Boston Scientific to Acquire Cameron Health

March 8, 2012

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Information in this document, including our expectations, is as of March 8, 2012

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Cautionary Statement

Cautionary Statement Regarding Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words like "anticipate," "expect," "project," "believe," "plan," "estimate," "intend" and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using information available to us at the time and are not intended to be guarantees of future events or performance. These forward-looking statements include, among other things, statements regarding market performance and our global business plans, regulatory approval, new product launches and launch cadence, product performance and effect, competitive offerings, expected accretion and dilution, timing of closing, feasibility studies, financial performance and acquisition strategy. If our underlying assumptions turn out to be incorrect, or if certain risks or uncertainties materialize, actual results could vary materially from the expectations and projections expressed or implied by our forward-looking statements. These factors, in some cases, have affected and in the future (together with other factors) could affect our ability to implement our business strategy and may cause actual results to differ materially from those contemplated by the statements expressed in this press release. As a result, readers are cautioned not to place undue reliance on any of our forward-looking statements.

Factors that may cause such differences include, among other things: future economic, political, competitive, reimbursement, legal and regulatory conditions; new product introductions; demographic trends; intellectual property; litigation; financial market conditions; and future business decisions made by us and our competitors. All of these factors are difficult or impossible to predict accurately and many of them are beyond our control. For a further list and description of these and other important risks and uncertainties that may affect our future operations, see Part I, Item 1A – *Risk Factors* in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission, which we may update in Part II, Item 1A – *Risk Factors* in Quarterly Reports on Form 10-Q we have filed or will file hereafter. We disclaim any intention or obligation to publicly update or revise any forward-looking statements to reflect any change in our expectations or in events, conditions or circumstances on which those expectations may be based, or that may affect the likelihood that actual results will differ from those contained in the forward-looking statements. This cautionary statement is applicable to all forward-looking statements contained in this document.

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Boston Scientific Announces Exercise of its Option to Acquire Cameron Health

Acquisition demonstrates Boston Scientific's commitment to the field of arrhythmia management

About Cameron Health, Inc.

- Privately held company
- Corporate headquarters located in San Clemente, CA
- Developed the world's first and only commercially available subcutaneous ICD (S-ICD®* System)
- S-ICD® System has received CE Mark and PMA submitted to FDA in Dec 2011

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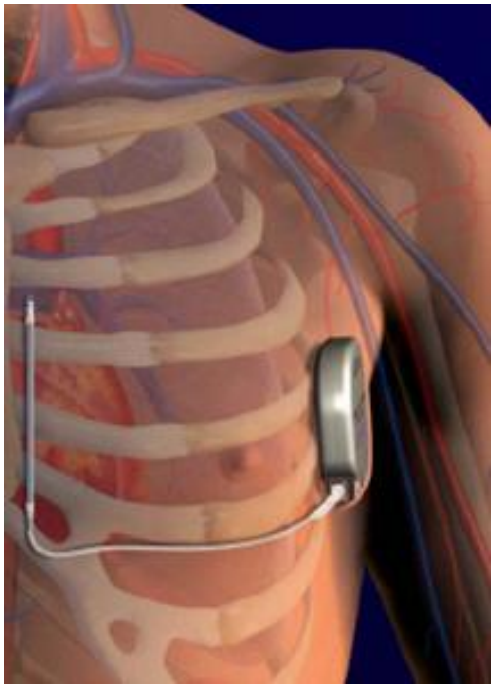
The World's First and Only Commercially Available Subcutaneous ICD (S-ICD®)

Boston Scientific



S-ICD®* System

Breakthrough Technology for Physicians Implanting ICDs Today

- The S-ICD® System sits just below the skin and leaves the heart and blood vessels untouched
- Provides reliable defibrillation without transvenous leads
- Valuable new treatment option for primary and secondary prevention patients at risk of sudden cardiac arrest

More than 1,000 S-ICD systems have been implanted globally

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Product Details

- Entire S-ICD®* System sits just below the skin and leaves the heart and blood vessels untouched
- Like traditional ICDs, device detects cardiac activity and provides defibrillation therapy (80J)
- Pulse generator is about the same size as earlier-generation traditional ICDs, but implanted in a different location

SQ-RX™
pulse generator

Q-TRAK™
electrode

Q-TECH™
programmer

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Clinical Detail

Evaluated in a variety of studies and implanted in more than 1,000 patients worldwide

- **CE clinical investigation study completed in 2009**
  - Enrolled 55 patients
  - Primary objective of this study was to evaluate the S-ICD®* System's ability to identify and terminate induced VF in patients during the implant procedure
- **US IDE clinical study completed enrollment in May 2011**
  - 330 patients were enrolled in the study with a follow-up of 180 days
- **Several on-going post-market studies**
  - EFFORTLESS registry 1,000 patients
  - Randomized, controlled PRATOREAN study 700 total pts of which 350 are S-ICD

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Provides Physicians and their Patients an Alternative to Traditional ICD Therapy

Boston Scientific

The S-ICD®* System is designed to be an effective alternative to a traditional ICD, enhancing procedural efficiency and reducing lead-related complications

Fewer Complications

- Designed to eliminate complications associated with transvenous leads
- Leaves the heart and vasculature untouched
- Provides reliable defibrillation without transvenous leads
- Avoids complications of traditional lead extraction

Procedural Efficiency

- Implant guided by anatomical landmarks
- Can be done without fluoroscopy
- Predictable implant times relative to traditional ICD implant
- Could be performed in a sterile procedure room

Provides Choice

- Effective alternative to traditional ICD therapy for appropriate patients
- Could be first-line therapy for many patients
- Additional option for physicians and their patients to consider

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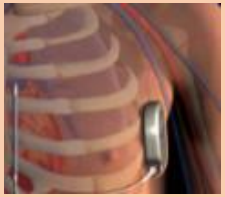
Acquisition Would Result in Differentiated Near-Term Portfolio of Arrhythmia Management Products

Boston Scientific

Subcutaneous Implantable Cardioverter Defibrillator (S-ICD® System)*



- 1st and only commercially available completely subcutaneous ICD
- Valuable new treatment option for primary and secondary prevention

INGENIO Family of Pacemakers*

- Wireless pacemaker and CRT-P devices
- Platform for MRI conditional

INCEPTA, ENERGEN, PUNCTUA ICDs and CRT-Ds

- World's smallest, thinnest high energy devices
- Longest warranty in the industry

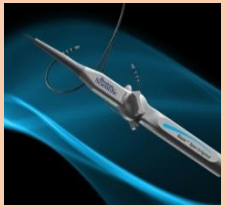
WATCHMAN® Left Atrial Appendage Closure Device**

- LAAC represents a therapy option for patients with atrial fibrillation who are at risk for ischemic stroke

ENDOTAK RELIANCE ICD Lead

- Proven long term reliability
- Available with the 4-SITE connector (DF-4)

Blazer™ Open-Irrigated Catheter*



- Ablation (RFA) catheter designed to treat a variety of arrhythmias

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S-ICD Would Add to a Rich History of Arrhythmia Management Innovation

Boston Scientific

1972

MAXILITH
First lithium-iodine powered pacemaker

1985

AID-B/BR
World's first commercially available AID

1988

VENTAK®
First AICD with programmable rate detection

1993

ENDOTAK
First transvenous defibrillation lead system

1996

MADIT
Clinical Trial is Published in NEJM

1997

VENTAK AV
First U.S. market released ICD with dual-chamber pacing and atrial diagnostics

1998

VENTAK AV II DR
World's first ICD with adaptive-rate, dual-chamber pacing

2002

MADIT II
Clinical Trial is Published in NEJM

2002

CONTAK CD
First U.S. approved cardiac resynchronization therapy defibrillator (CRT-D)

2004

COMPANION
Clinical Trial is Published in NEJM

2008

COGNIS® TELIGEN®
World's smallest, thinnest high energy devices

2009

MADIT CRT
Clinical Trial is Published in NEJM

2012

INCEPTA, ENERGEN & PUNCTUA
World's smallest, thinnest high energy devices

EST 2013

WATCHMAN ®**

EST 2013

S-ICD®* System

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US approval and estimated US approval dates shown

Key Merger Events

Boston Scientific + Cameron Health Merger Key Events	
June 2009	S-ICD®* System receives CE Mark
December 2011	1,000th S-ICD® System Implant
December 2011	PMA submission to FDA
March 2012	Exercise of Option to Acquire
Q2 – Q3 2012	Expected Transaction Completion
Q2/Q3 2012 through 2013	Expected Integration Activities (Pending Close)
First Half of 2013	Expected FDA Approval of S-ICD® System

Closing of the transaction is subject to customary conditions, including relevant antitrust clearances.

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More Information on Cameron Health and the Acquisition

Cameron Health, Inc. Website:
www.cameronhealth.com

New England Journal of Medicine Article:
"An Entirely Subcutaneous Implantable Cardioverter–Defibrillator"

In Vivo Journal Article:
"Cameron Health: Is This the Cure for an Ailing ICD Market?"

Boston Scientific Corporation Website:
http://bostonscientific.mediaroom.com/index.php?s=24889&item=124076

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Brief Summary

CRT-D Systems from Boston Scientific CRM

Indications and Usage

These Boston Scientific Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) are indicated for patients with heart failure who receive stable optimal pharmacologic therapy (OPT) for heart failure and who meet any one of the following classifications:

Moderate to severe heart failure (NYHA Class III-IV) with EF ≤ 35% and QRS duration ≥ 120 ms

Left bundle branch block (LBBB) with QRS ≥ 130 ms, EF ≤ 30%, and mild (NYHA Class II) ischemic or nonischemic heart failure or asymptomatic (NYHA Class I) ischemic heart failure

Contraindications

There are no contraindications for this device.

Warnings

Read the product labeling thoroughly before implanting the pulse generator to avoid damage to the system. For single patient use only. Do not reuse, reprocess, or resterilize. Program the pulse generator Tachy Mode to Off during implant, explant or postmortem procedures. Always have sterile external and internal defibrillator protection available during implant. Ensure that an external defibrillator and medical personnel skilled in CPR are present during post-implant device testing. Advise patients to seek medical guidance before entering environments that could adversely affect the operation of the active implantable medical device, including areas protected by a warning notice that prevents entry by patients who have a pulse generator. Do not expose a patient to MRI device scanning. Do not subject a patient with an implanted pulse generator to diathermy. Do not use atrial-tracking modes in patients with chronic refractory atrial tachyarrhythmias. Do not use atrial-only modes in patients with heart failure. LV lead dislodgment to a position near the atria can result in atrial oversensing and LV pacing inhibition. Physicians should use medical discretion when implanting this device in patients who present with slow VT. Do not kink, twist or braid the lead with other leads. Do not use defibrillation patch leads with the CRT-D system. Do not use this pulse generator with another pulse generator. For specific models, when using a subpectoral implantation, place the pulse generator with the serial number facing away from the ribs.

For DF4-LLHH or DF4-LLHO leads, use caution handling the lead terminal when the Connector Tool is not present on the lead and do not directly contact the lead terminal with any surgical instruments or electrical connections such as PSA (alligator) clips, ECG connections, forceps, hemostats, and clamps. Do not contact any other portion of the DF4-LLHH or DF4-LLHO lead terminal, other than the terminal pin even when the lead cap is in place.

Precautions

For specific information on precautions, refer to the following sections of the product labeling: clinical considerations; sterilization, storage and handling; implant and device programming; follow-up testing; explant and disposal; environmental and medical therapy hazards; hospital and medical environments; home and occupational environments. Advise patients to avoid sources of electromagnetic interference (EMI) because EMI may cause the pulse generator to deliver inappropriate therapy or inhibit appropriate therapy.

Potential Adverse Events

Potential adverse events from implantation of the CRT-D system include, but are not limited to, the following: allergic/physical/physiologic reaction, death, erosion/migration, fibrillation or other arrhythmias, lead or accessory breakage (fracture/insulation/lead tip), hematoma/seroma, inappropriate or inability to provide therapy (shocks/pacing/sensing), infection, procedure related, and component failure. Patients may develop psychological intolerance to a pulse generator system and may experience fear of shocking, fear of device failure, or imagined shocking. In rare cases severe complications or device failures can occur.

Refer to the product labeling for specific indications, contraindications, warnings/precautions and adverse events. Rx only.
(Rev. P)

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