

Ohio State Student Life Student Health Benefits Plan **Member Overview**

2022-23



**Be equipped to use your coverage to
protect your well-being and your wallet.**



THE OHIO STATE UNIVERSITY
OFFICE OF STUDENT LIFE



Welcome to the Student Health Benefits Plan!

Read these highlights to learn your coverage basics.

NAMES TO KNOW

UnitedHealthcare StudentResources

("UHCSR") issues your medical member ID card. UnitedHealthcare Insurance Company underwrites Tiers 2, 3 and 4 of your benefits.

HealthSmart Benefits Solutions coordinates covered services and administers claims for all benefits but adult dental. They may contact you by mail — please always reply if requested.

HealthSmart RX coordinates your prescription benefit.

Delta Dental of Ohio underwrites, issues, and coordinates your adult dental benefits and claims.

OSU Health Plan, as well as UHCSR and Delta Dental, manage networks of preferred providers that you can see at lower out-of-pocket costs.

UnitedHealthcare Global provides global emergency services if you are traveling.

REMEMBER



Always carry your **Member ID card** or have it electronically accessible.

Read your email and postal mail and keep your local address up to date in Buckeye Link.

Make sure you follow through on your financial obligations. Even though sometimes your cost for covered services may be zero, other times you may owe a copay, co-insurance or deductible.

If you have questions about a bill you receive, contact your resources and ask for assistance. SHI is here to help.

Where to go for care

To keep costs low:

- **Student Health Services at Wilce Student Health Center**
- **Counseling and Consultation Service**
- **Ohio State College of Optometry Clinic**
- **Ohio State College of Dentistry Student Clinic**

Next try:

- **OSU Health Plan Network** providers in Franklin County
- **UHC Options PPO Network** providers outside Franklin County
- **United Behavioral Health Network** providers outside Franklin County
- **Delta Dental PPO/Premier Network** providers

Your provider choices can help you save money. Seeing providers outside of these locations and networks may result in much higher out-of-pocket costs.





Medical Benefits

UnitedHealthcare Insurance Company underwrites Tiers 2, 3 and 4.

You can reduce your cost responsibility if you choose providers in **Tier One** or **Tier Two**.

	\$	\$ \$	\$ \$ \$	\$ \$ \$ \$
	→			
	TIER ONE	TIER TWO	TIER THREE	TIER FOUR
	Student Health Services at Wilce Student Health Center	In Franklin County: OSU Health Plan Network Outside Franklin County: UHC Options PPO Network	In Franklin County: UHC Options PPO Network but not OSU Health Plan Network	All other providers

Your out-of-pocket costs increase at providers in Tiers Three and Four.

Search options at shi.osu.edu > Find a Provider/Pharmacy.

Contact OSU Health Plan [614-292-4700](tel:614-292-4700) or HealthSmart [1-844-206-0374](tel:1-844-206-0374).

If it's a life-threatening emergency, always go to the nearest hospital or call [9-1-1](tel:9-1-1).

Notes!



- For Tiers 2, 3 and 4, plan pays % of Allowed Amount.
- Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.

CAUTION This is not a complete list of benefits or limitations and exclusions.

Visit uhcsr.com/osu or shi.osu.edu to access your Summary Brochure and Certificate of Coverage.

<div>This service is subject to Tier 2 deductible.</div> <div>This service is subject to Tier 3 and Tier 4 deductibles.</div>	Students Only	Students and Dependents		
	TIER ONE Plan Pays	TIER TWO Plan Pays	TIER THREE Plan Pays	TIER FOUR Plan Pays
Office Visits	100%	100% after \$20 copay	60%	60%
Diagnostic Lab test and X-ray	100%	90%	60%	60%
Rehabilitative and Habilitative Therapies	100% ¹ up to policy year visit limit	90% up to policy year visit limit	60% up to policy year visit limit	60% up to policy year visit limit
Allergy Testing, Treatment and Injections	100% excluding serum	Based on setting where service is performed	Based on setting where service is performed	Based on setting where service is performed
Surgery and Outpatient procedures	100%	90%	60%	60%
Urgent Care Office Visits ²	N/A	100% after \$25 copay	60%	60%
Emergency Care	N/A	90% after \$100 copay. Copay will be waived if admitted.		
Ambulance	N/A	90%	90%	90%
Inpatient and Outpatient Hospital care	N/A	90%	60%	60%
Durable Medical Equipment, Prosthetic and Orthotic Devices	100% ³	90%	60%	60%
Applicable Limitations to Benefits Above				
Policy Year Maximum Benefits	N/A	Unlimited		
Policy Year Deductible	N/A	\$150 per Individual; \$350 per family	\$500 per individual; \$1,500 per family	
Policy Year Out-of-Pocket Maximum	N/A	\$3,000 individual; \$6,000 family	\$6,000 individual; \$12,000 family	

¹Not all covered services are available at Student Health Services.

²Additional services rendered during an urgent care office visit will be paid per category schedule after you've met your deductible. For example: An X-Ray will be paid at 90% at Tier Two providers and 60% at Tiers Three and Four.

³Covered when in stock and ordered by a Student Health Services provider.



Preventive Benefits

Preventive care is routine care given to help you avoid illness and improve your health. Benefits highlighted on this page are for adults age 19 years or older. For members 18 years or younger, refer to the full Summary Brochure and Certificate of Coverage available on shi.osu.edu or uhcsr.com/osu.

IMPORTANT

Your age, gender, history and risk status determine what preventive care services are covered for you. Make sure to talk with your doctor about what's recommended.



Preventive care guidelines are shaped by the Patient Protection and Affordable Care Act (PPACA), United States Preventive Service Task Force (USPSTF), and the Advisory Committee on Immunization Practices (ACIP), as well as the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and the Centers for Disease Control and Prevention (CDC).

You can reduce your cost responsibility if you choose providers in **Tier One** or **Tier Two**.

\$			
\$ \$			
\$ \$ \$			
\$ \$ \$ \$			
TIER ONE	TIER TWO	TIER THREE	TIER FOUR
Student Health Services at Wilce Student Health Center	In Franklin County: OSU Health Plan Network Outside Franklin County: UHC Options PPO Network	In Franklin County: UHC Options PPO Network but not OSU Health Plan Network	All other providers

Your out-of-pocket costs increase at providers in Tiers Three and Four. Search options at shi.osu.edu > Find a **Provider/Pharmacy**. Contact OSU Health Plan [614-292-4700](tel:614-292-4700) or HealthSmart [1-844-206-0374](tel:1-844-206-0374).

If it's a life-threatening emergency, always go to the nearest hospital or call [9-1-1](tel:9-1-1).

Notes!



- UnitedHealthcare Insurance Company underwrites Tiers 2, 3 and 4. For Tiers 2, 3 and 4, plan pays % of Allowed Amount.
- Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.
- Pre-travel assessments are not covered.

	Students Only	Students and Dependents		
<div></div> After you meet the Tier 4 deductible.	TIER ONE Plan Pays	TIER TWO Plan Pays	TIER THREE Plan Pays	TIER FOUR Plan Pays
Adult Immunizations ¹	100%	100%	100%	60%
Annual well visit ²	100%	100%	100%	60%
Annual well woman visit ³	100%	100%	100%	60%
Breast Cancer Screening ⁴	100%	100%	100%	60%
Colorectal Cancer Screening ²	100%	100%	100%	60%
Testicular and Prostate Cancer Screening ²	N/A	100%	100%	60%
Immunizations and screening laboratory tests required by Ohio State academic programs	50%	Not Covered		
Applicable Limitations to Benefits Above				
Policy Year Maximum Benefits	N/A	Unlimited		
Policy Year Deductible			N/A	\$500 per individual; \$1,500 per family
Policy Year Out-of-Pocket Maximum	N/A	\$3,000 individual; \$6,000 family	\$6,000 individual; \$12,000 family	

¹As required or recommended by PPACA/USPSTF/ACIP or the State of Ohio, including: influenza, hepatitis A, hepatitis B, Td/Tdap, varicella, meningococcal, MMR, pneumococcal, zoster and HPV.

²Covered services are those rated A or B by the USPSTF.

³Covered well woman services are per PPACA/USPSTF guidelines, including screenings for cervical cancer, chlamydia, gonorrhea, syphilis, HIV and HPV.

⁴As required or recommended by PPACA or the State of Ohio.



Prescription Benefits

The prescription benefit uses the HealthSmart RX formulary, which is a list of covered medications (generic and brand) organized by how they'll be paid. You can access the formulary at shi.osu.edu and healthsmart.com/osu.aspx, or call HealthSmart Rx at [1-800-681-6912](tel:1-800-681-6912).

When you fill a prescription at the **Wilce Student Health Center Pharmacy** or any HealthSmart RX Network Pharmacy, you pay only the co-insurance and applicable minimum cost. At a Non-Network pharmacy, you pay in full first and then submit a claim form for reimbursement of the plan portion.

WILCE STUDENT HEALTH CENTER PHARMACY

1875 Millikin Rd | [614-292-0125](tel:614-292-0125)

Notes!



- Minimum cost per prescription does not apply to generic and brand (no generic available) contraceptive drugs.
- Specialty drugs must be filled through Accredo Specialty Pharmacy and cannot be filled at the Student Health Center or other pharmacy locations. Call Accredo at [1-877-222-7336](tel:1-877-222-7336).

CAUTION This is not a complete list of benefits or limitations and exclusions. Visit uhcsr.com/osu or shi.osu.edu to access your Summary Brochure and Certificate of Coverage.

	Students and Dependents		
	Wilce Student Health Center Pharmacy Plan Pays	HealthSmart RX Network Pharmacy Plan Pays	Non-Network Pharmacy Plan Pays
Generic	90%	90%	90%
Formulary Brand	80%	80%	50%
Non-Formulary Brand or Dispense as Written	50%	50%	50%
Women's Contraceptive Drugs			
Generic and Brand (no Generic Available)	100%	100%	90%
Brand (Generic Available)	50%	50%	50%
Additional Limitations to Benefits Above			
Fill Supply	Most medications up to 31-day supply		
Minimum Cost Per Prescription	\$10, not to exceed the drug cost		
Policy Year Maximum Benefit	N/A	Unlimited	
Policy Year Out-of-Pocket Maximum	\$3,000 individual; \$6,000 family		\$6,000 individual; \$12,000 family



Mental Health Benefits

UnitedHealthcare Insurance Company underwrites Tiers 2, 3 and 4.

Students and covered dependents age 14 and older can utilize Counseling and Consultation Service (CCS). For children under age 14, seek an OSU Health Plan provider inside Franklin County or a United Behavioral Health provider outside Franklin County.

You can reduce your cost responsibility if you choose providers in **Tier One** or **Tier Two**.

	\$	\$\$	\$\$\$	\$\$\$\$
	→			
	TIER ONE	TIER TWO	TIER THREE	TIER FOUR
	Counseling and Consultation Service	In Franklin County: OSU Health Plan Network Outside Franklin County: UHC Options PPO Network	In Franklin County: UHC Options PPO Network but not OSU Health Plan Network	All other providers

Your out-of-pocket costs increase at providers in Tiers Three and Four.

Search options at shh.osu.edu > Find a Provider/Pharmacy.

Contact OSU Health Plan [614-292-4700](tel:614-292-4700) or HealthSmart [1-844-206-0374](tel:1-844-206-0374).

If it's a life-threatening emergency, always go to the nearest hospital or call [9-1-1](tel:9-1-1).



CCS AT YOUNKIN SUCCESS CENTER

Fourth Floor, 1640 Neil Ave

CCS AT LINCOLN TOWER

Tenth Floor, 1800 Cannon Drive

[614-292-5766](tel:614-292-5766)

css.osu.edu

Counseling and Consultation Service offers individual and group psychotherapy, couples counseling, urgent care during normal business hours and limited psychiatry services.

Notes!



- For Tiers 2, 3 and 4, plan pays % of Allowed Amount.
- Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.

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<div>This service is subject to Tier 2 deductible.</div> <div>This service is subject to Tier 3 and Tier 4 deductibles.</div>	Students Only	Students and Dependents		
	TIER ONE Plan Pays	TIER TWO Plan Pays	TIER THREE Plan Pays	TIER FOUR Plan Pays
Outpatient Psychotherapy	100%	100% after \$20 copay	60%	60%
Outpatient Psychotherapy for Alcohol or Drug Abuse	100%	100% after \$20 copay	60%	60%
Outpatient Psychiatry	100%	100% after \$20 copay	60%	60%
Outpatient Child ¹ Psychotherapy or Psychiatry	N/A	100% after \$20 copay	60%	60%
Inpatient Psychotherapy or Psychiatry	N/A	90%	60%	60%
Testing for Learning Disabilities/ADHD	N/A	90%	60%	60%
Applicable Limitations to Benefits Above				
Policy Year Maximum Benefits	Unlimited			
Policy Year Deductible	N/A	\$150 per individual; \$350 per family	\$500 per individual; \$1,500 per family	
Policy Year Out-of-Pocket Maximum	N/A	\$3,000 individual; \$6,000 family	\$6,000 individual; \$12,000 family	

¹Under age 14 and including alcohol or drug abuse

A portrait of a woman with dark, wavy hair and glasses, wearing an orange jacket. She is smiling and gesturing with her right hand, pointing upwards. The background is a plain, light-colored wall.

You can reduce your out of pocket cost by choosing a provider in **Tier One**.

Search options at [shi.osu.edu](https://www.shi.osu.edu) > Find a **Provider/Pharmacy**.
Contact OSU Health Plan [614-292-4700](tel:614-292-4700) or HealthSmart [1-844-206-0374](tel:1-844-206-0374).
If it's a life-threatening emergency, always go to the nearest hospital or call **9-1-1**.



Notes!



- At Tier 1, students receive an allowance of \$100 towards eyewear or contact lenses. They also receive a 20% discount on frames and eyeglass lenses.
- For Tiers 2, 3 and 4, plan pays % of Allowed Amount.
- Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.
- The \$100 eyewear or contact lenses allowance is not available to dependents.

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	Students Only	Students and Dependents 19 Years or Older		
	TIER ONE Plan Pays	TIER TWO Plan Pays	TIER THREE Plan Pays	TIER FOUR Plan Pays
Annual Vision Exam	100% after \$15 copay	100% up to \$50 after \$20 copay		
Annual Vision Exam with Contact Lens Evaluation	100% after \$15 copay and \$25 copay for CL evaluation	100% up to \$50 after \$20 copay		
Eyewear Allowance	\$100	None		

Pediatric vision benefits for members under age 19 can be found in the full Summary Brochure and Certificate of Coverage available at shi.osu.edu or uhcsr.com/osu. Remember to take your UHCSR Member ID card with you to provider visits.



Adult Dental Benefits

Dental benefits are underwritten by Delta Dental.

Primary pediatric dental benefits for members under 19 years of age are covered under the medical benefit and underwritten by UnitedHealthcare Insurance Company with a separate \$500 deductible. There is also secondary pediatric dental coverage underwritten by Delta Dental of Ohio. Details are available at shi.osu.edu and uhcsr.com/osu.

OHIO STATE COLLEGE OF DENTISTRY STUDENT CLINICS

Postle Hall
305 W. 12th Ave.

[614-292-2751](tel:614-292-2751)

OHIO STATE DENTAL FACULTY PRACTICE

1664 Neil Ave

[614-292-1472](tel:614-292-1472)

WILCE STUDENT HEALTH CENTER DENTAL SERVICES

Second Floor
1875 Millikin Rd.

[614-292-4321](tel:614-292-4321)



CAUTION This is not a complete list of benefits or limitations and exclusions. Visit uhcsr.com/osu or shi.osu.edu to access your Summary Brochure and Certificate of Coverage.

	Students and Dependents 19 Years or Older		
	Student Health Services or College of Dentistry Student Clinic Plan Pays	College of Dentistry Faculty Practice or Delta Dental PPO/Delta Premier Network Plan Pays	Non-Network Plan Pays
Diagnostic and Preventive Services Exams and cleanings twice per benefit year; fluoride treatment for dependent children once per benefit year.	100% after \$17 copay	70%	50%
Emergency Exam and Palliative Treatment Used to temporarily relieve pain.	100% after \$17 copay	70%	50%
Radiographs (X-rays) Bitewing X-rays are payable once per benefit year. Full-Mouth X-rays are payable once per five benefit years.	100%	70%	50%
Simple Extractions	70%	50%	50%
Oral Surgery Services Surgical extractions. Coverage for the removal of asymptomatic third molars is excluded.	70%	50%	Not Covered
Minor Restorative Services Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings).	70%	50%	50%
Single Crown	50%	50%	50%
Periodontic Services Used to treat diseases of the gums and supporting structures of the teeth.	70%	50%	50%
Endodontic Services Limited to root canals only.	50%	50%	50%
Anesthesia IV sedation.	50%	50%	Not Covered
Applicable Limitations to Benefits Above			
Policy Year Maximum Benefits		\$750 per Individual	
Policy Year Deductible	N/A	\$50	



Additional Benefits

Medical and Mental Health Online resources available to you:

The medical policy partner, UHCSR offers online resources for non-emergency medical and mental health care through HealthiestYou, a Teladoc company. These services are available as an additional resource to the care you have available on campus at the Wilce Student Health Center and/or Counseling and Consultation Service.

24/7 Doctor Access

HealthiestYou provides round-the-clock access to board-certified physicians. When you are unable to visit the Wilce Student Health Center during open hours, they can connect you with a board-certified physician using this nationwide telehealth service. This service is especially helpful for minor illnesses such as allergies, sore throat, earache, pink eye, etc.

Virtual Counseling Services

Virtual counseling services are available to you for free through HealthiestYou. They provide access to Psychiatrists (MD), Psychologists (PhD), Counselors, Clinical Social Workers and Therapists (Masters) through phone and video at your convenience. When registering for these mental health services, you'll be able to choose your counselor and appointment time based on your preferences and needs. Visits are secure, discreet and confidential and you have ongoing support with the same provider.

You can learn more about these services at uhcsr.com/hycounseling.

Emergency Travel Assistance Benefits

As part of your Student Health Benefits Plan, you, your insured spouse/domestic partner and your insured minor child(ren) are eligible for Global Emergency Services.*

International students are eligible to receive services worldwide, except in your home country.

Domestic students are eligible to receive services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a study abroad program.

Key Medical Evacuation and Repatriation benefits include:

- Emergency Medical Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation after Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Mortal Remains
- Additional Assistance Services to support you while away from home

To access services, please refer to the contact information on the back of your ID card or access My Account at www.uhcsr.com/MyAccount and select My Benefits/Additional Benefits/UHC Global Emergency Services.

All services must be arranged and provided by the Emergency Response provider; any services not arranged by the Emergency Response provider will not be considered for payment. The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. Appropriate action to assist you and monitor your care will be taken at that time.

*Underwritten by UnitedHealthcare Insurance Company. Check your Certificate of Coverage for a description of the benefits, services, exclusions and limitations.



Your student health insurance program also gives you access to evacuation services in the event of a political emergency situation or natural disaster. Contact Assist America at **1-855-289-2616** (inside USA) or **+1-609-986-1212** (outside USA) if you need assistance on these services.

Lastly, as a student of The Ohio State University, you also have access to special Emergency Travel Assistance benefits. These benefits include Emergency Return Home, Return of Personal Belongings, Bereavement Reunion and Return of Traveling Companion. To learn more about these benefits, or to request these services, please visit the Student Health Insurance office.



Campus Area Resources

WILCE STUDENT HEALTH CENTER

1875 Millikin Road [614-292-4321](tel:614-292-4321), shs.osu.edu

COUNSELING AND CONSULTATION SERVICE

Younkin Success Center 4th Floor & Lincoln Tower 10th Floor

[614-292-5766](tel:614-292-5766), ccs.osu.edu

STUDENT LIFE STUDENT WELLNESS CENTER

B130 RPAC, [614-292-4527](tel:614-292-4527), swc.osu.edu

CENTER FOR INTEGRATIVE MEDICINE

2000 Kenny Rd., [614-293-9777](tel:614-293-9777)

OSU SPORTS MEDICINE CENTER

2835 Fred Taylor Drive, [614-293-3600](tel:614-293-3600)

CENTER FOR WOMEN'S HEALTH AT THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

1800 Zollinger Road, [614-293-2076](tel:614-293-2076)

MARTHA MOREHOUSE MEDICAL PLAZA

2050 Kenny Rd (Accessible by Campus Transport)

AfterHoursCare

2nd Floor, Suite 2250, Pavilion

[614-685-3357](tel:614-685-3357)

Ohio State Internal Medicine

[614-293-8054](tel:614-293-8054)

RARDIN FAMILY PRACTICE 2231 N. High St., [614-293-2700](tel:614-293-2700)

Contact information

OFFICE OF STUDENT LIFE STUDENT HEALTH INSURANCE

830 Lincoln Tower, 1800 Cannon Drive, Columbus, OH 43210

Visit: shi.osu.edu

Email: shi_info@osu.edu

Call: [614-688-7979](tel:614-688-7979)

Hours: Mon–Fri, 8 a.m.–4:30 p.m.

Please call ahead to confirm hours and operations.

Tools

uhcsr.com/osu: view information and access your Member ID card for all benefits but adult dental

healthsmart.com/osu.aspx: access your medical claims to understand what's being paid

osuhealthplan.com: search preferred provider lists online

deltadentaloh.com: search providers, access a dental ID card and view adult dental claims

Summary Brochures and Certificate of Coverage: read full details of what's covered and what's not, available online at **shi.osu.edu**, **uhcsr.com/OSU** and **deltadentaloh.com**

Healthiestyou: 24/7 access to a licensed medical and mental health doctors regarding diagnosis and treatment of many illnesses.

Terms

Copay: flat fee owed at the time you use a covered service.

Co-insurance: percentage you pay of the covered service cost.

Deductible: dollar amount you pay up front before the plan starts to pay for most covered services.

Out-of-pocket maximum: most you'll pay each year for covered services, excluding your Student Health Benefits Plan fee

Regional or commuter student looking for providers outside Franklin County?

The UnitedHealthcare Options PPO network has extensive listings. Visit **shi.osu.edu**'s Find a Provider/Pharmacy page or **uhcsr.com/osu** or call HealthSmart **[1-844-206-0374](tel:1-844-206-0374)**.



THE OHIO STATE UNIVERSITY

OFFICE OF STUDENT LIFE

STUDENT HEALTH INSURANCE

Note: The student health insurance information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare and based on policy numbers 2022-1098-1 and 2022-1098-4. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state, or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance. The policies provide one year term insurance coverage.