Ohio State

STUDENT LIFE
STUDENT HEALTH INSURANCE BENEFITS PLAN
MEMBER OVERVIEW
2019-20

Be equipped to use your coverage to protect your well-being and your wallet
Welcome to the SHI 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.

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.

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 co-pay, 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.
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: use 24/7 access to a licensed medical doctor regarding diagnosis and treatment of many illnesses by calling the number on your Member ID card
betterhelp: confidential online access to licensed mental health counselors utilizing a communication method suited to you

TERMS

Co-pay: 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 SHI fee.
## 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**.

<table>
<thead>
<tr>
<th>Tier One</th>
<th>Tier Two</th>
<th>Tier Three</th>
<th>Tier Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Enhanced)</td>
<td>(Preferred Providers)</td>
<td>(In Network)</td>
<td>(Out of Network)</td>
</tr>
<tr>
<td>Student Health Services at Wilce Student Health Center</td>
<td>In Franklin County: OSU Health Plan Network</td>
<td>In Franklin County: UHC Options PPO Network but not OSU Health Plan Network</td>
<td>All other providers</td>
</tr>
<tr>
<td>Outside Franklin County: UHC Options PPO Network</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Search options at [shi.osu.edu](http://shi.osu.edu) > Find a Provider. 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!

- For Tiers 2 and 3, plan pays % of Preferred Allowance; for Tier 4, plan pays % of Usual and Customary Charges.

- 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](http://uhcsr.com/osu) or [shi.osu.edu](http://shi.osu.edu) to access your Summary Brochure and Certificate of Coverage.
# Medical Benefits

**Office Visits**  
100%  

**Diagnostic Lab test and X-ray**  
100%  

**Rehabilitative and Habilitative Therapies**  
100% 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**  
N/A  
100% after $25 co-pay  
60%  
60%

**Ambulance**  
N/A  
90%  
90%  
90%

**Inpatient and Outpatient Hospital care**  
N/A  
90%  
60%  
60%

**Durable Medical Equipment, Prosthetic and Orthotic Devices**  
100%  
90%  
60%  
60%

### Applicable Limitations to Benefits Above

<table>
<thead>
<tr>
<th></th>
<th>Students Only</th>
<th>Students and Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Maximum Benefits</td>
<td>N/A</td>
<td>UNLIMITED</td>
</tr>
<tr>
<td>Policy Year Deductible</td>
<td>N/A</td>
<td>$150 per Individual; $350 per family</td>
</tr>
<tr>
<td>Policy Year Out-of-Pocket Maximum</td>
<td>N/A</td>
<td>$2,700 individual; $5,400 family</td>
</tr>
</tbody>
</table>

1. Not all covered services are available at Student Health Services.
2. Additional services rendered during an urgent care office visit will be paid per category schedule. For example: An X-Ray will be paid at 90% at Tier Two providers and 60% at Tiers Three and Four.
3. Covered 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.

<table>
<thead>
<tr>
<th>TIER ONE (Enhanced)</th>
<th>TIER TWO (Preferred Providers)</th>
<th>TIER THREE (In Network)</th>
<th>TIER FOUR (Out of Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health Services at Wilce Student Health Center</td>
<td>In Franklin County: OSU Health Plan Network</td>
<td>In Franklin County: UHC Options PPO Network but not OSU Health Plan Network</td>
<td>All other providers</td>
</tr>
<tr>
<td>Outside Franklin County: UHC Options PPO Network</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Search options at shi.osu.edu > Find a Provider. Contact OSU Health Plan 614-292-4700 or HealthSmart 1-844-206-0374.

**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.
- UnitedHealthcare Insurance Company underwrites Tiers 2, 3, and 4. For Tiers 2 and 3, plan pays % of Preferred Allowance; for Tier 4, plan pays % of Usual and Customary Charges.

- Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.

- Pre-travel assessments are not covered.

### Notes!

1. As 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.

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>STUDENTS ONLY</th>
<th>STUDENTS AND DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>100%</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>TIER ONE</th>
<th>TIER TWO</th>
<th>TIER THREE</th>
<th>TIER FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Immunizations¹</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Annual well visit²</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Annual well woman visit³</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Breast Cancer Screening⁴</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening²</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Testicular and Prostate Cancer Screening²</td>
<td>N/A</td>
<td>100%</td>
<td>100%</td>
<td>60%</td>
</tr>
<tr>
<td>Immunizations and screening laboratory tests required by Ohio State academic programs</td>
<td>50%</td>
<td></td>
<td>NOT COVERED</td>
<td></td>
</tr>
</tbody>
</table>

### Applicable Limitations to Benefits Above

<table>
<thead>
<tr>
<th></th>
<th>STUDENTS ONLY</th>
<th>STUDENTS AND DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Maximum Benefits</td>
<td>N/A</td>
<td>UNLIMITED</td>
</tr>
<tr>
<td>Policy Year Deductible</td>
<td>N/A</td>
<td>$500 individual; $1,500 family</td>
</tr>
<tr>
<td>Policy Year Out-of-Pocket Maximum</td>
<td>N/A</td>
<td>$2,700 individual; $5,400 family</td>
</tr>
</tbody>
</table>
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.

**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.

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

**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.
## Prescription Benefits

### Students and Dependents

<table>
<thead>
<tr>
<th></th>
<th>Wilce Student Health Center Pharmacy</th>
<th>HealthSmart RX Network Pharmacy</th>
<th>Non-Network Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays</td>
<td>Plan Pays</td>
<td>Plan Pays</td>
</tr>
<tr>
<td>Generic</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Formulary Brand</td>
<td>80%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Non-Formulary Brand or Dispense-As-Written</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### Women’s Contraceptive Drugs

<table>
<thead>
<tr>
<th></th>
<th>Wilce Student Health Center Pharmacy</th>
<th>HealthSmart RX Network Pharmacy</th>
<th>Non-Network Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays</td>
<td>Plan Pays</td>
<td>Plan Pays</td>
</tr>
<tr>
<td>Generic and Brand (no Generic Available)</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Brand (Generic Available)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### Additional Limitations to Benefits Above

<table>
<thead>
<tr>
<th></th>
<th>Most medications up to 31-day supply</th>
<th>$10, not to exceed the drug cost</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Cost Per Prescription</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Year Maximum Benefit</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Policy Year Out-of-Pocket Maximum</td>
<td></td>
<td>$2,700 per individual/$5,400 per family</td>
<td></td>
</tr>
<tr>
<td>Policy Year Out-of-Pocket Maximum</td>
<td></td>
<td>$6,000 per individual / $12,000 per family</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>TIER ONE</th>
<th>TIER TWO</th>
<th>TIER THREE</th>
<th>TIER FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Enhanced) $</td>
<td>(Preferred Providers)</td>
<td>(In Network)</td>
<td>(Out of Network)</td>
</tr>
</tbody>
</table>

- 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 shi.osu.edu > Find a Provider. Contact OSU Health Plan 614-292-4700 or HealthSmart 1-844-206-0374.

If it’s a life-threatening emergency, always go to the nearest hospital or call 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
ccs.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 and 3, plan pays % of Preferred Allowance; for Tier 4, plan pays % of Usual and Customary Charges.

- Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.

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Under age 14 and including alcohol or drug abuse.

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### MENTAL HEALTH BENEFITS

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>TIER ONE</th>
<th>TIER TWO</th>
<th>TIER THREE</th>
<th>TIER FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Psychotherapy</td>
<td>100%</td>
<td>100% after $20 co-pay</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Outpatient Psychotherapy for Alcohol or Drug Abuse</td>
<td>100%</td>
<td>100% after $20 co-pay</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Outpatient Psychiatry</td>
<td>100%</td>
<td>100% after $20 co-pay</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Outpatient Child* Psychotherapy or Psychiatry</td>
<td>N/A</td>
<td>100% after $20 co-pay</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Inpatient Psychotherapy or Psychiatry</td>
<td>N/A</td>
<td>90%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Testing for Learning Disabilities/ADHD</td>
<td>N/A</td>
<td>90%</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### APPLICABLE LIMITATIONS TO BENEFITS ABOVE

<table>
<thead>
<tr>
<th>LIMITATION</th>
<th>TIER ONE</th>
<th>TIER TWO</th>
<th>TIER THREE</th>
<th>TIER FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Maximum Benefits</td>
<td>N/A</td>
<td>$150 per Individual; $350 per family</td>
<td>$500 per individual; $1,500 per family</td>
<td></td>
</tr>
<tr>
<td>Policy Year Deductible</td>
<td>N/A</td>
<td>$2,700 Individual; $5,400 Family</td>
<td>$6,000 Individual; $12,000 Family</td>
<td></td>
</tr>
<tr>
<td>Policy Year Out-of-Pocket Maximum</td>
<td>N/A</td>
<td>$2,700 Individual; $5,400 Family</td>
<td>$6,000 Individual; $12,000 Family</td>
<td></td>
</tr>
</tbody>
</table>
VISION BENEFITS

UnitedHealthcare Insurance Company underwrites Tiers 2, 3 and 4.

Pediatric vision benefits for members under age 19 and benefits to diagnose or treat an eye disease or injury are covered under the pediatric vision medical benefit, with details available in the full Summary Brochure and Certificate of Coverage available at shi.osu.edu or uhcsr.com/osu. At vision providers, show your UHCSR Member ID card.

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

<table>
<thead>
<tr>
<th>Tier One</th>
<th>Tier Two</th>
<th>Tier Three</th>
<th>Tier Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Enhanced)</td>
<td>(Preferred Providers)</td>
<td>(In Network)</td>
<td>(Out of Network)</td>
</tr>
<tr>
<td>Wilce Student Health Center Optometry Services</td>
<td>In Franklin County: OSU Health Plan Network</td>
<td>In Franklin County: UHC Options PPO Network but not OSU Health Plan Network</td>
<td>All other providers</td>
</tr>
<tr>
<td>Ohio State College of Optometry Clinics.</td>
<td>Outside Franklin County: UHC Options PPO Network</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If it’s a life-threatening emergency, always go to the nearest hospital or call 9-1-1.

Wilce Student Health Center Optometry Service
1875 Millikin Rd
Second Floor
614-292-4321

Ohio State College of Optometry Clinics
Fry Hall 338 W. 10th Ave.
614-292-2020
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 and 3, plan pays % of Preferred Allowance; for Tier 4, plan pays % of Usual and Customary Charges.

Benefits for covered services incurred while traveling outside the USA will be applied at Tier 2.

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<table>
<thead>
<tr>
<th>STUDENTS ONLY</th>
<th>STUDENTS AND DEPENDENTS 19 YEARS OR OLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TIER ONE</strong></td>
<td><strong>TIER TWO</strong></td>
</tr>
<tr>
<td><em>Plan Pays</em></td>
<td><em>Plan Pays</em></td>
</tr>
<tr>
<td>Annual Vision Exam</td>
<td>100% after $15 copay</td>
</tr>
<tr>
<td>Annual Vision Exam with Contact Lens Evaluation</td>
<td>100% after $15 copay and $25 copay for CL evaluation</td>
</tr>
<tr>
<td><strong>TIER THREE</strong></td>
<td><strong>TIER FOUR</strong></td>
</tr>
<tr>
<td><em>Plan Pays</em></td>
<td><em>Plan Pays</em></td>
</tr>
<tr>
<td>100% up to $50 after $20 copay</td>
<td>100% up to $50 after $20 copay</td>
</tr>
</tbody>
</table>

**APPLICABLE LIMITATIONS TO BENEFITS ABOVE**

<table>
<thead>
<tr>
<th>Policy Year Maximum Benefits</th>
<th>N/A</th>
<th>$50</th>
<th>$50</th>
<th>$50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Year Out-of-Pocket Maximum</td>
<td>N/A</td>
<td>$2,700 individual; $5,400 family</td>
<td>$6,000 individual; $12,000 family</td>
<td></td>
</tr>
<tr>
<td>Policy Year Deductible</td>
<td>N/A</td>
<td>$150 per Individual; $350 per family</td>
<td>$500 per individual; $1,500 per family</td>
<td></td>
</tr>
</tbody>
</table>
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

Ohio State College of Dentistry Faculty Practice
614-292-1472

Wilce Student Health Center Dental Services
Second Floor 1875 Millikin Rd.
614-292-4321

CAUTION:
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Visit shi.osu.edu to access your Summary Brochure and Certificate of Coverage.
### Students and Dependents 19 Years or Older

<table>
<thead>
<tr>
<th>Service</th>
<th>Student Health Services or College of Dentistry Student Clinic</th>
<th>College of Dentistry Faculty Practice or Delta Dental PPO/Delta Premier Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td>100% after $17 co-pay</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Exams and cleanings twice per benefit year;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fluoride treatment for dependent children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>once per benefit year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Exam and Palliative Treatment</strong></td>
<td>100% after $17 co-pay</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Used to temporarily relieve pain.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Radiographs (X-rays)</strong></td>
<td>100%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Bitewing X-rays are payable once per benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year. Full-Mouth X-rays are payable once</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>per five benefit years.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Simple Extractions</strong></td>
<td>70%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Oral Surgery Services</strong></td>
<td>70%</td>
<td>50%</td>
<td>NOT COVERED</td>
</tr>
<tr>
<td>Surgical extractions. Coverage for the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>removal of asymptomatic third molars is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>excluded.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minor Restorative Services</strong></td>
<td>70%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Used to repair teeth damaged by disease or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>injury (for example, amalgam [silver] and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>resin [white] fillings).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Single Crown</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Periodontic Services</strong></td>
<td>70%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Used to treat diseases of the gums and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>supporting structures of the teeth.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endodontic Services</strong></td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Limited to root canals only.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anesthesia</strong> IV sedation.</td>
<td>50%</td>
<td>50%</td>
<td>NOT COVERED</td>
</tr>
</tbody>
</table>

#### Applicable Limitations to Benefits Above

- **Policy Year Maximum Benefits**: $750 per individual
- **Policy Year Deductible**: N/A, $50

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*Non-student dependents are not eligible at this location*
ADDITIONAL BENEFITS

Medical and Mental Health Online resources available to you:
The medical policy partner, UHCSR offers two online resources for non-emergency medical and mental health care. Both of 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.

HEALTHIESTYOU
Healthiestyou provides you with 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.

BETTERHELP
BetterHelp is a confidential virtual counseling service, providing access to Psychologists (PhD / PsyD), Marriage and Family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC). These professional licensed counselors are available to you to schedule an appointment and decide on a communication method that best suits your needs: including ongoing text communications, live chat, phone, video or groupinars.

Go to www.telehelp4students.com for more information or to access services.
**EMERGENCY TRAVEL ASSISTANCE BENEFITS**

As part of your Student Health Insurance 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](http://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
shs.osu.edu

Counseling and Consultation Service
Younkin Success Center 4th Floor
& Lincoln Tower 10th Floor
614-292-5766
ccs.osu.edu

Student Life Student Wellness Center
B130 RPAC
614-292-4527
swc.osu.edu

Center for Integrative Medicine
2000 Kenny Rd. 614-293-9777

Center for Women’s Health at The Ohio State University Wexner Medical Center
McCampbell Hall, 3rd Floor 1581 Dodd Dr.
614-293-2076

Martha Morehouse Medical Plaza
2050 Kenny Rd (Accessible by Campus Transport)

AfterHoursCare
2nd Floor, Suite 2250, Pavilion
614-685-3357

Ohio State Internal Medicine
614-293-8054

OSU Sports Medicine Center
2835 Fred Taylor Drive
614-293-3600

Rardin Family Practice
2231 N. High St.
614-293-2700

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 page or uhcsr.com/osu or call HealthSmart 1-844-206-0374.

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
Hours: Mon–Fri, 8 a.m.–5 p.m.
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 2019-1098-1 and 2019-1098-4. 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.