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	Low Plan
Accident Emergency Treatment (one per accident)	
Emergency Room	$75
Urgent Care Center	$75
Physician's Office	$50
X-Ray	$25
Accident Follow-up Treatment (up to 6 treatments)	$25
Initial Hospital Admission	$400
Initial ICU Admission	$750
Accident Hospital Confinement (up to 365 days)	$150
Intensive Care Unit Confinement (up to 15 days)	$300
Surgical Procedures Benefit	
Arthroscopy	$185
Open Abdominal	$750
Cranial	$750
Hernia	$750
Thoracic Surgery	$750
Repair of Tendons and/or ligaments	$375
Repair of Torn Rotator Cuffs	$375
Repair of Ruptured Discs	$375
Repair of Torn Knee Cartilages	$375
Miscellaneous Surgical Procedures	
Surgery with General Anesthesia	$190
Surgery with Conscious Sedation	$80
Outpatient Ambulatory Surgical Center Benefit	20%
Ambulance	
Ground Ambulance	$120
Air Ambulance	$800
Major Diagnostic Exams	$100
Physical Therapy (up to 10 treatments)	$25
Rehabilitation Unit (up to 30 days)	$75

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	$50
Prothesis	
One Prosthetic Device	$250
More than one Prosthetic Device	$500
Blood / Plasma / Platelets	$100
Transportation	$200
Family Lodging	$75
Accident Specific-Sum Injuries Benefits	
Dislocations (Closed Reduction) / (Open Reduction)	
Hip	$500/$2,000
Knee or Shoulder	$500/$800
Collar Bone	$300/$800
Ankle or Foot (excluding toes)	$300/$500
Lower Jaw	$300/$500
Wrist or Elbow	$300/$500
Toe or Finger	$50/$100
Local or No Anesthesia (Percent of Closed Reduction)	25%
Burns (2nd Degree)/(3rd Degree)	
0-20 square cm	$75/$150
20-40 square cm	$150/$375
40-65 square cm	$300/$750
65-160 square cm	$450/$2,250
160-225 square cm	$600/$5,250
225+ square cm	$750/$7,500
Skin Graft as % of Burn Benefit	50%
Eye Injury	
Surgical Repair	$250
Removal of Foreign Body	$50
Lacerations	
Not requiring sutures	$20
< 5 cm	$40
5 cm - 15 cm	$150
> 15 cm	$300
Fractures (Closed Reduction)/(Open Reduction)	
Hip	$1,000/$2,000
Leg	$500/$1,000
Hand (Excluding Fingers)	$200/$400
Foot (Excluding Toes/Heel)	$200/$400
Wrist, Elbow, Ankle, or Kneecap	$200/$400
Shoulder Blade or Forearm	$200/$400
Lower Jaw	$200/$400
Vertebrae (Body of), Pelvis (Excluding Coccyx), or Sternum	$400/$800
Upper Jaw, Upper Arm, or Face (Excluding Nose)	$250/$500
Rib	$75/$750
Nose, Heel, or Finger	$75/$450
Coccyx	$75/$150
Toes	$75/$150
Vertebral Processes	$150/$750

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	$1,200/$1,200
Skull - Simple	$400/$800
Chip Fracture (Percent of Closed Reduction)	25%
Concussion	$50
Emergency Dental Work	
Broken Tooth Repaired with Crown	$75
Broken Tooth Repaired with Extraction	$25
Coma	$7,500
Paralysis	
Quadriplegia	$7,500
Paraplegia	$3,750
Hemiplegia	$3,000
Accidental Death	
Common Carrier Accident: Employee	$80,000
Spouse	$80,000
Child	$12,000
Other Accident: Employee	$20,000
Spouse	$20,000
Child	$6,000
Accidental Dismemberment	
Both Arms and Both Legs: Employee	$20,000
Spouse	$20,000
Child	$6,000
Two Eyes, Feet, Hands, Arms, or Legs: Employee	$20,000
Spouse	$20,000
Child	$6,000
One Eye, Foot, Hand, Arm, or Leg: Employee	$5,000
Spouse	$5,000
Child	$1,500
One or More Fingers and/or One or More Toes: Employee	$1,000
Spouse	$1,000
Child	$400
Wellness	$40

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:	$1.65
Employee and Spouse:	$3.46
Employee and Children:	$3.30
Family:	$5.10

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.