BlueCross BlueShield of Illinois

Group Benefit Program Summary for

Baxter Credit Union - VF030905

Voluntary Group Accident Insurance

Our Accident insurance provides you with the extra money you need to help cover the increased expenses, medical or otherwise, you face when you suffer an injury due to an accident. The proceeds from your approved claim may be used however you wish.

Eligibility	All active full time employees, 30 hours or more
Coverage Type	Off the Job Coverage
Reduction Schedule	Benefits terminate at retirement

Accident Benefits	High Plan
Accident Emergency Treatment (one per accident)	
Emergency Room	$150
Urgent Care Center	$150
Physician's Office	$50
X-Ray	$50
Accident Follow-up Treatment (up to 6 treatments)	$50
Initial Hospital Admission	$1,200
Initial ICU Admission	$2,000
Accident Hospital Confinement (up to 365 days)	$250
Intensive Care Unit Confinement (up to 15 days)	$500
Surgical Procedures Benefit	
Arthroscopy	$300
Open Abdominal	$1,250
Cranial	$1,250
Hernia	$1,250
Thoracic Surgery	$1,250
Repair of Tendons and/or ligaments	$625
Repair of Torn Rotator Cuffs	$625
Repair of Ruptured Discs	$625
Repair of Torn Knee Cartilages	$625
Miscellaneous Surgical Procedures	
Surgery with General Anesthesia	$300
Surgery with Conscious Sedation	$120
Outpatient Ambulatory Surgical Center Benefit	20%
Ambulance	
Ground Ambulance	$200
Air Ambulance	$1,500
Major Diagnostic Exams	$200
Physical Therapy (up to 10 treatments)	$35
Rehabilitation Unit (up to 30 days)	$150

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Epidural Pain Management	$100
Appliances	$125
Prothesis	
One Prosthetic Device	$750
More than one Prosthetic Device	$1,500
Blood / Plasma / Platelets	$200
Transportation	$600
Family Lodging	$125
Accident Specific-Sum Injuries Benefits	
Dislocations (Closed Reduction) / (Open Reduction)	
Hip	$1,500/$4,000
Knee or Shoulder	$1,500/$2,000
Collar Bone	$500/$1,700
Ankle or Foot (excluding toes)	$500/$1,500
Lower Jaw	$500/$1,000
Wrist or Elbow	$500/$750
Toe or Finger	$100/$300
Local or No Anesthesia (Percent of Closed Reduction)	25%
Burns (2nd Degree)/(3rd Degree)	
0-20 square cm	$125/$250
20-40 square cm	$250/$625
40-65 square cm	$500/$1,250
65-160 square cm	$750/$3,750
160-225 square cm	$1,000/$8,750
225+ square cm	$1,250/$12,500
Skin Graft as % of Burn Benefit	50%
Eye Injury	
Surgical Repair	$300
Removal of Foreign Body	$65
Lacerations	
Not requiring sutures	$35
< 5 cm	$65
5 cm - 15 cm	$250
> 15 cm	$500
Fractures (Closed Reduction)/(Open Reduction)	
Hip	$2,000/$5,000
Leg	$1,000/$3,000
Hand (Excluding Fingers)	$500/$1,500
Foot (Excluding Toes/Heel)	$500/$1,500
Wrist, Elbow, Ankle, or Kneecap	$500/$1,500
Shoulder Blade or Forearm	$500/$1,500
Lower Jaw	$500/$1,500
Vertebrae (Body of), Pelvis (Excluding Coccyx), or Sternum	$700/$2,000
Upper Jaw, Upper Arm, or Face (Excluding Nose)	$375/$1,200
Rib	$500/$2,200
Nose, Heel, or Finger	$250/$1,000
Coccyx	$250/$500
Toes	$250/$500
Vertebral Processes	$400/$3,000

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.

Skull - Depressed	$1,875/$3,500
Skull - Simple	$800/$1,800
Chip Fracture (Percent of Closed Reduction)	25%
Concussion	$150
Emergency Dental Work	
Broken Tooth Repaired with Crown	$400
Broken Tooth Repaired with Extraction	$130
Coma	$12,500
Paralysis	
Quadriplegia	$12,500
Paraplegia	$6,250
Hemiplegia	$4,750
Accidental Death	
Common Carrier Accident: Employee	$150,000
Spouse	$150,000
Child	$25,000
Other Accident: Employee	$40,000
Spouse	$40,000
Child	$12,500
Accidental Dismemberment	
Both Arms and Both Legs: Employee	$40,000
Spouse	$40,000
Child	$12,500
Two Eyes, Feet, Hands, Arms, or Legs: Employee	$40,000
Spouse	$40,000
Child	$12,500
One Eye, Foot, Hand, Arm, or Leg: Employee	$10,000
Spouse	$10,000
Child	$3,750
One or More Fingers and/or One or More Toes: Employee	$2,000
Spouse	$2,000
Child	$625
Wellness	$50

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.

Rates (Bi-Weekly)	
Employee Only:	$3.31
Employee and Spouse:	$6.96
Employee and Children:	$6.72
Family:	$10.22

Accident Limitations and Exclusions

We will not pay any benefit for an Injury resulting from or caused by:

any disease, Illness or infirmity of mind or body, and any medical or surgical treatment thereof; or
any error, mishap or malpractice during a medical, diagnostic or surgical treatment or procedure for any Illness; or
cosmetic surgery or other elective procedure that is not medically necessary; or
suicide or attempted suicide, while sane or insane; or
any intentionally self-inflicted Injury; or
war, declared or undeclared, whether or not a member of any armed forces; or
travel or flight in any aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
commission of, participation in, or an attempt to commit an assault or felony as defined by state or federal law; or
The Covered Person being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a Physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
The Covered Person being intoxicated as defined by the laws of the jurisdiction in which the Accident occurred or .08% blood alcohol content if the jurisdiction in which the Accident occurred does not define intoxication. Conviction is not necessary for a determination of being intoxicated; or
active participation in a Riot. Riot means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder; or
driving or riding in any vehicle used in a race, speed or endurance test or for acrobatic or stunt driving; or
an occupational Accident; or
any Injury or treatment which is covered by a Workers' Compensation or occupational disease law; or
we will not pay any benefits for an Accident that occurred while the Covered Person was operating a motor vehicle and was intoxicated as defined by the laws of the jurisdiction in which the Accident occurred or .08% blood alcohol content if such jurisdiction does not define intoxication. Conviction is not necessary for a determination of being intoxicated; or
we will not pay any benefits for an Accident that occurred while the Covered Person was operating a motor vehicle and was under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a Physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence.

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.