Benefits Open Enrollment

November 1-14, 2017

Medical | Dental | Vision | Flexible Spending | Dependent Life Insurance

Changes effective January 1, 2018

THE OHIO STATE UNIVERSITY
HUMAN RESOURCES

hr.osu.edu/oe
DISCRIMINATION IS AGAINST THE LAW

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-264-1552, Access Code# 80014189.

ATTENZIONE: Se si parla italiano, è disponibile gratuitamente un servizio di assistenza linguistica. Chiamare il numero 1-800-264-1552, Access Code# 80014189.

注:如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-264-1552，訪問代碼# 80014189

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DISCRIMINATION IS AGAINST THE LAW

The Ohio State University complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Ohio State University does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

If you need these services, contact The Ohio State University’s affirmative action and EEO coordinator.

If you believe that The Ohio State University has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Affirmative Action and EEO Coordinator
1590 N High St., Suite 300
Columbus, OH 43201-2910
Phone: 614-688-2234
Fax: 614-292-6199
Email: aa-eeo@osu.edu

For information on Title IX, including reporting and resources for sex- and gender-based discrimination and harassment, please visit titleix.osu.edu.

You can file a grievance in person or by mail, fax, or email. If you need help filling a grievance, the affirmative action and EEO coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available atocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHI Building
Washington, D.C. 20201
1-800-868-1091, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.
Open Enrollment is November 1-14, 2017, and elections are effective January 1, 2018. This booklet represents a summary of enrollment information. The hr.osu.edu/oe website includes more detail about all 2018 changes, eligibility and plan documents.

CHECKLIST:

• Visit hr.osu.edu/oe to learn more about the information in this booklet.
• Sign up for a benefits forum or webinar or watch a pre-recorded video online. Details at hr.osu.edu/oe
• Log into eprofile.osu.edu to use myBenefitsMentor, an interactive informed enrollment resource. This resource can help model your 2018 medical and pharmacy costs when determining what plan is best for you and what amount to contribute to your Health Care Flexible Spending Account (FSA).
• Review your current coverage at eprofile.osu.edu by clicking Benefits Summary under the eBenefits folder.
• Between November 11, 2017, go to eprofile.osu.edu to make elections for health plans (medical, dental, vision), FSA and life insurance.

STEPS TO ENROLL

STEP 1: Go to eprofile.osu.edu. You will need your Ohio State username (last name #), and password. Your BuckeyePass’ authentication to log in. Forgot your user name or password? Visit ocl.osu.edu/KB00040 for information on how to recover your user name or reset your password.

STEP 2: Click Open Enrollment under the eBenefits folder (on the right hand side) to review and make your benefit elections.

STEP 3: Click Authorize & Submit as the final action for your elections to be saved.

STEP 4: Review and print your confirmation statement and keep a copy for your records.

Ohio State requires verification of eligibility for any dependent enrolled in its medical, dental and vision plans. A request for proof of eligibility for any covered dependent who has not previously been verified will be mailed to you after you enroll the dependent. Failure to provide proof of eligibility for each applicable dependent will result in termination of their coverage.

Review Dependent Eligibility Requirements for each of the dependents on your medical, dental, and/or vision plan, as well as any whom you intend to add during Open Enrollment. More details are available online at hr.osu.edu/oe/eligibility.

To ensure the accuracy of Affordable Care Act (ACA) reporting to the IRS, please verify that the name, date of birth and social security number on file for each covered dependent identically matches IRS records. If you need to correct any dependent information, please contact Customer Service at (614) 292-1050 or (800) 678-6010.

ELIGIBILITY CHANGES FOR SAME-SEX DOMESTIC PARTNERS AND THEIR CHILDREN

Same-sex domestic partners and their children, who meet all other plan eligibility requirements, may maintain the following benefits throughout 2018 only:
• Health Care and Dependent Life Insurance coverage - same-sex domestic partners and their children who are enrolled on December 31, 2017.
• Dependent Tuition Assistance - same-sex domestic partners and their children who received dependent tuition assistance for the autumn 2017 semester.

Any other same-sex domestic partners and their children will not be eligible for benefits. Learn more at hr.osu.edu/benefits/ssdp-changes.

UPDATES TO PRESCRIPTION DRUG PLAN

New for 2018, you will be able to purchase a 90-day prescription at certain preferred retail pharmacies. Beginning January 1, 2018, the Walgreens in the Wexner Medical Center and OSU East will no longer be included in the Express Advantage Network (EAN). The specialty medication maximums for both generic and formulary brand-name drugs will increase for 2018. For more details see page 8.

HEALTH CARE FSA MAXIMUM INCREASE

For 2018, the Health Care Flexible Spending Account (FSA) maximum will increase to $2,600 per year. See page 13.

WHAT’S CHANGING

In order to maintain the affordability of Ohio State’s overall medical benefit plan, the plan design is carefully reviewed each year. As a result of proactive plan management and positive health improvement for plan members, there are limited plan changes for 2018. In addition, medical plan contribution rates will decrease for many participants.

Below are the key changes to 2018 benefits.

YOUR PLAN FOR HEALTH REDESIGNED

In January 2018, Your Plan for Health (YP4H) will be delivered in a new and innovative way. The enhanced YP4H program powered by our new partner, Virgin Pulse, is personal, mobile and healthy habit-focused. There will also be a redesigned YP4H Incentive Program, comprised of a new points structure and a variety of rewards, including opportunities to earn even more Health Reimbursement Account (HRA) credits, up to $250 each for you and your spouse. See page 12.

SUMMARIES OF BENEFITS AND COVERAGE (SBCs) AND GLOSSARY NOTICE

Under the Affordable Care Act, group health plans and insurance companies must provide participants with SBCs and a glossary of terms commonly used in health insurance coverage. All group health plans and insurance companies use the same standard format for their SBCs and glossary. Our SBCs and glossary are available online at hr.osu.edu/oe or paper copies are available free of charge by contacting OHR Customer Service at HR@osu.edu, (614)292-1050, or (800)678-6010.

1 BuckeyePass is a second layer of authentication for your Ohio State account. Read more at buckeyepass.osu.edu
MEDICAL BENEFITS
Ohio State’s medical benefits provide comprehensive coverage for planned and emergency care. All Ohio State medical plans provide coverage for the same types of medical services; however, the employee contribution amount for each plan varies based on how the plan pays for those services. You have flexibility when deciding which option is right for you and your family. Supporting plan documents and other resources can be found at hr.osu.edu/oe/medical.

PLAN OPTIONS
When selecting a plan, think about how frequently you visit the doctor, whether you need out-of-network coverage and how you want to balance your employee payroll contributions with what you are required to pay out-of-pocket for medical services.

- **Prime Care Advantage** requires that you receive medical care from a statewide network of providers for non-emergency services.
- **Prime Care Choice** provides both network and out-of-network coverage for medical services.
- **Prime Care Connect** is available for individuals with limited household income to help reduce the financial barriers with obtaining health care. Prime Care Connect is available only to faculty and staff who meet specific income qualifications based on household size. For example, the maximum income starts at $21,905 for a one-person household. The maximum income increases with each additional household member. See Prime Care Connect requirements at hr.osu.edu/oe/medical.

Special application is required to participate in Prime Care Connect, and current enrollees must reapply each year. If you want to ensure medical plan coverage through Ohio State for 2018, you should enroll in one of the other medical plan options while your application for Prime Care Connect is being processed. Call OSU Health Plan at 614-292-4700 or 1-800-678-6289 to begin the application process.

Use OSU Health Plan’s provider directory at hr.osu.edu/oe/medical to determine which providers participate in the network for each of the Prime Care plans.

- **Out-of-Area Plan** is only available to employees and their dependents who:
  - Live in areas without adequate network access or
  - Are enrolled in a Prime Care plan but will be outside Ohio for at least 30 consecutive days. You must meet certain criteria to enroll temporarily in this plan, as detailed on the Out-of-Area Plan Election Form.

Use the zip code eligibility tool at hr.osu.edu/oe/medical to see if this plan is available to you.

EMPLOYEE COSTS FOR 2018
Medical plan contribution rates will decrease for many participants. Annual out-of-pocket maximums are increasing for Prime Care Advantage, Out-of-Area Plan and Prime Care Connect. Deductibles, coinsurance and some copayments are also increasing for Prime Care Connect.

### 2018 MEDICAL PLAN COMPARISON CHART

<table>
<thead>
<tr>
<th>Benefit Component</th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
<th>Prime Care Connect</th>
<th>Out-of-Area Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>Individual: $450, Family: $900</td>
<td>Individual: $950</td>
<td>Individual: $1,900</td>
<td>Individual: $450</td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td>Family: $1,900</td>
<td>Family: $3,800</td>
<td>Family: $300</td>
<td>Family: $900</td>
</tr>
<tr>
<td><strong>Contribution Amount</strong></td>
<td>Individual: $3,500</td>
<td>Individual: $1,200</td>
<td>Individual: $500</td>
<td>Individual: $2,600</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual: $390</td>
<td>Individual: $650</td>
<td>Individual: $1,500</td>
<td>Individual: $2,600</td>
</tr>
<tr>
<td><strong>Blue Cross Blue Shield</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 85% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Prime Care Provider (PCP)</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>All Other</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Convenient Care</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>After Hours Care</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Lab and X-ray</strong></td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
<td>Plan pays 80% after deductible</td>
</tr>
</tbody>
</table>

1. With application, an individual enrolled in this plan may qualify for the Out-of-Area Plan’s non-network benefits.
3. Out-of-pocket costs that you incur when receiving services from out-of-network providers will apply to the network out-of-pocket maximum.
4. Special application is required. See hr.osu.edu/oe for details. For faculty and staff who have applied and been approved for enrollment in this plan, the network restriction will be removed if your permanent home address is outside Ohio or in select areas of Ohio without adequate network access. Review eligibility by zip code online at hr.osu.edu/oe.
5. Must meet eligibility criteria. Review eligibility by zip code online at hr.osu.edu/oe.
6. A PCP is a generalist physician designated as a family medicine, general internal medicine, geriatric medicine or general pediatrics provider. PCP services also can be provided by a Primary Care Nurse Practitioner who practices with a PCP. This benefit also applies to University Health Services and clinics in a retail setting (convenience care).
7. **Use of services at Martha Morehouse and Gahanna AfterHours is a cost-effective alternative to the ER for more serious conditions than can be handled at convenient care or urgent care.**

*This medical plan comparison chart should be used as a general guide only. Refer to the Medical Plans – Specific Plan Details, online at hr.osu.edu/oe, for further information. If the information provided in this summary chart differs from the online document, the online document will govern.*
PRESCRIPTION DRUG COVERAGE

All of the university’s medical plans include prescription drug benefits through Express Scripts, with no need to enroll in a separate prescription drug plan. Changes coming in 2018 include:

- You will be able to purchase a 90-day prescription at certain preferred retail pharmacies for medications you take on an ongoing basis. Like Home Delivery, your cost for obtaining a 90-day prescription at certain preferred pharmacies will be less than obtaining three 30-day prescriptions. To purchase your maintenance medication at a retail pharmacy, you must present a 90-day prescription, and you must use a pharmacy in Express Scripts’ Retail90 network (also known as Smart90).
- Specialty medications are pharmaceutical products that treat serious, chronic conditions and typically have a very high cost. In 2018, the maximum amount that a plan member will pay for each specialty medication purchased will be $50 for generics and $100 for formulary brand-name drugs.
- Previously, Walgreens pharmacies were excluded from the Express Advantage Network (EAN) except for the Walgreens in the Ohio State Wexner Medical Center and University Hospital East. Beginning January 1, 2018, the Walgreens pharmacies in the Ohio State Wexner Medical Center and University Hospital East will also be excluded from EAN. Specialty medications and other prescription drugs are available at The Ohio State University Outpatient Pharmacy.
- To comply with the Affordable Care Act, statins used for the primary prevention of cardiovascular disease will be covered at 100%. When purchased at a preferred pharmacy, low-to-moderate-dose statins will be covered at no cost to plan members for adults 40-75 years old with no history of cardiovascular disease. See list of medications at hr.osu.edu/oe.

<table>
<thead>
<tr>
<th>PRIME CARE ADVANTAGE</th>
<th>PRIME CARE CHOICE</th>
<th>PRIME CARE CONNECT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUT OF AREA PLAN</strong></td>
<td>$2,500 per person, $5,000 per family</td>
<td>$2,000 per person, $4,000 per family</td>
</tr>
<tr>
<td><strong>Preferred Pharmacy</strong></td>
<td>$50 per person, $100 per family</td>
<td>No deductible</td>
</tr>
<tr>
<td><strong>Non-Preferred Pharmacy</strong></td>
<td>$250 per person, $500 per family</td>
<td></td>
</tr>
<tr>
<td><strong>Home Delivery or Retail90 Pharmacy</strong></td>
<td>No copay</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supply Limitations</th>
<th>Preferred Pharmacy</th>
<th>Non-Preferred Pharmacy</th>
<th>Home Delivery or Retail90 Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>30-day supply</strong></td>
<td>$10 copay</td>
<td>$20 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>90-day supply</strong></td>
<td>$30 copay</td>
<td>$50 copay</td>
<td>$60 copay</td>
</tr>
<tr>
<td><strong>30% coinsurance, up to $100</strong></td>
<td>$30 copay</td>
<td>$60 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td><strong>30% coinsurance, up to $500</strong></td>
<td>$30 copay</td>
<td>$60 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td><strong>50% coinsurance, up to $1,000</strong></td>
<td>$50 copay</td>
<td>$100 copay</td>
<td>$125 copay</td>
</tr>
</tbody>
</table>

EASY-TO-ACCESS OHIO STATE RESOURCES

For employees enrolled in an Ohio State medical plan:

- University Health Connection on the Columbus campus offers walk-in and scheduled primary care appointments at McCampbell Hall, 1581 Dodd Drive, Suite 201, at the corner of Cannon Drive and 10th Avenue. There are no out-of-pocket costs to you for office visits.
- OSU Health Plan’s Prime Access helps connect members looking for a new health care provider in a timely fashion. In order to access an appointment held for Health Plan members, call 614-418-6260 for an Ohio State provider or 614-564-9678 for a Central Ohio Primary Care provider. Let the scheduler know that you are a member of OSU Health Plan. Participating specialties include:
  - Ohio State: general internal medicine/family medicine, ear, nose, throat (ENT), allergy and immunology, comprehensive orthopedics and sports medicine; colorectal/general surgery; obstetrics and gynecology
  - Central Ohio Primary Care: general internal medicine/family medicine

For employees eligible for an Ohio State medical plan:

- Ohio State’s Employee Assistance Program (EAP) helps to address complex issues that can affect your mental and emotional well-being. The EAP partners with IMPACT Solutions to offer 24/7 phone coverage and statewide access to confidential counseling. The benefit includes free resources, such as counseling sessions and other services, for you, your household, parents and parents-in-law. Call 1-800-678-6265 or read more on eligibility and features at hr.osu.edu/benefits/eap.
- The 24/7 Nurseline has registered nurses available 24 hours a day, seven days a week, to assist you, or your family members, with health-related questions. You can access this complimentary service by calling 1-800-678-6269 (option 1).
**MEDICAL PLAN CONTRIBUTION RATES**

**MONTHLY FULL-TIME EMPLOYEES (75-100 PERCENT FTE)**

Below are full-time monthly contribution rates for each medical plan.

If you are a full-time regular or term employee (75-100 percent FTE), your compensation tier is established each year prior to Open Enrollment, it will not be adjusted until the following year, even if your base pay changes or you earn additional pay.

<table>
<thead>
<tr>
<th>Compensation tiers</th>
<th>Out-of-Area Plan¹</th>
<th>Prime Care Advantage</th>
<th>Prime Care Connect¹</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than $35,000</td>
<td>Payroll Deduction</td>
<td>$76.82</td>
<td>$163.26</td>
<td>$211.98</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit</td>
<td>$20.00</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$56.82</td>
<td>$143.26</td>
<td>$191.98</td>
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<tr>
<td>$35,000 to $74,999</td>
<td>Payroll Deduction</td>
<td>$86.72</td>
<td>$172.16</td>
<td>$222.48</td>
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<tr>
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<td>Less PHA Credit</td>
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<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$66.72</td>
<td>$153.16</td>
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<td>$75,000 to $99,999</td>
<td>Payroll Deduction</td>
<td>$102.94</td>
<td>$201.06</td>
<td>$246.26</td>
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<td>Less PHA Credit</td>
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<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$82.94</td>
<td>$181.06</td>
<td>$226.26</td>
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<tr>
<td>$100,000 to $199,999</td>
<td>Payroll Deduction</td>
<td>$108.98</td>
<td>$212.24</td>
<td>$263.18</td>
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<td>$20.00</td>
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<tr>
<td></td>
<td>Net Premium</td>
<td>$88.98</td>
<td>$192.24</td>
<td>$241.18</td>
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<td>$200,000 to $399,999</td>
<td>Payroll Deduction</td>
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<td>$233.08</td>
<td>$289.88</td>
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<td>Less PHA Credit</td>
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<td></td>
<td>Net Premium</td>
<td>$99.94</td>
<td>$193.08</td>
<td>$249.88</td>
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<tr>
<td>$400,000 and Above</td>
<td>Payroll Deduction</td>
<td>$130.96</td>
<td>$252.92</td>
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<tr>
<td></td>
<td>Less PHA Credit</td>
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<td>$20.00</td>
<td>$20.00</td>
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<tr>
<td></td>
<td>Net Premium</td>
<td>$100.96</td>
<td>$232.92</td>
<td>$295.40</td>
</tr>
</tbody>
</table>

To earn the full premium credit for 2018, complete the PHA with biometrics by November 30, 2017. Learn more about the PHA and biometric screenings at yp4h.osu.edu

¹Must meet additional eligibility criteria.

**MEDICAL PLAN CONTRIBUTION RATES**

**BIWEEKLY FULL-TIME EMPLOYEES (75-100 PERCENT FTE)**

Below are full-time biweekly contribution rates for each medical plan.

If you are a full-time regular or term employee (75-100 percent FTE), your compensation tier is established each year prior to Open Enrollment, it will not be adjusted until the following year, even if your base pay changes or you earn additional pay.

<table>
<thead>
<tr>
<th>Compensation tiers</th>
<th>Out-of-Area Plan¹</th>
<th>Prime Care Advantage</th>
<th>Prime Care Connect¹</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than $35,000</td>
<td>Payroll Deduction</td>
<td>$38.41</td>
<td>$81.63</td>
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<tr>
<td></td>
<td>Net Premium</td>
<td>$28.41</td>
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<td>$35,000 to $74,999</td>
<td>Payroll Deduction</td>
<td>$43.36</td>
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<td>$10.00</td>
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<td></td>
<td>Net Premium</td>
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<td>$75,000 to $99,999</td>
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<td>Net Premium</td>
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<td>Net Premium</td>
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<tr>
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<td>$400,000 and Above</td>
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</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$55.48</td>
<td>$116.46</td>
<td>$147.70</td>
</tr>
</tbody>
</table>

Staff paid biweekly have health and welfare deductions taken from 24 pays. This includes deductions for medical, dental, vision, flexible spending, short-term disability, voluntary group term life and dependent group term life insurance. For two months during the year, the biweekly pay schedule contains three pays during the months. These deductions will not be taken from the third pay.

¹Must meet additional eligibility criteria.
YOUR PLAN FOR HEALTH

Your Plan for Health (YP4H), Ohio State's employee wellness program, provides you with resources to help you thrive in the workplace and at home. In January 2018, an enhanced YP4H program will be available, powered by new vendor partner Virgin Pulse. The new online portal and mobile app will provide:

- Habit-based tracking and ways to personalize your program in the areas where you would most like to focus, including physical activity, nutrition, sleep, stress management, finances, relationships and resiliency.
- A greater variety of opportunities to earn points.
- Healthy living programs and challenges, university-wide and on an individual level.
- Helpful wellness tips that motivate and encourage you to learn more about making healthy choices.
- Compatibility with a variety of fitness devices for automated tracking.

A redesigned YP4H Incentive Program will also launch in 2018 with a new points structure and a variety of rewards. You will have access to motivational resources and a way to easily accumulate and track points for the healthy choices you make every day. As you start or continue your wellness journey, you can earn incentives for your preferred activities that improve health and well-being.

FLEXIBLE SPENDING ACCOUNTS (FSAS)

Flexible Spending Accounts (FSAs) are available to set aside pre-tax dollars that can be used to reimburse eligible health or dependent care expenses. When enrolling, you determine how much money you want to contribute to each account for the plan year. The funds are then withheld from your pay and reduce your taxable income. As you incur eligible health care expenses, you can use your health care debit card to pay for them, where applicable, or you can submit claims and be reimbursed from either your health care or dependent care account, based on the type of expense you submit.

HEALTH CARE FSA

You must enroll for a Health Care FSA during Open Enrollment to have an account during 2018. With a Health Care FSA, you set aside pre-tax dollars from your pay to be used for eligible health care expenses that you incur. Your contributions can range from $100 to $2,600 per year, and the funds that you contribute cannot roll over from year to year. You can use both a Health Care FSA and a Health Reimbursement Account (HRA), but they are different accounts. Go to hr.osu.edu/oe for a comparison of these two accounts.

You must have eligible health care expenses January 1, 2018, through March 15, 2019, to be reimbursed from the amounts you contribute to your Health Care FSA in 2018. You will forfeit any funds that are not reimbursed from your FSA by March 31, 2019.

DEPENDENT CARE FSA

You must enroll for a Dependent Care FSA during Open Enrollment to have an account during 2018.

A Dependent Care FSA cannot be used for your dependents' health care expenses. Enroll for a Health Care FSA instead for these types of expenses.

With a Dependent Care FSA, you set aside pre-tax dollars from your pay that can be used to reimburse expenses that you incur for the care of eligible dependents to enable you and your spouse to be gainfully employed. Your contributions can range from $250 to $5,000 per year per household.

Eligible expenses under this program must be incurred for the care of a dependent who lives with you and may include child care for children under age 13 or adult day care for parents (does not include long-term care expenses).

1 There are tax consequences for non-dependent same-sex domestic partners.
2 PulseCash is subject to taxation at the time it is earned.
DENTAL AND VISION PLANS
There are no changes to the Faculty and Staff Dental Plan or the Faculty and Staff Vision Plan designs for 2018.

DENTAL
The Faculty and Staff Dental Plan provides both in-network and out-of-network benefit coverage for dental services. Delta Dental provides network coverage through two networks: Delta Dental PPO and Delta Dental Premier. Your out-of-pocket costs are less when you use a provider who participates in the Delta Dental PPO network. The Dental Plan Summary Chart and the Specific Plan Details (SPD) are at hr.osu.edu/oe.

BIWEEKLY FULL TIME (75-100 PERCENT FTE) AND MONTHLY FULL TIME (75-100 PERCENT FTE)

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Spouse/ Same-Sex Domestic Partner</td>
<td>Dependent Child</td>
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<tr>
<td>Plan 1</td>
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<tr>
<td>Plan 3</td>
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</tr>
</tbody>
</table>

1 Must meet specific requirements and affidavit required.

VISION
The Faculty and Staff Vision Plan provides you and your covered dependents with benefit coverage for vision care services, such as eye exams, eyeglasses and contact lenses. You can choose between Basic and Premier Plan options, both of which use the Vision Service Plan (VSP) Choice Network, but offer different levels of benefits. The Vision Plan Summary Chart and the Specific Plan Details (SPD) are at hr.osu.edu/oe.

BIWEEKLY FULL TIME (75-100 PERCENT FTE) AND PART TIME (50-74 PERCENT FTE) AND MONTHLY FULL TIME (75-100 PERCENT FTE) AND PART TIME (50-74 PERCENT FTE)

<table>
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<td>Employee only</td>
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LIFE INSURANCE AND DISABILITY

DEPENDENT GROUP TERM LIFE INSURANCE
For low monthly fees, eligible faculty and staff may purchase Dependent Group Term Life Insurance (DGTLI) coverage for dependents, including a spouse and dependent children up to age 26. This benefit provides a death benefit of up to $10,000 (depending on level of coverage selected) in the event of the death of an eligible dependent. The employee is the beneficiary for any DGTLI benefit.

This benefit is available as part of the group term life insurance coverage provided to eligible employees. During Open Enrollment, you may enroll in or increase current DGTLI coverage. The other time you may enroll in or increase coverage is with certain qualifying status changes.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Level</th>
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<tr>
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<td>Spouse/ Same-Sex Domestic Partner</td>
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<td>Plan 1</td>
<td>$5,000</td>
</tr>
<tr>
<td>Plan 2</td>
<td>$10,000</td>
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</tbody>
</table>

Voluntary Group Term Life Insurance (VGTLI) provides an opportunity to purchase additional life insurance coverage. During Open Enrollment, you have an opportunity to enroll in or increase VGTLI coverage for eligible dependent children up to age 26. The only other time you may enroll in or increase coverage is with certain qualifying status changes. The maximum amount of coverage available for each eligible child is $10,000.

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Monthly Rate</th>
<th>Biweekly Rate</th>
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<tr>
<td>$5,000</td>
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<td>20</td>
</tr>
<tr>
<td>$10,000</td>
<td>80</td>
<td>40</td>
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</table>

SHORT-TERM DISABILITY
Open Enrollment is the only opportunity to cancel existing short-term disability coverage effective January 1, 2018. There is no opportunity to elect short-term disability coverage during this Open Enrollment. However, you may apply for coverage at any time, with EOI. For more information, visit hr.osu.edu/benefits/short-term-disability.

There is no opportunity during Open Enrollment to purchase VGTLI coverage for yourself or your spouse during Open Enrollment without Evidence of Insurability (EOI). However, you may apply for coverage at any time, with EOI.
NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 04/14/03
REVISED DATE: 05/04/17

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact the Privacy Officer at The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202 or Customer Service at (614) 292-4700.

WHO IS COVERED BY THIS NOTICE

The terms of this Notice apply to The Ohio State University Health Plan, Inc. (“Health Plan”), which is participating in an Organized Health Care Arrangement with The Ohio State University Wexner Medical Center. This Notice describes how we use or disclose your Protected Health Information (“PHI”). This Notice also describes your rights to access and control your PHI. This Notice does not apply to disability benefits, life insurance, or any non-health plans or benefits. PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health or condition, in the past, present or future.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to maintain the privacy of our members’ PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by us. Copies of revised notices will be mailed to all members then covered by the Health Plan and copies may be obtained by mailing a request to the Privacy Officer at The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202.

USES AND DISCLOSURES OF YOUR PHI

Your Authorization. Except as outlined below, we will not use or disclose your PHI for any purpose, unless you have signed a form authorizing the use or disclosure of such PHI. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose your PHI for marketing without your authorization. We may not sell your PHI without your authorization. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.

Highly Confidential Information. Federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, Treatment and referral; (4) about HIV/AIDS testing, diagnosis or Treatment; (5) about sexually transmitted diseases(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about sexual assault; or (9) In vitro Fertilization (IVF). For any of the foregoing, we must obtain your written authorization for any use or disclosure, except to carry out certain treatment, payment, or health care operations. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

Disclosures for Treatment. We will make disclosures of your PHI as necessary for your treatment. For instance, a doctor or health facility involved in your care may request certain parts of your PHI that we hold in order to make decisions about your care.

Uses and Disclosures for Payment. We will make uses and disclosures of your PHI as necessary for payment purposes. For instance, we may use information regarding your medical procedures to process and pay claims, to determine whether services are medically necessary or to otherwise pre-authorize or certify services as covered under your health benefits plan. We may also forward such information to another health plan that may also have an obligation to process and pay claims on your behalf.

Uses and Disclosures for Health Care Operations. We will use and disclose your PHI as necessary, and as permitted by law, for our health care operations that include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, reinsurance, compliance, auditing, rating and other functions related to your health benefits plan. We may also disclose your PHI to another health care facility, health care professional, or health plan for things such as quality assurance and case management, but only if that facility, professional or plan also has or had a patient relationship with you. We are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends and others who are either involved in your care or in the payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of administration of the Health Plan are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial service, claims payment, data compilation, legal services, etc. At times it may be necessary for us to provide certain portions of your PHI to one or more of these outside persons or organizations that assist us with our administration of the Health Plan. In all cases, we require these business associates to appropriately safeguard the privacy and security of your information.

Other Health-Related Products or Services. We may from time to time use your PHI to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the Health Plan. For example, we may use your PHI to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a Health Plan member. We will not use your information to communicate with you about products or services which are not health related without your written permission.

Research. In limited circumstances, we may use and disclose your PHI for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research, or by representations of the researchers that limit their use and disclosure of member information.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization.

• We may disclose your PHI for any purpose required by law;

• We may disclose your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

• We may disclose your PHI as required by law if we suspect child abuse or neglect, we may also disclose your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;

• We may disclose your PHI to a person subject to the jurisdiction of the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

• We may disclose your PHI to other members of the organized health care arrangement described above, as necessary to carry out treatment, payment, and health care operations permitted by law;

• We may disclose your PHI to the Ohio State University, the plan sponsor of the Health Plan; provided, however, that the plan sponsor has certified that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other non-health employee benefit determinations or in any other manner not permitted by law;

• We may disclose your PHI if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such release).

Uses and Disclosures for Health Care Operations. We will use and disclose your PHI as necessary, and

as permitted by law, for our health care operations that include credentialing health care providers, peer review, business management, accreditation and licensing, utilization review and management, quality improvement and assurance, reinsurance, compliance, auditing, rating and other functions related to your health benefits plan. We may also disclose your PHI to another health care facility, health care professional, or health plan for things such as quality assurance and case management, but only if that facility, professional or plan also has or had a patient relationship with you. We are prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

Family and Friends Involved In Your Care. With your approval, we may from time to time disclose your PHI to designated family, friends and others who are either involved in your care or in the payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.

Business Associates. Certain aspects and components of administration of the Health Plan are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial service, claims payment, data compilation, legal services, etc. At times it may be necessary for us to provide certain portions of your PHI to one or more of these outside persons or organizations that assist us with our administration of the Health Plan. In all cases, we require these business associates to appropriately safeguard the privacy and security of your information.

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Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your PHI without your authorization.

• We may disclose your PHI for any purpose required by law;

• We may disclose your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

• We may disclose your PHI as required by law if we suspect child abuse or neglect, we may also disclose your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;

• We may disclose your PHI to a person subject to the jurisdiction of the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;

• We may disclose your PHI to other members of the organized health care arrangement described above, as necessary to carry out treatment, payment, and health care operations permitted by law;

• We may disclose your PHI to the Ohio State University, the plan sponsor of the Health Plan; provided, however, that the plan sponsor has certified that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other non-health employee benefit determinations or in any other manner not permitted by law;

• We may disclose your PHI if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such release).
• We may disclose your PHI to law enforcement officials for law enforcement purposes, including reporting wounds and injuries and crimes;
• We may disclose your PHI to medical examiners, coroners and/or funeral directors consistent with law;
• We may disclose your PHI if necessary to arrange an organ, eye or tissue donation from you or a transplant for you;
• We may disclose your PHI under certain circumstances and consistent with applicable law and standards of ethical conduct, if we believe it necessary to avert or lessen a serious threat to the health or safety of a person or the public;
• We may disclose your PHI if you are a member of the military as required by armed forces services; we may also disclose your PHI if necessary for national security or intelligence activities;
• We may disclose your PHI to a correctional institution or to law enforcement officials under certain circumstances, if you are an inmate of a correctional institution or under the custody of a law enforcement official; and
• We may disclose your PHI as necessary to comply with worker’s compensation laws or similar programs established by law to provide benefits for work-related injuries or illness without regard to fault.

RIGHTS THAT YOU HAVE

Access to Your PHI. You have the right to copy and/or inspect much of the PHI that we retain about you. 
All requests for access must be made in writing and signed by you or your authorized representative. A fee may be charged for copying and postage. If the Health Plan denies access to your information, in part or in whole, it will notify you in writing. The denial will include the reason for the denial, your review rights (if applicable), and information on how to file a complaint. You may obtain an access request form online at osuhealthplan.com/forms-and-downloads or by calling Customer Service at (614) 292-4700.

Amendments to Your PHI. You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary. The Health Plan may deny your request if you ask the Health Plan to amend information that is not part of the protected health information kept by or for the Health Plan; was not created by the Health Plan, unless the person or entity that created the information is required by law to maintain the information; or the amendment requested is not a reasonable request. You will be notified in writing of our decision with reasons for our denial, your right to file a complaint, and information on how to file a complaint.

Confidential Communications. We may communicate with you regarding your claims, premiums, or other services connected with the Health Plan. You have the right to request that you receive communications regarding your PHI from us by alternative means or at alternative locations. For instance, you may wish to not have messages left on voice mail or sent to a particular address. We will accommodate all reasonable requests for confidential communications. Confidential Communications request forms are available online at osuhealthplan.com/forms-and-downloads or by calling Customer Service at (614) 292-4700. You may request these confidential communications in writing by sending your request form to the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI for the six years prior to your request or as otherwise required by law. Requests must be made in writing and signed by you or your representative. Accounting request forms are available online at osuhealthplan.com/forms-and-downloads or by calling Customer Service at (614) 292-4700.

RIGHT TO NOTICE OF BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION. The Health Plan is required to provide you with notice of breaches of your unsecured protected health information. * Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI made by us for treatment, payment or health care operations by notifying us of your request for a restriction in writing. A restriction request form can be obtained online at osuhealthplan.com/forms-and-downloads or by calling Customer Service at (614) 292-4700. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed to restriction by sending such termination notice to the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202. Generally, you have the right to require a health care provider to restrict the disclosure of your PHI to us. However, to obtain such a restriction, you would need to pay your health care provider in full for services and supplies because the restriction would prevent us from making payments on your behalf to your health care provider.

Complaints. If you believe your privacy rights have been violated, you can file a written complaint with the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202. You can access a complaint form online at osuhealthplan.com/forms-and-downloads or by calling Customer Service at (614) 292-4700. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington DC in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

Revisions to the Notice. The Health Plan reserves the right to change the terms of this Notice and to make the new Notice effective for all protected health information maintained by the Health Plan. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, the Health Plan’s duties, or other practices stated in this Notice. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new Notice in which the material change is reflected.

As a member, you retain the right to obtain a paper copy of this Notice, even if you have requested such copy by e-mail or other electronic means.  
1 45 CFR 164.520(b)(1)(v)(A) (1.25.2013)
Benefits Open Enrollment  |  November 1-14, 2017

LEARN ABOUT YOUR BENEFIT OPTIONS

ESTIMATE YOUR COSTS
myBenefitsMentor is an interactive tool to help you model your anticipated 2018 medical and pharmacy costs, so you can better select the plan that’s right for you. Go to eprofile.osu.edu to use the tool. Click on myBenefitsMentor.

BENEFIT FORUMS AND WEBINARS
The Office of Human Resources will offer four in-person benefit forums and a series of online webinars to help you prepare for Open Enrollment. Check hr.osu.edu/oe for dates and registration.

This enrollment booklet is intended to be a summary of Ohio State’s employee benefits. Refer to the applicable plan, program and/or policy online for additional information. In the event the information in this booklet differs from the plan, program or policy, the plan, program or policy will govern.

Changes effective January 1, 2018