

How to Select

1. Open a browser and navigate to buckeyelink.osu.edu
2. Click on the **Student Health Insurance** link under Popular Links at the bottom of the page.

The screenshot displays the Buckeye Link website interface. At the top, it says "Welcome to Buckeye Link" with navigation tabs for "Students", "Parents & Families", and "Staff & Faculty". The "Students" section is active, showing options for "Current Students" (with a "SIGN IN" button) and "Prospective Students". Below this is the "Popular Links" section, which is organized into three columns: "COMPLETE EVERY YEAR", "COURSES AND CLASSES", and "STUDENT INFORMATION RELEASE". The "Student Health Insurance" link is highlighted with a red box in the "COMPLETE EVERY YEAR" column. To the right, there are three side panels: "Quick Links" with various service links, "Announcements" showing no new announcements, and "Contact Buckeye Link" with a help request link and phone number. At the bottom, there is an "Ohio State" app promotion and download buttons for the App Store and Google Play.

3. Enter your name.# log in credentials.

4. Click the button next to Select Student Health Insurance Benefits Plan.
5. Select the Academic Terms and click NEXT.
 - a. *Reminder: Once you select the SHI Benefits Plan, your selection stays in place for all terms in the remainder of the academic year. You cannot select in autumn and then drop for spring or summer unless you experience a Qualifying Event.*

Select / Waive Coverage

Go To 

Student Health Benefits Plan - Select / Waive


Welcome to the Student Health Benefits Information Center.

Students enrolled at least half-time in a program of study must have health insurance. Before the deadline of your first term each academic year, you can choose the Student Health Benefits Plan ("SHBP") or waive it if you have other medical coverage in place for the academic year. Your choice becomes effective ONLY if you meet credit hour and course type eligibility. Visit shi.osu.edu for eligibility details.

LOOK ON YOUR STATEMENT OF ACCOUNT. You can confirm the status of your choice by confirming the Student Health Benefits Plan fee is on your Statement of Account. Check your fees regularly. Your eligibility may change as you add or drop classes.

If you miss the select/waive deadline, you will remain in the Student Health Benefits Plan for the year.


Please choose an insurance option below

- Select Student Health Benefits Plan 
- Waive Student Health Benefits Plan (I have other active annual medical insurance for the academic year)
- Select WilceCare Supplement and Waive Student Health Benefits Plan (I have other active annual medical insurance for the academic year)


Student Health Insurance Links

- [OSU Student Health Insurance](#)
- [WilceCare Supplement](#)
- [FAQs](#)

Please select the Academic Term

*Academic Terms: 

Insurance Period: August 13, 2024 to August 18, 2025



[Return To My Buckeye Link](#)

NEXT >

6. To keep Student Only coverage, click NEXT.

Select / Waive Coverage

Go To

Student Health Benefits Plan - Selection and Dependents

Academic Terms: AU24, SP25, SU25

Insurance Period: August 13, 2024 to August 18, 2025

Please select coverage level

Insurance Level:



[Return To My Buckeye Link](#)

< BACK

NEXT >

- If you wish to cover dependents such as a child or spouse, click the Insurance Level drop down menu and select the correct level of coverage.
- You will be prompted to enter your dependent(s) demographic information. Enter the required information, then click NEXT.

Select / Waive Coverage

Go To

Student Health Benefits Plan - Selection and Dependents

Academic Terms: AU24, SP25, SU25

Insurance Period: August 13, 2024 to August 18, 2025

Please select coverage level

Insurance Level:



Please provide dependent information

*Last Name: *Birthdate: 
*First Name: *Relationship:
Middle Name: *Legal Sex:
SSN:



The Affordable Care Act requires the insurer report to the Internal Revenue Service (IRS) the dependent(s) Social Security Number (SSN) to verify they have health insurance coverage.

*Required Fields


[Return To My Buckeye Link](#)

< BACK

NEXT >

7. Click the CONFIRM button to submit your choice to have the SHI Benefits Plan.

Select / Waive Coverage

Go To 

Student Health Benefits Plan - Confirmation

I acknowledge that by submitting this form, I am choosing the Student Health Benefits Plan ("SHBP") for the selected academic term(s).

I understand that my choice is confirmed as effective coverage ONLY if I meet eligibility requirements and the appropriate fee posts to my Statement of Account. (Look at your statement of account for the SHBP fee)

I understand that my eligibility is based on my course enrollment each term.

I understand that my selection, once confirmed, will stay in effect for the full policy year, unless I experience a Qualifying Event, and that my next opportunity to change my insurance selection will be the enrollment period for the first term of the next academic YEAR.

I understand that the information provided herein is confidential. This information will not be made available to any party outside the Student Health Benefit Plan Account Administrator, without my expressed consent.

To complete this process, click the following "Confirm" button once, then wait for your Confirmation Number to appear. This number will replace all your previous confirmation numbers.

You will be billed for the Student Health Benefits Plan for the selected term(s), assuming you meet the eligibility criteria each academic term.


If you do not wish to enroll in the Student Health Benefits Plan, you will need to submit a Waiver.



 [Return To My Buckeye Link](#)

8. This Confirmation screen verifies that you completed the Select/Waive process to select the SHI Benefits Plan. **A confirmation email will also be sent to your university email account.**

Select / Waive Coverage

Go To 

Student Health Benefits Plan - Confirmation

Coverage Selection: OSU Student Health Insurance
Coverage Level: Student Only
Coverage Period: August 13, 2024 to August 18, 2025
Academic Terms: AU24, SP25, SU25

Stop! Please read the following information regarding your confirmation number.

Your confirmation number is: 001057844

Printer Format



Thank you for completing the Select/Waive process! Please watch your university email for a confirmation of this transaction.

Need to make a change? You can modify your choice by repeating the process in My Buckeye Link prior to the published Select/Waive deadline.

The Select/Waive deadline can be found on our Rates, Dates and Deadlines page at <https://shi.osu.edu/shi-benefits-plan/rates-dates-and-deadlines>.

 [Return To My Buckeye Link](#)

NEXT STEPS: Monitor your Statement of Account to ensure the correct fee appears. If the fee does not appear, you do not have the SHI Benefits Plan.

- a. *If you do not meet the eligible credit hour requirement for the plan, the SHI fee will not post to your Statement of Account.*