2016-17 Graduate Student Orientation
Ohio State Comprehensive Student Health Benefits Plan
Welcome to Ohio State!

Student Health Insurance
Lincoln Tower, Floor 11
www.shi.osu.edu
shi_info@osu.edu
614-688-7979

Open 8am-5pm (7:30-4:30 summer)
Health insurance is required as a condition of course enrollment.

- **International Students:**
  - Required regardless of credit hours (unless ALL distance-learning)
  - Must enroll in the Ohio State Comprehensive Student Health Benefits Plan

- **Domestic Students:**
  - Required if half-time or more: 4 or more credits for graduate and professional students, and 3 eligible credit hours for post-candidacy doctoral students.

- **Course exceptions to credit hour eligibility:** Students in certain approved co-ops, internship, study abroad, and thesis or dissertation research courses are automatically enrolled in Comprehensive Plan regardless of hours, unless the student waives coverage.
The Comprehensive Student Health Benefits Plan:

- Medical, mental health, pharmacy, dental, and vision benefits combined in one plan
- Convenient enrollment, provides year-round world-wide coverage
- 2016-17 policy year: 8/16/2016 – 8/14/2017
- UnitedHealthcare StudentResources (“UHCSR”) and HealthSmart Benefit Solutions administer the medical and pharmacy benefits
- Delta Dental administers dental benefits

**UHCSR ID card and welcome packet mailed to your campus address (Columbus address) mid-September 2016.**

- If you need an ID card sooner, you can download the mobile application—Search for UHCSR on Google Play or Apple Store. Or go to [www.uhcsr.com/osu](http://www.uhcsr.com/osu) and create your “MyAccount” or shi.osu.edu
WilceCare Supplement

• Coverage for certain medical and prescription services rendered *exclusively* at the Wilce Student Health Center.
• $225 per policy year with $2000 in medical benefits and $225 in prescription benefits.
• You must have your own medical coverage to purchase the WilceCare Supplement.

** We do not accept petitions for late enrollment in the WilceCare Supplement. The next opportunity will be for SP/SU17. The deadline to select is 12/31/16.
Select or waive coverage before the published select/waive deadline each academic year in your Student Center.
Paying for the Comprehensive Plan:

- Fee will appear on your Statement of Account
- Payable 2x per year: Autumn and Spring (includes Summer)

2016-17 Semester Fees:
- $1377 Student Only
- $2754 Student + Spouse or Child
- $4131 Student + Sp + Child OR Student + 2 or more children
- $5508 Student + Sp + 2 or more children

▸ Make payment directly to University Bursar (not SHI)
Graduate Subsidy

• If you are receiving a graduate subsidy where your department is paying 85% of your insurance fee, your 15% will be deducted from the first 4 monthly paychecks in the Autumn and Spring semesters (Sept, Oct., Nov., Dec., Jan., Feb., Mar., and April)

• If you have further questions, please contact the Student Service Center at 614-292-0300 or ssc@osu.edu
Qualifying Events

• Defined list of opportunities to add or drop Comprehensive Plan outside of deadlines and standard periods – visit our website for list (new baby, marriage, aging off parent’s coverage, etc.)

• If you experience a Qualifying Event you will need to submit a “Coverage Status Change Form” to the Student Health Insurance Office within 31 days of the Qualifying Event.

• http://www.shi.osu.edu/important-forms/
Places and cost:

✓ Visit shi.osu.edu’s “Find a Provider”

<table>
<thead>
<tr>
<th>Where you can go</th>
<th>Cost-savings level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio State SHS, CCS, Dental and Vision clinics</td>
<td>$ (Tier 1)</td>
</tr>
<tr>
<td>Providers in OSU Health Plan Network – In Franklin County</td>
<td>$$ (Tier 2)</td>
</tr>
<tr>
<td>Providers in UHC Options PPO Network – Outside Franklin County</td>
<td>$$ (Tier 2)</td>
</tr>
<tr>
<td>Providers in UHC Options PPO Network – Inside Franklin County</td>
<td>$$$ (Tier 3)</td>
</tr>
<tr>
<td>All other providers</td>
<td>$$$$$ (Tier 4)</td>
</tr>
</tbody>
</table>

✓ Search “Find a Provider” before you go!
Welcome The Ohio State University

Welcome to your student health insurance plan page. UnitedHealthcare StudentResources is committed to doing our part to reduce waste and its impact on the environment. Part of this commitment includes reducing our use of paper as well as increasing our security of personal health information. This is your planet. Go Green! Create an Account Today!

For plan details, including benefits and rates, please rotor to Plan Information section below.

For more information on The Ohio State University (OSU) Comprehensive Student Health Benefits Plan, Wilercare, or to how to enroll or waive coverage please visit: www.shi.osu.edu

For claims and customer service: please contact Healthsmart at 1-844-206-8374 or Healthsmart Claims and Customer Service.

Plan Information

Review your statement of benefits in the links below, before enrolling in the plan. Each plan’s statement of benefits can be found in the brochure within the Schedule of Benefits section. If an enrollment form is applicable, then rates will be included in a form below.

Locate a Provider - OSU Providers - OSU Health Plan network
Locate a Provider - UHC Options PPO - Outside Franklin County
Locate a Provider - United Behavioral Health - Outside Franklin County HealthSmart RX

2015-1 Combined Brochure Option 1 (Domestic) and Option 4 (International) - updated 8/13/15
Visit our website shi.osu.edu:
✓ FIND A PROVIDER
Using your policy:

- August 16: Student Health Insurance sends you email
- September: UnitedHealthcare mails you a Member ID card
- Member ID Card is your proof of insurance
- You must show it when you use services

- Mail will arrive at your Columbus address – open it!
Your covered Services:*

✓ Medical
✓ Mental health
✓ Prescription drug
✓ Vision
✓ Dental

Your covered Providers:

✓ Campus locations
✓ County locations
✓ National locations
✓ Global coverage
With Comprehensive Plan, you pay low/no cost at university locations:

- Wilce Student Health Center
- Counseling and Consultation Services
- College of Optometry Clinics
- College of Dentistry Student Clinics

✔ NO deductible
✔ Low or no co-pays
✔ Low or no co-insurance

✔ Try here first
Student Health Services at the Wilce Student Health Center

shs.osu.edu / 614-292-4321

✓ Office visits, labs, x-rays and others covered at 100%

Mon and Thurs: 8:00a-6:30p  
Tues and Wed: 8:00a-6:00pm  
Fri: 8:00a-5:00p  
Sat (Non Football): 9:00a-1:00p

1875 Millikin Rd (close to Thompson Library)
Preventive care – Care before you get sick

- **Annual check-up** - 100% paid for by policy
- **Certain cancer screenings** – 100% paid for by policy
- **Certain immunizations** – 100% paid for by policy
- **Dental** – 2 exams each year for $17 copay at SHS/College of Dentistry
- **Vision** – Annual exam for $15 copay at SHS/College of Optometry
Counseling and Consultation Service
ccs.osu.edu  /  614-292-5766

✓ All enrolled students eligible for 10 free sessions per academic year

✓ Comprehensive Plan allows $15 additional psychotherapy sessions & psychiatry

Main office: Youkin Success Center
Other office: Lincoln Tower 10th floor

Mon-Thurs: 8:00a-8:00p
Friday: 8:00a-5:00p
Other providers around campus:

Dental Services:
- Wilce Student Health Center
- OSU College of Dentistry Student Clinic

Vision Services:
- Wilce Student Health Center
- OSU College of Optometry

For Pharmacy – Prescriptions:
- Wilce Student Health Center (can be used by dependents)
- Walgreens at the OSU Wexner Medical Center
- CVS 2160 North High Street Columbus, Ohio 43201
  (at the corner of Lane Ave and High St.)
What if you are is sick and the Wilce Student Health Center is closed -- Where should you go?
Is it Urgent or is it an Emergency?

- **Urgent**: Not life-threatening but may cause problems if not promptly treated. Examples: injuries, sustained or high fever, sudden pain.
  - **Urgent Care or After Hours Clinic locations**.

- **Emergency**: Life threatening injury or illness, or if urgent care facilities are closed.
  - **Call 911 or go to an Emergency Room.**
How do you decide where to go?

- **Think about your need**
  - Can you wait?
  - Will waiting make it worse?
  - Advice nurse at Wilce Student Health Center
  - Call *HealthiestYou* evenings and weekends

- **Think about places and cost**
  - What type of provider fits your need?
Ohio State AfterHours Care at Martha Morehouse Medical Plaza
2050 Kenny Road, Suite 2250 / 614-685-3357

M-F: 4:00 PM - 9:30 PM
Sat & Sun: 10:00 AM - 5:30 PM
Comprehensive Plan Prescription Drug coverage

Formulary = list of specific drugs covered by your policy

• Many drug classes but not all drugs on list

You can go to:

• Wilce Student Health Center Pharmacy
• Any HealthSmart RX network pharmacy

Your cost:

• 10% for generic drugs
• 20% for formulary brand drugs
• 50% for non formulary drugs
• $10 minimum payment

 Provider writes prescription
 Pick up at pharmacy

 At other locations you pay full price first, then request reimbursement
Vision Benefits

Vision Exam:
- One per Academic Year
- 100% after a $15 co-pay at Wilce Student Health Center or College of Optometry Clinic
- Paid up to $50 elsewhere after $15 copay.
- Vision Exam with contact lens evaluation = $15 exam co-pay + $25 CL evaluation co-pay

Glasses / Contact Lenses
At Wilce Student Health Center or College of Optometry clinic:
$100 allowance for glasses or contact lenses (students only).
Dental Benefits

• $1000 annual maximum
• Covers:
  2 Exams and Cleanings per year.
  Preventive and Basic Procedures (i.e. simple extractions, amalgam and composite restorations, x-rays).
• Single crowns
• Same benefits if you go to the Wilce Student Health Center or OSU College of Dentistry Student Clinic; $17 co-pay
### Non-EHB Covered Services

Includes all Covered Services that are not Essential Health Benefits (EHB) as defined by the Patient Protection and Affordable Care Act.

<table>
<thead>
<tr>
<th>Service</th>
<th>Wilco Student Health Center and the College of Dentistry’s Student Clinics only</th>
<th>Delta Dental Premier or PPO Dentists, including OSU Dentistry Faculty Practice</th>
<th>Nonparticipating Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays</td>
<td>You Pay</td>
<td>Plan Pays</td>
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<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diagnostic and Preventive Services</td>
<td>100%</td>
<td>$17 copay for exams</td>
<td>70%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment</td>
<td>100%</td>
<td>$17 copay for exams</td>
<td>70%</td>
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<tr>
<td>Radiographs</td>
<td>100%</td>
<td>0%</td>
<td>70%</td>
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</table>

**Basic Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Plan Pays</th>
<th>You Pay</th>
<th>Plan Pays</th>
<th>You Pay</th>
<th>Plan Pays</th>
<th>You Pay</th>
<th>Plan Pays</th>
<th>You Pay</th>
<th>Plan Pays</th>
<th>You Pay</th>
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</thead>
<tbody>
<tr>
<td>Simple Extractions</td>
<td>70%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>Oral Surgery Services</td>
<td>70%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>100%</td>
<td></td>
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<tr>
<td>Minor Restorative Services</td>
<td>70%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>Periodontic Services</td>
<td>70%</td>
<td>30%</td>
<td>50%</td>
<td>50%</td>
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<td>Endodontic Services</td>
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<tr>
<td>Anesthesia - IV sedation</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>100%</td>
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<tr>
<td>Major Restorative Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
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*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta.*
Remember:

✓ Carry your insurance Member ID card
✓ Review and read emails and mail
  ✓ Look for “SHI”, “HealthSmart” or “United Healthcare”
✓ Review and know your policy - visit shi.osu.edu for Summary Brochures and Member Overview Booklets. Know what’s covered and not covered.
✓ Know how to find network providers: Use Find a Provider site
✓ Use online accounts – UHCSR MyAccount, Delta Dental Consumer Toolkit
✓ Promptly review bills or claims – these are your responsibility
✓ Pay co-pays, co-insurance and deductible
Health insurance terms that impact your costs

**Co-pay:** Amount you pay on same day as service.
- Firm. Examples: $15, $20, $35

**Co-insurance:** Percent you pay of total service cost.
- Billed after you use service. Examples: 10%, 20%, 30%, 50%

**Deductible:** Specified dollar amount you owe as you start using covered services. You pay full cost until you reach this amount, and then insurance pays its share for any future service. Applies to policy year. Examples: $100, $500, $1,000.

\[
\text{Co-Pay} = \text{Per visit} \quad \text{Co-INsurance} = \text{IN part} \\
\text{Deductible} = \text{Definitely required first}
\]
24/7 Medical and Travel Emergency Assistance Services  
- Provided by UnitedHealthcare Global

Visit [www.uhcsr.com/uhcglobal](http://www.uhcsr.com/uhcglobal)  
Information is on your ID card

IMPORTANT: CALL UnitedHealthcare Global BEFORE you go or utilize
We can help:

• Student Health Insurance  
  shi.osu.edu –and FAQ
• Student Health Services Advice Nurse
• HealthiestYou (when Student Health Services is closed)
• Resident Advisor
• Student Wellness Center at RPAC
• Counseling and Consultation
Student Health Insurance
1100 Lincoln Tower, 1800 Cannon Drive
614-688-7979

shi.osu.edu    shi_info@osu.edu

Thank you!