COMPLICATIONS ARISING

FOLLOWING COSMETIC MEDICAL PROCEDURES

Insurer: Lombard Insurance Company Limited **FSP No**. 1596

LOMBARD

This brochure is an informative document and is always superseded by the specific Policy Wording

PREMIUM & UNDERWRITING

The premium for this product is determined by a number of factors:

1) Limit of indemnity
2) Smoker or Non-Smoker

OVERVIEW

- Medical Aids do not insure Cosmetic Procedures.
- This product is a Personal Lines insurance policy designed to cover Complications Arising following Cosmetic Medical Procedures.
- This Policy is not available to persons who have attained the age of 65 and older, or persons with Non-RSA Bank Account.
- This Policy is applicable to procedures done within the territorial limits of the Republic of South Africa only.

WHAT IS COVERED

1) An unexpected adverse event occurring during the original procedure.
2) Non-elective surgery or procedures administrated as a result of a complication arising whilst undergoing the original procedure or illness arising or bodily injury occurring once the original procedure has been completed.
3) The above may only be claimed within (30 days) of the original procedure; i.e. the policy will only respond if a complication, illness, or bodily injury occurs during or up to 30 days after the original procedure.
4) Emergency Medical Expenses, being all actual expenses necessarily incurred, within 3 (three) months of the completion of the Original Procedure, by the Insured as an in-patient in any Hospital within the Territorial Limits stated in the Schedule.

WHAT IS NOT COVERED

The Insurer shall not be liable to indemnify the Insured in respect of claims: -

1) Applicants with Non-RSA bank accounts
2) Claims arising whilst the insured is not in South Africa
3) Claims arising after 30 days from the date of the original procedure
4) Claims attributed to, and as a result of, pre-existing medical conditions in respect of which the Insured has received advice, treatment or medication in the 24-month period prior to the date of the Original Procedure (See definitions per Policy Wording).
5) HIV-related illness
6) Reproductive system disorders
7) Costs of the original procedure
8) Revision surgery related to pre original procedure
9) Any payments made by a Medical Aid for the treatment of a complication
10) Procedures conducted out of hospital (i.e. in a doctor's rooms or a doctor's rooms which are not certified as a registered surgery)
11) Any person who has attained the age of 65 and over
12) For and/or arising from or contributed to by any Medical Malpractice occurring during the Original Procedure
13) For costs or Medical Expenses incurred in administering the Original Procedure for which the Insured Person was admitted and/or incurred for any revision surgery or procedure(s) undertaken to correct or improve the Original Procedure

❖ Please refer to Policy Wording for more detail

EXAMPLES

EXAMPLE 1 (30 Days & 3 Months)

Client X has a tummy tuck done on the 1 January 2019 and an infection occurs on the 25 January 2019. (The complication needs to arise within **30 days** from the date of the original procedure).

As long as the complication has been lodged, the Insurer would be liable for any **in-hospital** treatment the client has with regards to the complication for **3 months** from the date of the original procedure up to the overall policy limit.

So, in this case cover would extend from 1 January 2019 to the 31 March 2019.

EXAMPLE 2 (12 Hours)

Casualty treatment is seen as **out-of-hospital** treatment and the policy only covers **in-hospital** treatment. The only time the policy will cover treatment in a casualty facility is if the person is treated in casualty for a complication, and within 12 hours of being treated is admitted into hospital.

For example, Cathy has a breast reduction on 1 January 2019, on the 25 January at 8:00 she goes to the casualty ward as she has contracted an infection. She is treated in casualty and is admitted into hospital for further treatment of the complication at 12:00 on 25 January 2019.

In this example the casualty fees would be paid under the policy as she was admitted to hospital within 12 hours. Please note that the complication would still need to occur within 30 days of the original procedure.

SPECIAL PROVISIONS

HOSPITAL ADMISSION

Where an emergency procedure is carried out in the emergency room or trauma unit of any Hospital, subsequent to completion of the Original Procedure, such expenses shall only be included in any claim which forms the subject of this Policy if the Insured is admitted to the Hospital as an in-patient within 12 hours of such emergency procedure, and subject always to the liability of the Insurers not exceeding the Maximum Indemnity stated in the Schedule in respect of all claim payments made in terms of this Policy.

SUBROGATION

The Insurers shall be subrogated to all the Insured's rights of recovery against any person or organisation before or after any payment under this Policy. The Insured shall execute and deliver instruments and paper and do whatever else is necessary to secure such rights. The Insured shall not do anything which may prejudice such rights.

RECOVERIES

Any recovery made shall be applied first to the costs of such recovery, then to any outstanding uninsured Medical Expenses incurred by the Insured Person and then to the Insurer's payments under this policy.

All queries regarding this insurance must be referred to Genlib and not the Doctor's practice.

Disclaimer: This document is a summary for information purposes only and does not supersede the Policy terms and conditions. In the event of any discrepancy, the Policy terms and conditions will prevail.