

# 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.

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. The first column includes "Authorized Payer Setup" and "Student Health Insurance" (highlighted with a red box). The second column includes "Schedule Planner" and "Add a Class". The third column includes "Class Search (SIS)". To the right of the main content is a "Quick Links" sidebar with various service links like "My Buckeye Link", "My To Do List", and "CarmenCanvas". Below the sidebar are sections for "Announcements" (stating "You're in the clear!") and "Contact Buckeye Link" (providing a help link, phone number, and office location). 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 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.*

## Select / Waive Coverage

Go To

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### 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](http://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](#)

**Please select the Academic Term**

\*Academic Terms:

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

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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


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### Student Health Benefits Plan - Waiver and WilceCare Information

Academic Terms: AU24, SP25, SU25

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

You have selected the option to enroll in the WilceCare Supplement. In order to be eligible for this coverage, you are also required to complete the following waiver information by the published deadline each year. Failure to do so results in automatic enrollment in the Student Health Benefits Plan (assuming eligibility).

Insurance Company Information	
Click on the magnifying glass to select the name of your insurance. If you don't see yours, select "Other" from the alphabetical list, and a new box will appear for you to type the name of your insurance.	
*Insurance Company/Government Plan:	<input type="text"/> 
*Insurance Company Telephone Number:	<input type="text"/>
Policy Holder's Information	
*Subscriber/Member/Insured Last Name:	<input type="text"/>
*Subscriber/Member/Insured First Name:	<input type="text"/>
Policy/Group Number (if available):	<input type="text"/>
*Subscriber/Member/Insured ID:	<input type="text"/>
Your ID (if different than above):	<input type="text"/>
*Required Fields	



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NEXT >

7. Click I AGREE to submit your choice to Waive the SHI Benefits Plan with your other annual health insurance.

## Select / Waive Coverage

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### Student Health Benefits Plan - Waiver Acknowledgement

I acknowledge that by submitting this form, I am waiving out of the Student Health Benefits Plan for the selected academic term(s).

In addition, I hereby certify:

- That I am currently enrolled in an active, primary individual or group health insurance policy that will remain in effect throughout the academic year;
- That I have compared my plan to the Student Health Benefits Plan and have determined the benefits to be comparable;
- I understand that the next opportunity I will have to enroll in the Student Health Benefits Plan will not be until the enrollment period for the following term, unless I experience a qualifying event;
- I will be solely responsible for all medical expenses and neither the Ohio State University nor the Ohio State Student Health Benefits Plan will be held responsible for any medical expenses that I incur.

I understand that the information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the Student Health Benefits Plan. Furthermore, I understand that this information will not be made available to any third party outside the Student Health Benefits Plan Account Administrator, without my expressed consent.

I am also granting The Ohio State University or its agent permission to verify this information through an audit process. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled in and billed for the Student Health Benefits Plan.(assuming eligibility)

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

**I AGREE** You have waived (have not enrolled in) the Student Health Benefits Plan for the selected academic term(s).

**I DISAGRE** You will be billed for the Student Health Benefits Plan for the selected academic term(s) if you meet the eligibility criteria.




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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.**

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## Select / Waive Coverage

Go To  

### Student Health Benefits Plan - Confirmation

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**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**

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>.

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 [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 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.*