800.848.2686 ext 1063
F: 916.781.5566 or 425.636.1050
E: ClaimsManagement@Intercareins.com

Covered Expenses

The list of covered expenses below is a summary. For a detailed list of expenses refer to policy.

Inpatient Hospital, Intensive Care/Trauma,
Outpatient/Emergency Medical Expenses

- Services of Physicians and registered nurses;
- Anesthetics;
- Laboratory tests;
- Oxygen;
- Blood and blood derivatives;
- Radiological procedures;
- Prescription drugs; and
- Room and board and hospital ancillary services (including but not limited to use of operating room)

Ambulance Expense

- Professional ambulance service to a Hospital within 50 miles of the patient's home;
- Air ambulance service to Hospital when ordered by a Physician

Follow-up Physician Expense

- Services of Physicians and registered nurses to include home health care supplies and services;
- Anesthetics;
- Laboratory tests;
- Oxygen;
- Blood and blood derivatives;
- Radiological procedures;
- Prescription drugs prescribed during a follow up visit or as a follow-up thereto.

Rule Out Deep Vein Thrombosis/Rule Out Infection

- Services of Physicians and registered nurses;
- Laboratory tests;
- Radiological procedures (Non-Hospital Rule-Out DVT)

Any expenses not covered by CosmetAssure are your responsibility.

Exclusions

The list of exclusions below is a highlight. For a detailed list refer to policy.

- Medical Expenses that are a result of dissatisfaction with cosmetic results of surgical procedure;
- Procedures, services or supplies not Medically Necessary;
- The patient being under the influence of alcohol or drugs unless taken on a physician's advice;
- Charges related to transportation, except where specifically covered

CosmetAssure:
the **PIONEER** in **PROTECTING**
plastic surgery patients
by **COVERING** complications

Contact Information

For questions about **coverage** or details of the policy please contact:

CosmetAssure

1000 Urban Center Drive, Suite 625
Birmingham, AL 35242
P: 855.874.1230
F: 610.362.8556
E: Info@CosmetAssure.com

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CosmetAssure®
We Cover Complications.

Savvy patients demand the
GOLD STANDARD
in complications insurance.



Coverage is underwritten by Lone Star Alliance, Inc., a Risk Retention Group, rated "A" by A.M. Best.

This brochure provides only a brief description of the coverage(s) available under policy series LSA CAUSI 1216.

Full details of coverage are contained in the policy, including any reductions, limitations, exclusions and termination provisions. If there is any conflict between the content of this document and the policy, the policy will govern in all cases.

CosmetAssure
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info@CosmetAssure.com





Protection and Peace of Mind

Every surgery carries the risk of a complication, including elective cosmetic surgery. CosmetAssure was developed in 2003 to provide you with insurance to cover or reduce out-of-pocket medical expenses related to treating an unforeseen complication during or after surgery.

This is an important benefit to you since most traditional health insurance plans may exclude payment or deny coverage for cosmetic surgery complications.

CosmetAssure is the only complications insurance company endorsed by the American Society of Plastic Surgeons (ASPS) and an Alliance Partner of the American Society for Aesthetic Plastic Surgery (ASAPS).

CosmetAssure is exclusively available to members of either of these prestigious plastic surgery associations. Only patients of Participating Surgeons are eligible to receive benefits from CosmetAssure.

CosmetAssure Coverage Requirements

CosmetAssure coverage is provided to all participating surgeon's registered patients having one or more **Covered Procedures**. If a patient develops a **Covered Complication** within 45 days[†] of the original elective procedure, and seeks treatment at an accredited facility*, CosmetAssure will pay usual and customary medical expenses incurred by the patient, up to the applicable **Maximum Limits**.

Covered Procedures

- Abdominoplasty
- Arm Contouring
- Breast Augmentation
- Revisional Breast Augmentation
- Breast Lift
- Breast Reduction
- Browlift
- Buttock Lift
- Calf Implants
- Cheek Implants
- Chin Augmentation
- Chin Reduction
- Cosmetic Eyelid Surgery
- Facelift
- Facial Resurfacing
- Hair Replacement Surgery
- Liposuction
- Lower Body Lift
- Male Breast Surgery
- Mandibular Implant
- Neck Lift
- Otoplasty
- Rhinoplasty
- Scar Revision
- Thigh Lift
- Upper Body Lift
- Vaginal Rejuvenation

Covered Complications

Cardiopulmonary Related

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

Surgery Related

- Capsular Contracture[†]
- Hemorrhage
- Infection** & Rule Out
- Hematoma**

Anesthesia Related

- Severe Hypotension (systolic BP ≤ 80, three hours after the procedure.)
- Severe Hypertension (systolic BP ≥ 200 or diastolic BP ≥ 100, three hours after the procedure.)

**Accreditation requirements include JCAHO, AAAHC, AAAASF or Medicare approval.
**Infections and hematomas related to the Covered Procedure.
†CapCon covered if diagnosed within 18 months and treatment completed within 24 months from date of primary breast augmentation.*

Maximum Limits

This is a limited benefit policy. The following maximum amounts apply during any one Liability Period for all Covered Complication(s) due to the same Surgical Event. Any expenses not covered by CosmetAssure are your responsibility.

Medical Expenses	Maximum Limits
Inpatient Hospital	\$5,000/day, maximum 45 days
Intensive Care/Trauma	\$1,000/day, maximum 10 days
Outpatient Emergency Medical	\$3,500
Capsular Contracture	\$2,500 (plus any remaining OEM** up to \$3,500)
Ambulance	\$2,000
Follow-Up Physician	\$1,500
Rule Out Deep Vein Thrombosis*	\$750
Rule Out Infection*	\$750

**non-hospital procedure
**OEM - Outpatient/Emergency Medical Expense*

Liability 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 Liability Period (six months from the date of the original Covered Complication.)

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



Claims Information

Please retain this brochure and your copy of the CosmetAssure Patient Acknowledgement Form, given to you by your surgeon, to use in case of questions about coverage or a claim. Your surgeon will register your procedure with CosmetAssure.

In the event a covered complication occurs and you need to seek medical attention, follow these steps:

1. Contact your surgeon's office. They will begin the claim process.
2. Complete the information box below.
3. Remove this portion of the brochure and give it to the treating accredited medical facility as confirmation of your coverage.
4. CosmetAssure claims staff will contact you directly with more information.

Call us at 855.874.1230 with any questions!

Patient Information:

Name: _____

Date of Original Procedure: _____

Original Surgeon: _____

Procedure: _____

Covered Complication(s): _____
