

# Student Health **Benefits Plan**

A great option with low out-of-pocket costs, robust provider choice and convenience. It can be used on campus, nationwide and abroad. The Student Health Benefits Plan includes medical, mental health, prescription, dental and vision all rolled into one. UnitedHealthcare StudentResources and Delta Dental of Ohio partner with Ohio State to offer the benefit.

SHS = Student Health Services at Wilce Student Health Center		Student Health Benefits Plan		Your Plan
<b>Medical, RX</b>	<b>For services at Student Health Services (SHS)</b>	<b>For services at Tier 2 Providers</b>		
Office	100%	100% after \$20 copay		
Urgent Care Office Visit	Not available at this location	100% after \$25 copay		
Emergency Room	Not available at this location	90% after \$100 copay		
Physical Therapy	100%	90%		
Diagnostic Labs	100%	90%		
Prescription Drugs	Generic: 90%   Brand with no generic option: 80% Brand with generic option: 50%   Minimum \$10 copay			
Medical Deductible	No deductible at this location	<b>\$150</b>		
Medical Coinsurance	No coinsurance at this location	<b>10%</b>		
<b>Mental Health</b>	<b>For services at Counseling and Consultation (CSS)</b>	<b>For services at Tier 2 Providers</b>		
Outpatient Psychotherapy	100%	100% after \$20 copay		
Outpatient Psychiatry	100%	100% after \$20 copay		
Inpatient Services	Not available at this location	90%		
<b>Adult Dental*</b>	<b>For services at SHS and Dental Clinic</b>	<b>For services at Delta Dental PPO/Delta Dental Premier Providers</b>		
Annual Dental Benefit Max	\$750	\$750		
Routine Dental Exam	100% after \$17 copay	70%		
Dental Deductible	No deductible at this location	\$50		
<b>Vision</b>	<b>For Services at SHS and College of Optometry</b>	<b>For services at Tier 2 Providers</b>		
Vision Care	Exam: 100% after \$15 copay Eyewear: \$100 allowance for eyewear or contact lenses; 20% discount on frames and eyeglass lenses.	Exam: 100% up to \$50 after \$20 copay		
Monthly Cost	See our rates at <a href="https://go.osu.edu/shi2022">https://go.osu.edu/shi2022</a>			
Out of Pocket Medical Maximum		\$3,000		

\* Dental for members under 19 years of age is covered by a separate benefit and deductible

To learn more, visit [shi.osu.edu](https://shi.osu.edu) call: **614-688-7979** email: [shi\\_info@osu.edu](mailto:shi_info@osu.edu)