How to Waive and Select WilceCare

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.

3. Enter your name.# log in credentials.
4. Click the button next to Select WilceCare Supplement and Waive SHI Benefits Plan (I have other annual health insurance for the academic year).

5. Select the Academic Terms and click NEXT.
   a. Reminder: Your waiver will stay in place for the remaining terms of the academic year. There are no refunds or drops for WilceCare. However, if you need to, you can newly Select the SHI Benefits Plan for spring/summer 2025. You can also select coverage at any time during the year if you have a Qualifying Event and meet eligibility requirements.
6. Enter accurate information into all fields on this screen. Your insurance member ID card should contain all this information. SHI uses the information entered to verify you are compliant with the university’s health insurance requirement. Errors or omissions will cause delays.
   a. For the Insurance Company Plan box, click the magnifying glass for a list of common companies.
   b. No Payer ID is required if your company name is available in the list of common companies.
   c. If you do not see your company, click Other and you will be prompted with a new box to type the Name and Payer ID.
   d. The Payer ID is most often found on the back of the insurance card in the Provider or Claims submission section. It is usually five (5) alpha or numeric characters. If you are unable to locate it, enter NA or None.

Select / Waive Coverage
7. Click I AGREE to submit your choice to Waive the SHI Benefits Plan with your other annual health insurance.
8. This Confirmation screen verifies that you completed the Select/Waive process to waive the SHI Benefits Plan and select the WilceCare Supplement. A confirmation email will also be sent to your university email account.

**Select / Waive Coverage**

**Student Health Benefits Plan - Confirmation**

Coverage Selection: Waiver & WilceCare  
Coverage Level: No Insurance Level  
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: 001057846

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

If you 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://ahs.osu.edu/ahs-benefits-plan/rates-dates-and-deadlines.

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

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