Covers all Western student enrolled in 12 or more credit hours with a $1,500 accident policy.

**PERIOD OF COVERAGE**
August 22, 2015, throughout the end of enrollment for the 2015-2016 academic year. Injuries must be reported within 10 days of the injury.

**FILING FOR BENEFITS**
In the event of a claim, the student should:
See the attachment “Health Insurance flyer” first
If at the College, report at once to the office of the Vice President for Student Success Services office (room 3011). See Debi Monroe or contact her at: dmonroe@wwcc.wy.edu or call (307) 382-1655.
If away from the college consult a qualified doctor or hospital for treatment and upon returning, report promptly to the office of the Vice President for Student Success Services for instruction in filing for benefits.

**HEALTH INSURANCE**
Although Western does not require all students to carry health insurance, we certainly encourage it. Please check carrier websites or contact local health insurance companies to find the policy that would best fit your needs.

**EXCLUSIONS**
The policy does not provide Benefits for expense resulting from:
1. Any sickness, disease, infection (unless caused by an open cut or wound), including but not limited to: aggravation of a congenital condition, blisters, headaches, hernia of any kind, mental or physical infirmity, Osgood-Schlatter disease, osteochondritis, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, orthodontics, injuries involving bone cysts, dental implants.
2. Injuries for which benefits are payable under Workers’ Compensation or Employer’s Liability Laws.
3. The services of a second or subsequent Physician when not performed by an attending Physician. This exclusion does not apply to any Assistant Surgeon Benefits listed under Schedule Of Covered Services - Supplies.
4. Any Injury involving a two or three-wheeled motor vehicle or snowmobile or any motorized or engine driven vehicle not designed primarily for use on public streets and highways, unless the insured is participating in an activity sponsored by the Policyholder.
5. Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly scheduled commercial airline.
6. Intentionally self-inflicted Injuries; Injuries sustained while fighting or brawling, or violating or attempting to violate any existing city, state, or federal law; Injuries resulting from use of alcohol, drugs or narcotics, unless administered on the advice of physician.
7. Services provided normally without charge by the Health Service of the Policyholder; or by any person employed or retained by the Policyholder; or services covered or provided by the student health fee.
8. Treatment for re-Injury, EXCEPT when the Insured is treatment free for a period of 180 days prior to the Policy Effective Date.
9. Replacement of contact lenses, eyeglasses, hearing aids or prescriptions or examinations thereof.

If benefits have been paid under this Policy for an Injury, a re-injury will be considered new if:
1. the re-Injury occurs while the Insured is covered under this Policy; and
2. the Insured remains treatment free for a period of 180 days between the date of last treatment for the original Injury and the date of the re-Injury.
A re-Injury that is incurred within 180 days of the original Injury, will be considered a continuation of the original Injury.

**CLAIM PROCEDURE**
Secure a claim form from the College or from the Student Assurance Services, Inc. website www.sas-mn.com. Fill in the necessary information, attach all itemized doctor and hospital bills, prescription drug labels, and send to:
STUDENT ASSURANCE SERVICES, INC.
P.O. Box 196 • Stillwater, MN 55082-0196

Proof of loss must be submitted to the address above within 60 days from the date of Injury.

To check the status of your filed claim, please call the Claims Office from 8:00 a.m. to 4:30 p.m. (Central Time), Monday through Friday. The telephone number is: (800) 328-2739. The Student Assurance Services, Inc. website is: www.sas-mn.com.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Group Accident Insurance Policy Form GH-2200 (and any state specific). This Policy is considered term accident insurance and is non-renewable. This product may not be available in all states and is subject to individual state regulations. The Master Policy is issued to the College.

You may obtain a detailed copy of Security Life’s privacy policy by contacting the Plan Administrator at (800) 328-2739, or by visiting our website www.sas-mn.com.
Dear Student:

The administration is making available to the students, a plan of group blanket accident insurance (hereinafter called “plan” or “Plan”) underwritten by Security Life Insurance Company of America. The coverage is designed to provide benefits for medical expenses arising from an accident including those which occur off campus and during interim vacations.

Any questions about the policy should be directed to:

Student Assurance Services, Inc.
P.O. Box 196 • Stillwater, MN 55082
Phone (800) 328-2739

ELIGIBILITY

All full-time students enrolled in 12 or more credit hours per semester or summer session are eligible to enroll in this plan. Students must be physically and actively attending classes on campus. Students age 65 or over, online or distance learning students taking home study, correspondence, or television courses are not eligible to enroll in the plan. The Plan Administrator reserves the right to determine if the student has met the eligibility requirements. If the Plan Administrator later determines the eligibility requirements have not been met, its only obligation is to refund premium.

EFFECTIVE AND EXPIRATION DATES

Your coverage becomes effective on the Master Policy effective date 08-02-2015; or the first day of the term for which you are registered. All coverage expires on the earlier of: the Master Policy expiration date 08-01-2016; or the first day of the term for which you are registered.

TO ENROLL FOR COVERAGE

All students will be automatically enrolled in the accident insurance plan. Premium is paid by the College.

BENEFITS FOR MEDICAL EXPENSES

When injury covered by the Policy results in treatment by a licensed physician within sixty (60) days from the date of Accident, the Company shall pay Eligible Expenses for necessary Covered Services - Supplies, subject to all maximums, deductibles, coinsurance percentages and benefit limits listed below. Benefits shall be payable for charges actually incurred within one year from the date of Injury up to a Maximum Medical Benefit of $1,500 for each Injury.

This Policy shall pay benefits regardless of Other Valid Coverage, if the covered claim expense is less than $100. If the covered claim expense exceeds $100, benefits shall be paid first by any other valid and collectible insurance or group plan including an ERISA or self-funded group policy. If Other Valid Coverage has a non-duplication of benefits or other similar provision, this Policy shall provide benefits for the lesser of: 1) the covered benefit limit specified in the Schedule of Covered Services – Supplies below; or 2) the Eligible Expense for covered services not payable from Other Valid Coverage in the absence of coverage under this Policy or any Other Valid Coverage.

SCHEDULE OF COVERED SERVICES – SUPPLIES AND BENEFIT LIMITS

(unless otherwise stated all amounts are per Injury)

1. Physician’s Services
   a. for Surgical Care (includes services for surgeon, assistant surgeon, anesthesia) – Eligible Expenses Incurred
   b. for Non-Surgical Care (includes physiotherapy; 1 treatment per day; not paid day of surgery) – Eligible Expenses Incurred

2. Hospital Care -
   a. Inpatient Care – the usual daily charge for the hospital’s semi-private room and hospital miscellaneous charges incurred. Benefits for miscellaneous charges are limited to services not scheduled under covered services -supplies.
   b. Outpatient Care (includes facility charges for outpatient day surgery and emergency room) – hospital miscellaneous charges incurred. Benefits for miscellaneous charges are limited to services not scheduled under covered services -supplies.

3. Radiology Services (x-rays and charges for reading) – Eligible Expenses Incurred

4. Dental Treatment (for repair and/or replacement of each sound and natural tooth, includes x-rays, in lieu of all other medical benefits) – Eligible Expenses Incurred, up to $200 per tooth

5. Ambulance (ground service only) – Eligible Expenses Incurred

6. Prescription Drugs (outpatient or take home) – Eligible Expenses Incurred

7. Motor Vehicle Injury – Same as any Injury

8. Orthopedic Appliance (when prescribed by a physician) – Eligible Expenses Incurred

9. Laboratory Services (inpatient or outpatient; includes charges for reading) – Eligible Expenses Incurred

10. Registered Nurse (Inpatient) – Eligible Expenses Incurred

11. Other Covered Services
   A. Durable Medical Equipment - Eligible Expenses Incurred
   B. Intercollegiate Sports Injuries - Same as any Injury

ACCIDENTAL DEATH AND DISMEMBERMENT

When Injury covered by this Policy results in the following specific Losses within 180 days from the date of Accident, the Company shall pay the benefit amount below listed opposite to the specific Loss, and shall be in addition to any other benefits payable under this Policy for such Accident. If the Insured sustains more than one Loss as a result of one Accident, the Company shall pay only one amount, the largest to which the Insured is entitled. Loss of a Hand or Foot means loss by severance at or above the wrist or ankle joint. Loss of Sight must be entire and irrecoverable.

| Loss of Life | $1,000 |
| Loss of both Hands, both Feet or Sight of both Eyes | $1,000 |
| Loss of one Hand, one Foot or Sight of one Eye | $500 |