

Laser Pac *plus*sm UNDERWRITING – 4-1-2006

BASIC PROGRAM FOR LEDs - Class II as defined by FDA

1. Must be trained in that specific light source or have 1 year experience
2. Must have some professional training such as cosmetology, facialist, permanent makeup, tattoo, medical
3. Consent form must list possible complications and have a release
4. Light source used must be 20 joules or less or infrared light
5. Light source must be classified by FDA as Class II and thus available for salon/aesthetic use
6. No coverage under this pricing category is available for hair removal

LASER/IPL HAIR REMOVAL (SKIN TYPES I-IV) & LASER PROFESSIONAL

1. Must have minimum of 30 hours training or 1 year experience
2. Must follow state law as to need for physician consultant on staff

LASER SERVICES – SKIN TYPES V & VI

1. Must be in the laser industry a minimum of one year and have training in the laser being used
2. Must have an FDA approved laser for Skin Types V & VI

LASER TATTOO REMOVAL

1. Must be in medical facility or have doctor on site at all times laser is in operation
2. Must have 30 hours training or 1 year experience
3. Must have certificate of medical malpractice insurance from the Facility and/or staff doctor.

REQUIREMENTS FOR CLASS III & IV LASERS & IPLS

1. There can be no reflective surfaces in the laser room & room door must be locked at all times
2. Sign must be posted on door saying LASER IN USE, DO NOT ENTER
3. All clients must sign consent and medical history form for coverage to apply.
4. All clients must be given approved aftercare instructions.
5. Eye goggles must be worn by everyone in the room.

LASER HAIR STIMULATION

1. Coverage is excluded for any guarantees of hair growth
2. Coverage is available only for units designed specifically for hair stimulation
3. \$2500 deductible applies
4. Signed consent and medical history forms must be on file for coverage to apply

BOTOX, RESTYLANE & HYLAFORM

1. Coverage is available for doctors or other medical professionals who can legally do the procedure per state law.
2. If operator is not a doctor, a supporting or supervising doctor is required.
3. Require a minimum of one year experience or training as follows:
 - a. 15 hours of training in fillers/Botox
 - b. 10 observations and 15 procedures for each injectible being covered
4. Procedures must be performed in a professional office – house parties will be excluded.
5. Require a consent form and medical history form be signed for coverage to apply.
6. Coverage only available for listed facilities.
7. Botox must be purchased in US from Allergan or approved Allergan wholesaler. Restylane & Hylaform must be purchased and used per the FDA guidelines.
8. Botox Coverage will apply for work on patients 18-65 and as otherwise authorized by the FDA, except for limited off-label coverage if endorsed on.
9. No coverage for work on pregnant or nursing women.

MEDICAL STRENGTH PEELS

1. Provides coverage for products and services that:
 - a. Are labelled for medical strength vs. aesthetic strength and/or
 - b. where the manufacturer requires a medical licence to use and/or purchase and/or
 - c. the FDA does not allow use under an aesthetic license or training
2. Maximum limit of \$100,000 available
3. Subject to medical peel supplemental application.

SCLEROTHERAPY

(spider vein treatment based on saline solution)

1. Coverage is for spider veins under 1.5mm
2. No coverage for varicose veins
3. Excludes Anesthesia
4. Subject to acceptable Consent Form and Aftercare Form, signed by the client
Consent forms should state the following:
 - a. I understand there is a risk of bruising, burning sensation/pain, blood clots, allergic reaction, hyperpigmentation and temporary cramping. These could take 1-4 weeks to heal.
 - b. I will follow all aftercare treatments as it is crucial I do so for healing
 - c. While new veins may appear over time, I understand removal can be permanent
 - d. I understand removal of veins will take several treatments
 - e. Release the medical professional and facility from liabilityAftercare forms must state the following:
 - a. It is crucial to walk immediately after the treatment
 - b. There can be no jogging, swimming or other high impact physical activities for 7-10 days after treatment
 - c. Sun exposure must be limited for 2-4 weeks after the treatment. If necessary to go into the sun, must use SPF 25 or greater at all times.
 - d. Use of medical support hose is recommended
 - e. Any form of heat must be limited for 24 hours after the treatment such as saunas or hot baths