

The Comfort of Added Assurance

For 20 years, CosmetAssure has been helping plastic surgery patients avoid the financial burden of unexpected post-surgery complications.

Every surgery carries the risk of a complication, including elective aesthetic surgery. Selecting a CosmetAssure Participating Surgeon is one of the best ways to be assured of a positive experience and successful outcome following elective cosmetic surgery.

Enrolling and Claims

- Your surgeon will register you for coverage prior to your surgery date
- You will receive a Patient Registration form as confirmation of coverage
- In the event of a complication, contact your surgeon and they will begin the claims process
- You will be contacted by a claims representative directly with more information

Claims Information

CosmetAssure is considered secondary insurance, or primary if no other insurance exists.

For questions about an existing claim, contact:

Intercare Insurance Services, Inc.

PO Box 52810

Bellevue, WA 98015

P: 800.848.2686

F: 916.781.5566

E: ClaimsManagement@IntercareIns.com



How does CosmetAssure work?

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
- Breast Lift or Reduction
- Brow Lift
- Buttock Lift
- Calf Implants
- Cheek Implants
- Chin Augmentation
- Eyelid surgery
- Facelift
- Facial Resurfacing
- Genital Rejuvenation
- Hair Replacement
- Liposuction
- Lower Body Lift
- Male Breast Surgery
- Mandibular Implant
- Neck Lift
- Otoplasty
- Rhinoplasty
- Scar Revisions
- Thigh Lift
- Upper Body Lift

Covered Complications

Cardiopulmonary Related

- 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

- Capsular Contracture***
- Hemorrhage
- Infection**
- Rule Out
- Infection**
- Hematoma**

Anesthesia Related

- Severe Hypotension (systolic BP equal to or less than 80, three (3) hours after Covered Procedure.)
- Severe Hypertension (systolic BP equal to or greater than 200 or diastolic BP equal to or greater than 100, three (3) hours after the Covered Procedure.)



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

**Infections and hematomas that are related to the Covered Procedure.

***Capsular Contracture covered if diagnosed within 18 months and treatment completed within 24 months from date of primary breast augmentation.

| Medical Expense | Maximum Standard Limits |
|--|---|
| Inpatient Hospital Expense | \$5,000 per day up to a maximum of 45 days |
| Intensive Care / Trauma Expense | Additional \$1,000 per day up to a maximum of 10 days |
| Outpatient / Emergency Medical Expense (OEM) | \$3,500 |
| Ambulance Expense | \$2,000 |
| Follow Up Outpatient Physician Expense | \$1,500 |
| Outpatient Expense to Rule Out DVT | \$750 |
| Outpatient Expense to Rule Out Infection | \$750 |
| Capsular Contracture | \$2,500 plus any remaining OEM up to \$3,500 |

Coverage and Benefits

Coverage is underwritten by Lone Star Alliance, Inc., a Risk Retention Group, rated "A" by A.M. Best. This is a brief description of coverage available under policy series LSA CAUSI DEC1 0916. See policy document for full details, 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.