IMPORTANT: This is a fixed indemnity policy,
NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy contact your State
- Department of Insurance. Find their number on the National Association of Insurance Commissioner's website (**NAIC.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

BlueCross BlueShield of Illinois

Group Benefit Program Summary for

Baxter Credit Union - VF030905

Voluntary Group Hospital Indemnity Insurance

A stay in a hospital can be very expensive, even with the best medical insurance. Hospital Indemnity insurance provides a benefit if you are confined in a hospital. The extra money is paid directly to you and can help cover medical bills, deductibles, the increased expenses, medical or otherwise, you face. The proceeds from your approved claim may be used however you wish.

Eligibility	All Active Full-Time Employees, 30 hours or more
Reduction Schedule	None. Benefits terminate at retirement.
Enrollment Opportunities	You may enroll for or change your coverage at Annual Enrollment only
Guarantee Issue	Benefits are available on a Guarantee Issue basis at Annual Enrollment
Pre-Existing Conditions	None
Pregnancy / Childbirth Waiting Period	None
Portability	Coverage may be ported until age 65.

Hospital Indemnity High Plan Benefits	Benefit Amounts
Hospital Admission Payable once per year when admitted to a hospital	$1,000
Daily Hospital Confinement Pays a daily benefit when confined to a hospital for at least 20 hours. Payable up to 30 days per year.	$200 per day
Intensive Care Unit (ICU) Admission Payable once per year when admitted to an Intensive Care Unit of a hospital. This is in addition to the Hospital Admission benefit.	$1,000
Daily Intensive Care Unit (ICU) Confinement Pays a daily benefit when confined to a hospital Intensive Care Unit. This is in addition to the Daily Hospital Confinement benefit. Payable up to 30 days per year. If ICU Confinement exceeds 30 days, the Daily Hospital Confinement benefit will apply.	$400 per day
Newborn Confinement Benefit Pays a daily benefit when a newborn child is confined in a hospital to receive routine nursery care while the mother is confined. Payable up to 1 day.	$200 per day
Rehabilitation Unit Confinement Benefit Pays a benefit when a covered person is confined in a licensed Rehabilitation facility for treatment of an Accident only. Payable up to 30 days per year.	$100 per day
Observation Unit Confinement Benefit Pays a benefit when a covered person is confined on an outpatient basis to an Observation Unit of a hospital, separate from an emergency room. The benefit is payable 1 day per calendar year.	$200 per day

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.

Substance Abuse Confinement Benefit Pays a benefit when a covered person is confined to a Residential Treatment Facility for Substance Abuse treatment. The benefit is payable up to 30 days per calendar year.	$100 per day

Bi-Weekly Premium	
Employee Only:	$6.29
Employee and Spouse:	$10.59
Employee and Child(ren):	$14.03
Family:	$17.55

Hospital Indemnity Insurance Limitations and Exclusions:

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

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
combat training 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
A loss that occurs while a Covered Person is legally incarcerated in a penal or correctional institution; 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
a Mental or Nervous Disorder; 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.