Overview of Your Benefits

Review this summary of benefits and make your elections.
WELCOME TO THE OHIO STATE UNIVERSITY!

Ohio State is proud to provide access to high-quality benefits that support your health and financial goals as part of your total rewards package.

This booklet provides information about the wide range of benefits available. Many of these benefits are subsidized or even free of change.

There are several important decisions you need to make regarding your benefits, some of which need to be decided within your first 31 days of eligibility. Please review this booklet carefully to see what best meets your needs.

Our website, hr.osu.edu/benefits, can be accessed anytime for additional information. You also may contact us at hr-Customer_Service@osu.edu, 800-678-6010 or 614-292-1050.

OFFICE OF HUMAN RESOURCES

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2016 PLAN YEAR (issued January 2016)

This Benefits Overview 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.
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Employee Self Service (ESS) offers a single, secure online source for individuals to manage their personal demographic information (eProfile), benefits elections (eBenefits) and payroll information (ePayroll).

FIRST STEPS – LEARN ABOUT AVAILABLE BENEFITS
- Read this benefits overview
- Visit hr.osu.edu/benefits

BE PREPARED BEFORE YOU LOG IN TO EMPLOYEE SELF SERVICE (ESS)
Before you log in to ESS, make sure you have the following information for all eligible dependents to be enrolled:
- Social Security numbers
- Birthdates (be sure to use the correct year of birth)
- Mailing addresses for eligible dependents who do not live with you

WHAT YOU CAN DO IN eBenefits
Enroll in benefits, excluding mandated retirement programs
- Review your current enrollment
- Make changes to your benefits elections due to life events (birth, adoption, marriage, divorce, etc.). Visit hr.osu.edu/events for information
- Make and change Supplemental Retirement Account elections
- Enroll eligible dependents in the Dependent Tuition Assistance program
- Change your life insurance beneficiary(ies)
- Check your Flexible Spending Account (FSA) balance or file a manual FSA claim
HOW TO ENROLL

EMPLOYEE SELF SERVICE (ESS)

eBenefits FOR UNIVERSITY FACULTY AND STAFF
Follow these simple steps to view and make changes to your benefits elections online:
1. Visit Employee Self Service at eprofile.osu.edu. You will need your Ohio State username (lastname.#) and password to log in. For help with password or login issues, go to my.osu.edu or contact the IT Service Desk at 614-688-4357 (8-HELP).
2. Click eBenefits, where you’ll have access to tools and resources to help you choose your benefits.
3. Click the appropriate link to review your options, make changes or enroll.
4. Remember to click Authorize & Submit to finalize your benefits elections. Print your confirmation statement immediately after making your elections and/or any changes.

eBenefits FOR MEDICAL CENTER FACULTY AND STAFF ONLY
Follow these simple steps to view and make changes to your benefits elections online:
1. Visit OneSource at onesource.osumc.edu. You will need your medical center username and password if logging in from outside the medical center. For help obtaining or resetting your medical center username or password, contact the Help Desk at 614-293-3861.
2. Click Employee Self Service. Log in with your medical center username and password.
3. Click eBenefits, where you’ll have access to tools and resources to help you choose your benefits.
4. Click the appropriate link to review your options, make changes or to enroll.
5. Remember to click Authorize & Submit to finalize your benefits elections. Print your confirmation statement immediately after making your elections and/or any changes.
WHAT YOU NEED TO DO AND WHEN

BENEFITS TIMELINE

YOU ARE AUTOMATICALLY* ENROLLED IN:
- **Group Term Life Insurance** – you must designate a beneficiary(ies)
- **Long-Term Disability** – university pays 100% of premiums
- **Retirement** – Ohio Public Employees Retirement System (OPERS) for staff or State Teachers Retirement System (STRS) for faculty. Eligible employees with at least a 75% appointment may enroll in the Alternative Retirement Plan (ARP); see 120-day information below.

YOU HAVE 31 DAYS FROM YOUR ELIGIBILITY DATE* TO ENROLL IN:
- Medical, dental and/or vision coverage for you and your eligible dependents
- Flexible Spending Accounts for dependent care and/or health care
- Short-Term Disability
- Dependent Group Term Life Insurance for your eligible dependents
- Voluntary Group Term Life Insurance for additional coverage for yourself and/or coverage for your eligible dependents

YOU HAVE 120 DAYS FROM YOUR ELIGIBILITY DATE* TO:
- Elect the Alternative Retirement Plan (ARP). If you hold a 75% or greater appointment and are eligible for the ARP, a separate packet will be mailed to your home address. To elect participation in the ARP instead of OPERS or STRS, complete and return the Retirement Program Election Form included in that packet to Human Resources.

YOU HAVE 180 DAYS FROM YOUR ELIGIBILITY DATE* TO:
- Elect plan options within OPERS/STRS. OPERS or STRS will send you a mailer describing its three plan options. You should select your choice of the plan options directly with OPERS or STRS. If no selection is made within 180 days, you will default to the OPERS Traditional Pension Plan (staff) or the STRS Defined Benefit Plan (faculty).

AT ANY TIME, YOU MAY:
- Change Group Term Life Insurance beneficiary(ies)
- Enroll in 403(b) and/or 457(b) supplemental retirement accounts (SRAs)
- Apply for dependent tuition assistance for your eligible dependents (term deadlines apply)
- Visit yp4h.osu.edu to complete the Your Plan for Health (YP4H) Personal Health and Well-Being Assessment (PHA) for medical plan premium credit and learn about Your Plan for Health programs
- View your Benefits Summary

* All enrollment is based upon meeting eligibility criteria for each plan. Your eligibility date is the date you were hired into an eligible appointment (refer to pages 7-8 for additional information or check with your department human resources contact).

For more information on benefits plans, visit hr.osu.edu/benefits

RETIREEMENT NOTICE
Watch for an introduction mailer from OPERS or STRS! If you hold a 75% or greater appointment, you also will receive a packet from Human Resources that details your retirement choices.
DEFINING BENEFITS ELIGIBILITY

The Benefits Eligibility Chart which follows on page 8 lists the benefits available to each employee classification. Some programs also may have additional eligibility requirements, described in greater detail throughout this overview.

Ohio State uses employee classifications along with percentage full-time equivalency (FTE) and appointment type (Regular, Term or Temporary) to define benefits eligibility. It is important to know the class under which your position falls, because your benefits eligibility and premium rates are tied to your appointment and FTE. If you are unsure of your employee classification or appointment type, FTE or standard hours, check with your department human resources contact.

APPOINTMENT CLASSIFICATION DEFINITIONS

Regular – Any appointment for which the relationship between the department and the individual is intended to be ongoing.

Term – Faculty or Unclassified appointments for which the relationship between the department and the individual is for a designated period of time, normally greater than one year but less than three years.

Temporary – Any appointment for which the relationship between the department and the individual is for a designated period of time, normally less than one year.

OVERTIME STATUS DEFINITIONS

Exempt – Staff exempt from overtime pay or compensatory time off according to federal and state law.

Non-Exempt – Staff eligible for overtime pay or compensatory time off according to federal and state law.

FULL-TIME EQUIVALENCY (FTE)

• 100% FTE = 40 standard hours per week
• 75% FTE = 30 standard hours per week
• 50% FTE = 20 standard hours per week
## BENEFITS ELIGIBILITY

The following chart summarizes eligibility by employee classification for the listed university benefits. A box without a symbol indicates that the employee classification is not eligible for that specific benefit.

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<td>Disability (STD, LTD and IDI)</td>
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<td>Visiting Faculty</td>
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<td>Life Insurance (GTLI, DGTLI and VGTLI)</td>
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<td>Auxiliary Faculty</td>
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1 Faculty, Senior Unclassified Administrative and Professional Staff (Sr. A&P), Unclassified Administrative and Professional Staff (A&P) and Classified Civil Service Staff (CCS).
2 This coverage does not apply to Clinical Instructor House Staff who hold appointments in the College of Dentistry, College of Medicine or University Hospital; coverage is provided through the department.
3 Regular appointments only.
4 Faculty must have a 12-month appointment to be eligible.
5 May be eligible to participate in the ARP.
6 Post-Doctoral Fellow (PD Fellows) are not considered employees of The Ohio State University.
7 Eligibility excludes pediatric faculty who also hold an appointment with Nationwide Children’s Hospital.

8 January 2016
HEALTH PLAN ENROLLMENT
The following information relates to enrollment in the university’s medical, dental and vision plans.

WHEN CAN I ENROLL?
• Within 31 days of employment in an eligible appointment
• Within 31 days of a qualifying status change
• During an annual Open Enrollment period
• Special eligibility for select plans (see page 11 – Medical Plan Options)

For a full list and details, see Medical, Dental and Vision Plan Specific Plan Details at hr.osu.edu/hrpubs/#health

WHOM CAN I ENROLL?
You can determine dependent eligibility via the Dependent Eligibility Guidelines online at hr.osu.edu/benefits/benefitseligibility

COVERAGE LEVELS
• For medical, dental and vision benefits, choose from four coverage levels:
  1. Employee only
  2. Employee + children
  3. Employee + spouse or same-sex domestic partner
  4. Family (employee + spouse or same-sex domestic partner + one or more dependents)

ELIGIBLE DEPENDENTS
• Spouse
  − An individual whose marriage to a covered employee is recognized by the Internal Revenue Service for federal income tax purposes.
• Children
  − Your dependent children who have not reached the age limit of 26 (i.e. 26th birthday) and are your biological children, legally adopted children or children placed with you for adoption, stepchildren, children of your same-sex domestic partner or children for whom you have legal guardianship or legal custody.
  − Disabled dependent children, after attaining limiting age; eligible if specific criteria are met, as stated in the Dependent Eligibility Guidelines online at hr.osu.edu/benefits/benefitseligibility
• Same-Sex Domestic Partner (SSDP)
  − Your same-sex domestic partner, eligible if specific criteria are met, as stated on the required Affidavit of Same-Sex Domestic Partnership for Health and Life Coverages available at hr.osu.edu/forms/#domesticpartnership
• Sponsored Dependents (SD)
  − Your sponsored dependents, eligible if specific criteria are met, as stated on the required Affidavit of Sponsored Dependency available at hr.osu.edu/forms/#sponsoreddependents

INELIGIBLE DEPENDENTS
• A spouse, SSDP or SD who would otherwise be eligible for coverage, but who is on active duty in any military of any country is not eligible for coverage during the period of active duty.
• Dependents who do not meet the eligibility requirements outlined in the Dependent Eligibility Guidelines.

(continued on next page)
As you engage in the journey to reach your healthiest you, your Primary Care Provider (PCP) is your partner, coach and advocate.

A PCP is a generalist physician designated as a family medicine, general internal medicine, geriatric medicine or general pediatrics provider. Primary care services also can be provided by a Primary Care Nurse Practitioner who practices with a primary care physician. To locate a PCP, visit osuhealthplan.com/providers

Summary of Benefits and Coverage (SBC) and Uniform Glossary
Under the Affordable Care Act, group health plans and insurance companies must provide participants with SBCs and a uniform glossary of terms commonly used in health insurance coverage. All group health plans and insurance companies use the same standard form SBC and glossary. Our SBC documents are available online at hr.osu.edu/hrpubs/ben/sbc or paper copies are available free of charge by contacting OHR Customer Service at hr-Customer_Service@osu.edu, 614-292-1050, or 800-678-6010.

HEALTH PLAN ENROLLMENT (CONTINUED)

WHEN DOES MY COVERAGE BEGIN?
Your benefits will be effective on the date of your eligible appointment or on the date of a qualifying status change, if you enroll within 31 days of the event. Annual Open Enrollment elections are effective January 1 of the new plan year.

WHEN CAN I MAKE A CHANGE TO MY BENEFITS COVERAGE?
• If you or a dependent experience a qualifying status change, you have 31 days to make a change to your benefits coverage. If you miss this deadline, your next opportunity to change your benefits coverage will be during the next annual Open Enrollment period.
• eBenefits can be used to change benefits elections due to certain status changes, including marriage, divorce, addition or termination of a same-sex domestic partner relationship, birth, adoption/legal guardianship or gain or loss of other coverage. Forms will still be required for enrollment changes due to all other life events.

WHAT IS CONSIDERED A QUALIFYING STATUS CHANGE?
Under IRS rules, you are prohibited from dropping, adding or changing health plan coverage levels during the plan year unless a qualifying status change occurs. There are two types of qualifying status changes: (1) family status changes and (2) employment status changes. Visit hr.osu.edu/events for a complete list of qualifying status changes and information on how to make changes to your benefits.

MOVING? NAME CHANGE?
eProfile allows you to update your personal demographic information. Sign in to eprofile.osu.edu to make changes to your campus mail and phone, personal email, home address and phone or emergency contact information.

WHAT ARE THE PREMIUMS FOR BENEFITS?
For health plans, your premium is waived for your first pay period following your effective date if newly eligible.

Premium rate contribution charts for medical, dental, vision, Short-Term Disability, Dependent Group Term Life Insurance and Voluntary Group Term Life Insurance are available at hr.osu.edu/benefits/hb_rates

Reduce your medical premiums by taking the Personal Health & Well-Being Assessment (PHA)
After obtaining your biometric health values, complete the PHA questionnaire, which includes questions that will help provide a picture of your overall well-being.

When you complete the PHA with required biometric health data, you'll receive a PHA Medical Plan Premium Credit of $30/monthly pay (or $15/biweekly pay). You can receive an additional annual premium credit of up to $120 if your enrolled spouse or same-sex domestic partner also completes the PHA with required biometric health data. For more information, visit yp4h.osu.edu

IS THERE A PRE-EXISTING CONDITION CLAUSE?
There is no pre-existing condition limitation applied to benefits when enrolling in the university's medical, dental or vision plans.
MEDICAL PLAN OPTIONS

Your medical benefits provide comprehensive coverage for planned and emergency care. Each plan’s provisions vary, so you have flexibility when deciding which option is right for you and your family. All of the medical plans provide coverage for the same types of medical services; however, the premium for each plan varies based on how the plan has been designed to pay for those services. 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 monthly contributions with what you are required to pay for medical services you obtain.

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<td>Prime Care Advantage</td>
<td>This plan requires that you receive medical care from a statewide network of providers (provider directory at osuhealthplan.com/search). The plan requires an annual deductible and coinsurance for many services, but includes copays for certain common services, such as urgent care. These services are not subject to the annual deductible. Non-network services are not covered under this plan, except for emergencies.</td>
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<tr>
<td>Prime Care Choice</td>
<td>Prime Care Choice is available at a lower employee payroll contribution with network and out-of-network coverage for medical services that are typically subject to a deductible and coinsurance. When services are received in the network, your deductible and coinsurance amount are lower than when you obtain services outside of the network.</td>
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<tr>
<td>Prime Care Connect</td>
<td>Prime Care Connect is available for individuals with limited household income. This plan is intended to help you reduce the financial barriers you may encounter with obtaining health care. This plan is available only to faculty and staff who meet specific income qualifications and requirements. Visit hr.osu.edu/benefits/hb_medical for a guide and details. Additional information on page 14.</td>
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<tr>
<td>Out-of-Area</td>
<td>This plan is available only to individuals who live in areas without adequate network access. Visit hr.osu.edu/benefits/hb_medical for a list of qualifying Ohio zip codes. Access to this coverage is also available, with a special application, to individuals enrolled in Prime Care Advantage, Prime Care Choice or Prime Care Connect who will be outside Ohio for at least 30 consecutive days. You must meet certain criteria to temporarily enroll in this plan, as detailed on the Out-of-Area Plan Election Form.</td>
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Annual preventive care exams have a $0 out-of-pocket cost FOR ALL PLANS.
### MEDICAL PLAN SUMMARY AND COMPARISON

**Informed Enrollment Online** is a web-based tool that allows you to model anticipated medical and pharmacy expenses you might incur in the future. This tool also offers plan cost comparisons. You can use the modeling and comparisons to select the best medical plan option for you and your family. You can also use the tool to estimate how much you may be able to save by enrolling in a Health Care Flexible Spending Account. To begin using the tool, log into **eprofile.osu.edu** and select "Informed Enrollment Online."

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**Benefit Component**

- **Annual Deductible**
  - Individual: $300
  - Family: $900
  - for most services

- **Coinsurance**
  - Plan pays 80% for most services

- **Annual Out-of-Pocket Maximum**
  - Individual: $2,000
  - Family: $4,000

- **Preventive Care**
  - Plan pays 100%

- **Office Visits**
  - **Primary Care Provider (PCP)**
    - Plan pays 100%
  - **Other Practitioners**
    - You pay $30 copay
  - **Specialist**
    - Plan pays 80%
  - **Behavioral Health**
    - Plan pays 80%
  - **Emergency Care**
    - Plan pays 80%
  - **Urgent Care**
    - You pay $35 copay
  - **Inpatient Hospitalization**
    - Plan pays 80%
  - **Outpatient Surgery**
    - Plan pays 80%
  - **Lab and X-ray**
    - Plan pays 80%

### 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>Network</td>
<td>Network</td>
<td>Out-of-Network</td>
<td>Network</td>
<td>Non-Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Individual: $300</td>
<td>Individual: $800</td>
<td>Individual: $1,600</td>
<td>Individual: $300</td>
</tr>
<tr>
<td></td>
<td>Family: $900</td>
<td>Family: $2,400</td>
<td>Family: $4,800</td>
<td>Family: $900</td>
</tr>
<tr>
<td></td>
<td>for most services</td>
<td>for most services</td>
<td>for most services</td>
<td>for most services</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 100%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>for most services</td>
<td>for most services</td>
<td>for most services</td>
<td>for most services</td>
</tr>
<tr>
<td>Annual Out-of-</td>
<td>Individual: $2,000</td>
<td>Individual: $3,100</td>
<td>Individual: $6,200</td>
<td>Individual: $2,000</td>
</tr>
<tr>
<td>Pocket Maximum</td>
<td>Family: $4,000</td>
<td>Family: $6,200</td>
<td>Family: $12,400</td>
<td>Family: $4,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Office Visits:</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Provider (PCP)</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Other Practitioners</td>
<td>You pay $30 copay</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Specialist</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>You pay $35 copay</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Lab and X-ray</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
</tr>
</tbody>
</table>

You could contribute to a Health Care Flexible Spending Account to help offset eligible out-of-pocket health care expenses you may incur by reducing the amount of income taxes you owe!
1. With application, an individual enrolled in this plan may qualify for the Out-of-Area Plan’s non-network benefits. Applications are available online at hr.osu.edu/forms/#medical.

2. Prime Care Advantage benefits are available if services are received in Ohio by a network provider.

3. A separate deductible applies for infertility treatment and weight-loss surgery.

4. Out-of-pocket costs that you incur when receiving services from out-of-network providers will apply to the network out-of-pocket maximum.

5. This copay applies to obstetricians and gynecologists, chiropractors, physical therapists, occupational therapists, speech therapists, acupuncturists, nutritionists and licensed massage therapists.

6. After you meet your annual deductible.

7. Annual deductible does not apply.

8. Special application is required. See hr.osu.edu/hrpubs/ben/PCCGuide.pdf 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/benefits/benefiteligibility.

9. Must meet eligibility criteria. Review eligibility by zip code online at hr.osu.edu/benefits/eligibility.

10. A PCP is a generalist physician designated as a family medicine, general internal medicine, geriatric medicine or general pediatrics provider. Primary care services also can be provided by a Primary Care Nurse Practitioner who practices with a PCP.

A complete listing of all covered services, the Medical Plan Comparison Chart and the Faculty and Staff Health Plans Specific Plan Details document are available online at hr.osu.edu/benefits/hb_medical.

**TIP:**
Before choosing a medical plan option with lower premiums, be sure you can afford higher out-of-pocket expenses should something unexpected happen to you or a covered dependent. If you select a medical plan with a lower premium, you could contribute more to a health care flexible spending account to help offset any additional out-of-pocket expenses you may incur—and reduce the amount of federal income tax you owe!
PRIME CARE CONNECT
Prime Care Connect eliminates some of the financial barriers to obtaining necessary health care. Eligibility requirements include all of the following:

- You must be a full-time Ohio State employee (75–100% FTE) who is eligible for the full-time medical contribution rates.
- Your household income level* cannot exceed 175% of the current federal poverty level, as established annually by the U.S. Department of Health and Human Services which were in effect on October 1, 2015.

Prime Care Connect enrollees must reapply each year to be eligible for continued participation in this plan.

If you would like to apply, call the OSU Health Plan at 614-292-4700 or 800-678-6269 within 31 days of your eligibility date to begin the application process.

* Documentation must be submitted along with the application to verify household income.

<table>
<thead>
<tr>
<th>PERSONS IN FAMILY</th>
<th>MAXIMUM HOUSEHOLD INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$20,598</td>
</tr>
<tr>
<td>2</td>
<td>$27,878</td>
</tr>
<tr>
<td>3</td>
<td>$35,158</td>
</tr>
<tr>
<td>4</td>
<td>$42,438</td>
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<tr>
<td>5</td>
<td>$49,718</td>
</tr>
<tr>
<td>6</td>
<td>$56,998</td>
</tr>
<tr>
<td>7</td>
<td>$64,278</td>
</tr>
<tr>
<td>8</td>
<td>$71,558</td>
</tr>
<tr>
<td>9 and up</td>
<td>add $7,280 per person</td>
</tr>
</tbody>
</table>

If you want to ensure medical plan coverage through Ohio State for 2016, you should enroll in one of the other medical plan options while your application for Prime Care Connect is being processed. If approved, your plan enrollment will automatically be changed to Prime Care Connect if you had previously enrolled in a different plan.

This plan provides reduced out-of-pocket costs for medical services and prescription drugs. See details online at hr.osu.edu/benefits
**Ohio State Travel Assistance**

Any individual enrolled in one of the university-sponsored medical plans automatically has access to Ohio State Travel Assistance for health care. For health care outside of Ohio but within the U.S., services are provided by GlobalCare. For health care outside the U.S., services are provided by RedpointWTP LLC. For more detail visit hr.osu.edu/benefits/healthbenefits.

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**USING YOUR MEDICAL COVERAGE**

Based upon the medical plan you choose, you may be required to seek care at a network provider with a lower plan benefit available to obtain benefits, while some plans allow you to use an out-of-network provider. CoreSource processes your medical claims.

**STATEWIDE NETWORK**

For a list of statewide network providers, visit osuhealthplan.com/search

- Network care within Franklin County: Use providers in The Ohio State University Health Plan Inc. network.
- Network care in Ohio, but outside Franklin County: Use providers in the Ohio PPO Connect network.
- Your benefit is based on medical plan enrollment.

If you use a network provider:
- Present your medical/prescription drug card to the provider at the time of service.
- No claim forms are necessary for network medical services. Your provider should file claims directly to the address listed on the back of your medical/prescription drug card.
- You are required to pay your copay/coinsurance amount to the provider.
- To see if your doctor is in the statewide network or to search for a new network doctor in your area, visit osuhealthplan.com/search

If you use an out-of-network provider:
- Your provider may require you to pay for services in full and you will be reimbursed from CoreSource by filing a claim.
- If your provider does not file your claim directly, you can send in a claim using the Health Insurance Claim Form, online at hr.osu.edu/forms/#medical or mycoresource.com

**ACCESS OUTSIDE OHIO**

Emergency care is covered worldwide under all university medical plans. Access to non-emergency care when outside Ohio for an extended time is available through special enrollment in the Out-of-Area Plan by completing the Out-of-Area Plan Election Form (online at hr.osu.edu/forms/#medical) for individuals enrolled in the Prime Care Advantage, Prime Care Choice or Prime Care Connect. Examples of circumstances to enroll:

- You have an eligible child who does not live with you and resides outside Ohio.
- You have an eligible child who is enrolled in a college outside Ohio.
- You are outside Ohio on an approved leave of absence or an approved sabbatical.
- You are outside Ohio during an off-duty term, if you have a nine-month appointment and receive compensation and benefits over a 12-month period.

**NOTE:** When seeking care within the US (outside Ohio), use GlobalCare referral services. For care outside the U.S., use Redpoint (see sidebar).

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More information online: hr.osu.edu/benefits/hb_medical
MONTHLY FULL-TIME RATES (75-100 PERCENT FTE)
Below are full-time, part-time and full-funding monthly contribution rates for each medical plan. To view all rates, including same-sex domestic partner and sponsored dependent rates, visit hr.osu.edu/benefits/hb_rates

<table>
<thead>
<tr>
<th>Compensation tiers</th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee only</td>
<td>Employee + Children</td>
</tr>
<tr>
<td><strong>Less Than $35,000</strong></td>
<td>Payroll Deduction</td>
<td>$98.84</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$68.84</td>
</tr>
<tr>
<td><strong>$35,000 to $74,999</strong></td>
<td>Payroll Deduction</td>
<td>$101.90</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$71.90</td>
</tr>
<tr>
<td><strong>$75,000 to $99,999</strong></td>
<td>Payroll Deduction</td>
<td>$112.77</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$82.77</td>
</tr>
<tr>
<td><strong>$100,000 to $199,999</strong></td>
<td>Payroll Deduction</td>
<td>$117.51</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$87.51</td>
</tr>
<tr>
<td><strong>$200,000 to $399,888</strong></td>
<td>Payroll Deduction</td>
<td>$120.57</td>
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<tr>
<td></td>
<td>Less PHA Credit</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$90.57</td>
</tr>
<tr>
<td><strong>$400,000 and Above</strong></td>
<td>Payroll Deduction</td>
<td>$125.86</td>
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<td></td>
<td>Less PHA Credit</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium</td>
<td>$95.86</td>
</tr>
</tbody>
</table>

PHA PREMIUM CREDIT
Receive a PHA Medical Plan Premium Credit of up to $360 annually ($30/monthly pay; $15/biweekly pay) by obtaining required biometric health data and completing the Your Plan for Health (YP4H) Personal Health & Well-Being Assessment (PHA). Receive an additional annual premium credit of up to $120 ($10/monthly pay; $5/biweekly pay) when your enrolled spouse/same-sex domestic partner also completes the PHA. To complete the PHA, visit yp4h.osu.edu, click on Log in to My Plan, scroll down to the My Plan section and click on Complete Your Assessment (PHA).

1 Must meet additional eligibility criteria.
### MONTHLY PART-TIME RATES (50% - 74% FTE)

<table>
<thead>
<tr>
<th></th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Out of Area Plan¹</td>
<td></td>
</tr>
<tr>
<td>Payroll Deduction Before Tax</td>
<td>$247.90  $437.37 $503.10 $731.58</td>
<td>$211.37 $369.79 $426.38 $617.42</td>
</tr>
<tr>
<td>Less PHA credit ($30.00)</td>
<td>($30.00) ($30.00) ($30.00) ($30.00)</td>
<td>($30.00) ($30.00) ($30.00) ($30.00)</td>
</tr>
<tr>
<td>Net Premium</td>
<td>$217.90 $407.37 $473.10 $701.58</td>
<td>$181.37 $339.79 $396.38 $587.42</td>
</tr>
</tbody>
</table>

### MONTHLY FULL COST RATES (1% - 49% FTE)

<table>
<thead>
<tr>
<th></th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Out of Area Plan¹</td>
<td></td>
</tr>
<tr>
<td>Payroll Deduction Before Tax</td>
<td>$557.26 $1,030.93 $1,170.25 $1,741.44</td>
<td>$520.73 $963.35 $1,093.53 $1,627.28</td>
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<tr>
<td>Less PHA credit ($30.00)</td>
<td>($30.00) ($30.00) ($30.00) ($30.00)</td>
<td>($30.00) ($30.00) ($30.00) ($30.00)</td>
</tr>
<tr>
<td>Net Premium</td>
<td>$527.26 $1,000.93 $1,140.25 $1,711.44</td>
<td>$490.73 $933.35 $1,063.53 $1,597.28</td>
</tr>
</tbody>
</table>
## BIWEEKLY FULL-TIME RATES (75-100 PERCENT FTE)

Below are full-time, part-time and full-funding biweekly contribution rates for each medical plan. To view all rates, including same-sex domestic partner and sponsored dependent, visit hr.osu.edu/benefits/hb_rates

<table>
<thead>
<tr>
<th>Compensation tiers</th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee only</td>
<td>Employee + Children</td>
</tr>
<tr>
<td><strong>Less Than $35,000</strong></td>
<td>Payroll Deduction $49.42</td>
<td>$93.24</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit  $15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium       $34.42</td>
<td>$78.24</td>
</tr>
<tr>
<td><strong>$35,000 to $74,999</strong></td>
<td>Payroll Deduction $50.95</td>
<td>$94.77</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit  $15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium       $35.95</td>
<td>$79.77</td>
</tr>
<tr>
<td><strong>$75,000 to $99,999</strong></td>
<td>Payroll Deduction $56.39</td>
<td>$101.98</td>
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<td></td>
<td>Less PHA Credit  $15.00</td>
<td>$15.00</td>
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<tr>
<td></td>
<td>Net Premium       $41.39</td>
<td>$86.98</td>
</tr>
<tr>
<td><strong>$100,000 to $199,999</strong></td>
<td>Payroll Deduction $58.76</td>
<td>$106.36</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit  $15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium       $43.76</td>
<td>$91.36</td>
</tr>
<tr>
<td><strong>$200,000 to $399,888</strong></td>
<td>Payroll Deduction $60.29</td>
<td>$109.19</td>
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<tr>
<td></td>
<td>Less PHA Credit  $15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium       $45.29</td>
<td>$94.19</td>
</tr>
<tr>
<td><strong>$400,000 and Above</strong></td>
<td>Payroll Deduction $62.93</td>
<td>$114.09</td>
</tr>
<tr>
<td></td>
<td>Less PHA Credit  $15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>Net Premium       $47.93</td>
<td>$99.09</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.

### PHA PREMIUM CREDIT

Receive a PHA Medical Plan Premium Credit of up to $360 annually ($30/monthly pay; $15/biweekly pay) by obtaining required biometric health data and completing the Your Plan for Health (YP4H) Personal Health & Well-Being Assessment (PHA). Receive an additional annual premium credit of up to $120 ($10/monthly pay; $5/biweekly pay) when your enrolled spouse/same-sex domestic partner also completes the PHA. To complete the PHA, visit yp4h.osu.edu, click on Log in to My Plan, scroll down to the My Plan section and click on Complete Your Assessment (PHA)

1 Must meet additional eligibility criteria.
### BIWEEKLY PART-TIME RATES (50% - 74% FTE)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee only</td>
<td>Employee only</td>
</tr>
<tr>
<td>Payroll Deduction Before Tax</td>
<td>$123.95</td>
<td>$105.69</td>
</tr>
<tr>
<td>Less PHA credit</td>
<td>($15.00)</td>
<td>($15.00)</td>
</tr>
<tr>
<td>Net Premium</td>
<td>$108.95</td>
<td>$90.69</td>
</tr>
</tbody>
</table>

### BIWEEKLY FULL COST RATES (1% - 49% FTE)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Prime Care Advantage</th>
<th>Prime Care Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee only</td>
<td>Employee only</td>
</tr>
<tr>
<td>Payroll Deduction Before Tax</td>
<td>$278.63</td>
<td>$260.37</td>
</tr>
<tr>
<td>Less PHA credit</td>
<td>($15.00)</td>
<td>($15.00)</td>
</tr>
<tr>
<td>Net Premium</td>
<td>$263.63</td>
<td>$245.37</td>
</tr>
</tbody>
</table>
PRESCRIPTION DRUG PROGRAM

All of the university’s medical plans include prescription drug benefits through Express Scripts.

USING THIS BENEFIT
Express Scripts offers prescription drug benefits through home delivery mail-order service and nationwide retail pharmacy locations. There are four categories of prescription medications:

GENERIC DRUGS
Federally controlled to meet the same standards of composition, safety, strength, purity and quality as brandname drugs. If you receive a generic drug, you will pay a lower amount than for a brand-name drug.

FORMULARY
The medications on the formulary list are chosen based on comparative clinical effectiveness, safety profiles and opportunities to help contain costs. The formulary is the Express Scripts National Preferred Formulary and can be found online at hr.osu.edu/benefits/osuformulary.pdf

NON-FORMULARY
Brand-name medications that are not part of the formulary list are commonly considered non-formulary. Non-formulary brand name drugs are typically those that have a generic equivalent, are higher cost or are newly released to the market. Every therapeutic class of drugs has either a generic or formulary option available. When a new drug comes onto the market, the Express Scripts Pharmacy and Therapeutics Committee evaluates the drug’s safety and efficacy compared to similar drugs already available.

SPECIALTY MEDICATIONS
Specialty medications are usually high-cost pharmaceutical products that are generally, but not exclusively, biotechnological in nature. A complete listing of specialty medications is online at hr.osu.edu/benefits/hb_prescription

EXCLUSIONS
Certain medications are excluded from the prescription drug plan and not covered.

PRIOR AUTHORIZATION
Prior authorization from Express Scripts is required for some medications. Once approved, the authorization is valid for up to one year. If a prescription drug requiring prior authorization is not approved for coverage under the plan, you will be responsible for paying the full cost of the medication. Visit hr.osu.edu/benefits/hb_prescription for a listing of medications requiring prior authorization.

EASY WAYS TO REDUCE YOUR PRESCRIPTION DRUG COSTS
Generic drugs are required by law to have the same active ingredients, dosage form and strength as their brand-name equivalents, but they generally cost much less. The next time you receive a prescription, ask your doctor or pharmacist if a generic alternative is available and appropriate for you.

Express Scripts’ home delivery service provides a convenient and cost-effective way to order a 90-day supply of medicine you take on a continuing basis. Through this program, you can get many of the same maintenance medications that you have filled at a retail pharmacy delivered right to your mailbox. Home delivery can be used for a new maintenance prescription or refills.

Value-Based Prescription Drug Plan (VBD)
Faculty, staff and their dependents who are participating in Prime Care Advantage, Prime Care Choice, Out-of-Area or Prime Care Connect and are actively participating in the Care Coordination Program for management of asthma, chronic obstructive pulmonary disease (COPD), diabetes and/or heart disease (coronary artery disease or congestive heart failure) are eligible for the VBD. The copay for certain eligible generic drugs taken for the chronic condition(s) will be waived and the member cost-share for certain eligible formulary brand-name drugs taken for the chronic condition(s) will be reduced by 50% for eligible participants. A complete listing of eligible VBD medications can be found at hr.osu.edu/hrpubs/ben/RxVBDGuide.pdf. If you choose not to actively participate in the Care Coordination Program, you will not be eligible for the VBD.

For information on medication pricing, go to express-scripts.com/theohiostateuniversity
# Prescription Drug Plan

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>RETAIL PHARMACY</th>
<th>HOME DELIVERY</th>
<th>RETAIL PHARMACY</th>
<th>HOME DELIVERY</th>
<th>RETAIL PHARMACY</th>
<th>HOME DELIVERY</th>
<th>RETAIL PHARMACY</th>
<th>HOME DELIVERY</th>
<th>RETAIL PHARMACY</th>
<th>HOME DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Out-of-Pocket Maximum¹</td>
<td>$2,500 per person, $5,000 per family</td>
<td>$2,500 per person, $5,000 per family</td>
<td>$3,100 per person, $6,200 per family</td>
<td>$3,100 per person, $6,200 per family</td>
<td>$3,100 per person, $6,200 per family</td>
<td>$3,100 per person, $6,200 per family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply Limitations</td>
<td>30-day supply</td>
<td>90-day supply</td>
<td>30-day supply</td>
<td>90-day supply</td>
<td>30-day supply</td>
<td>90-day supply</td>
<td>30-day supply</td>
<td>90-day supply</td>
<td>30-day supply</td>
<td>90-day supply</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>$10 copay</td>
<td>$25 copay</td>
<td>$4 copay</td>
<td>$10 copay</td>
<td>$30 coinsurance, up to $30</td>
<td>$30 coinsurance, up to $75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
<td>30% coinsurance, up to $100</td>
<td>30% coinsurance, up to $250</td>
<td>30% coinsurance, up to $30</td>
<td>30% coinsurance, up to $75</td>
<td>40% coinsurance, up to $130</td>
<td>40% coinsurance, up to $325</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td>60% coinsurance, no maximum</td>
<td>60% coinsurance, no maximum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Value Based Drug Plan²

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Limitations</td>
<td>30-day supply</td>
<td>90-day supply</td>
<td>30-day supply</td>
<td>90-day supply</td>
<td>Not available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Drug</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
<td>15% coinsurance, up to $50</td>
<td>15% coinsurance, up to $125</td>
<td>15% coinsurance, up to $15</td>
<td>15% coinsurance, up to $38</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td>50% coinsurance, no maximum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# Specialty Medication Plan

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>OSUWMC PHARMACY AND ACCREDO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply Limitations</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>20% coinsurance, $10 minimum, up to $44</td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
<td>20% coinsurance, up to $100</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

# Infertility Medication Plan³, 4, 5, 6

<table>
<thead>
<tr>
<th>FEATURE</th>
<th>HOME DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum Benefit</td>
<td>$15,000</td>
</tr>
<tr>
<td>Supply Limitations</td>
<td>30-day supply</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>20% coinsurance, $10 minimum, up to $44</td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
<td>30% coinsurance, up to $100</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

¹ The Prescription Drug Program annual out-of-pocket maximum is based on plan enrollment and is separate from the medical plan annual out-of-pocket maximum.

² The Value-Based Drug Plan eligibility is based on enrollment in certain university medical plans and actively participating in the Care Coordination Program for management of specific chronic conditions (asthma, chronic obstructive pulmonary disease (COPD), diabetes, and heart disease). Visit osuhealthplan.com to learn more about the Care Coordination Program.

³ Non-Formulary Brand Name Drugs and the Basic PPO Plan and the Basic Out-of-Area Plan are not eligible for the Value-Based Drug Plan.

⁴ The infertility treatment medical benefit includes the cost of prescription medications and requires prior authorization from OSU Health Plan.

⁵ The Prescription Drug Program annual out-of-pocket maximum does not apply to infertility medications.

⁶ Infertility treatment has a separate lifetime maximum benefit.
DENTAL PLAN

The Dental Plan provides coverage for many dental services that you and your eligible dependents may need.

USING THIS BENEFIT

- The plan offers you a choice of network or out-of-network coverage.
  - Delta Dental of Ohio provides national network coverage through Delta Dental PPO and Delta Premier.
    You receive greater benefit coverage when you use a provider who participates in the Delta Dental PPO network. Search for a provider via hr.osu.edu/benefits/hb_dental
- If you use a network provider
  - Tell the provider’s office that you are covered by Delta Dental when making an appointment, or at the time of service. There is no dental plan identification card.
  - No claim forms are necessary for network dental services. Your dental provider should file claims directly with Delta Dental, although you may be required to pay for your portion of the expenses at the time of service.
  - The Ohio State University Student Dental Clinic is in the Delta Dental PPO network.
  - Some, but not all, of the providers within the Ohio State Dental Faculty Practice are in the Delta Dental PPO or Delta Premier network.
- If you use a non-network provider
  - The plan pays less for covered services than it does when you use a network provider.
  - Your provider may require you to pay for services in full and be reimbursed from Delta Dental by filing a claim.

PREDETERMINATION OF EXPENSE

Upon your request, Delta Dental will determine benefit coverage prior to you receiving dental service(s) if the course of treatment is expected to be $200 or more. You or your dentist can send a written description of the procedures and the dentist’s proposed charges to Delta Dental before treatment begins.

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

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Employee only</th>
<th>Employee + Children</th>
<th>Employee + Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$4.53</td>
<td>$14.33</td>
<td>$20.37</td>
<td>$37.87</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Employee only</th>
<th>Employee + Children</th>
<th>Employee + Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$2.27</td>
<td>$717</td>
<td>$10.19</td>
<td>$18.94</td>
</tr>
</tbody>
</table>

More information online: hr.osu.edu/benefits/hb_dental
## DENTAL PLAN SUMMARY CHART

*Effective Jan. 1 – Dec. 31, 2016*

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Delta Dental PPO Network (includes OSU Student Dental Clinic)</th>
<th>Delta Dental Premier Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$0</td>
<td>$50 per person</td>
<td>$100 per person</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$1,500 per person</td>
<td>$1,200 per person</td>
<td>$1,200 per person</td>
</tr>
<tr>
<td>Orthodontics has a separate lifetime maximum of $1,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services</strong> (includes: cleanings, sealants, fluoride treatments, and space maintainers; bitewing, full-mouth and panoramic X-rays)</td>
<td>100% of allowed amount; no deductible; no balance billing2</td>
<td>100% of allowed amount; no deductible; no balance billing2</td>
<td>100% of allowed amount; no deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Emergency Palliative Treatments</strong></td>
<td>100% of allowed amount; no deductible; no balance billing2</td>
<td>100% of allowed amount; no deductible; no balance billing2</td>
<td>100% of allowed amount; no deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Endodontics</strong> (root canals)</td>
<td>80% of allowed amount, no deductible; no balance billing2</td>
<td>75% of allowed amount; after deductible; no balance billing2</td>
<td>70% of allowed amount; after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Oral Examinations</strong></td>
<td>100% of allowed amount, no deductible; no balance billing2</td>
<td>100% of allowed amount, no deductible; no balance billing2</td>
<td>100% of allowed amount; no deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong> (includes impacted tooth extraction)</td>
<td>80% of allowed amount, no deductible; no balance billing2</td>
<td>75% of allowed amount; after deductible; no balance billing2</td>
<td>70% of allowed amount; after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td>100% of allowed amount, up to $1,200;1 no deductible</td>
<td>50% of allowed amount, up to $1,200;1 no deductible</td>
<td>50% of allowed amount, up to $1,200;1 no deductible</td>
</tr>
<tr>
<td>Coverage is only available for children up to age 19; $1,2001 lifetime maximum benefit. Benefits are pro-rated and paid over the course of the treatment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics</strong> (gum disease)</td>
<td>80% of allowed amount, no deductible; no balance billing2</td>
<td>75% of allowed amount; after deductible; no balance billing2</td>
<td>70% of allowed amount; after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong> (includes dentures, fixed bridgework, and implants)</td>
<td>55% of allowed amount, no deductible; no balance billing2</td>
<td>50% of allowed amount; after deductible; no balance billing2</td>
<td>50% of allowed amount; after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Restorative Services – Major</strong> (includes cast restorations and crowns)</td>
<td>55% of allowed amount, no deductible; no balance billing2</td>
<td>50% of allowed amount; after deductible; no balance billing2</td>
<td>50% of allowed amount; after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Restorative Services – Minor</strong> (includes fillings, and repair of bridgework crowns, dentures, and onlays)</td>
<td>80% of allowed amount, no deductible; no balance billing2</td>
<td>75% of allowed amount; after deductible; no balance billing2</td>
<td>70% of allowed amount; after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Temporomandibular Disorder (TMD)</strong></td>
<td>No coverage under the Dental Plan. Limited coverage is available under the Ohio State medical plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X-rays, All Others</strong> (includes all diagnostic)</td>
<td>80% of allowed amount, no deductible; no balance billing</td>
<td>75% of allowed amount; after deductible; no balance billing</td>
<td>70% of allowed amount; after deductible; subject to balance billing</td>
</tr>
</tbody>
</table>

1 You are responsible for all costs over the maximums.

2 For any optional treatment (defined as a service that is more expensive than what is customarily provided or for which Delta Dental does not determine that a valid dental need is shown), you are responsible for the costs over the allowed amount, regardless of whether or not the service is provided in-network.

3 Some services are excluded from the annual maximum. A list of these services can be found in the Dental Plan – Specific Plan Details document.
VISION PLAN

The Vision Plan provides you and your covered dependents with vision care services, such as eye exams, eyeglasses and contact lenses. Choose between Basic and Premier plan options, both of which are in the Vision Service Plan Choice Network. Diabetic eye care is included with all Ohio State vision coverage.

USING THIS BENEFIT

- The Vision Plan offers you a choice of network or non-network coverage when you seek vision services. You can perform a provider search by accessing Vision Service Plan’s (VSP) website via hr.osu.edu/benefits/hb_vision
- If you use a VSP Choice Network Provider
  - Tell the provider’s office that you are covered by VSP when making an appointment, or at the time of service.
  - No claim forms are necessary for network vision services. Your vision provider should file claims directly with VSP, although you will be required to pay for your portion of the expenses at the time of service.
  - The Ohio State University Optometry Clinic is in the VSP Choice network.
- If you use a non-network provider
  - The plan pays less for covered services than it does when you use a network provider.
  - Your provider may require you to pay for services in full and be reimbursed from VSP by filing a claim.
- If the condition is medical in nature, vision coverage will be coordinated with your medical plan.

VISION PLAN SUMMARY AND COMPARISON—2016 PLAN YEAR

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Basic</th>
<th>Premier</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network Providers</td>
<td>Choice Network</td>
<td>Choice Network</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$25 per person, applies to materials only (lenses and frames)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Examination</td>
<td>100% paid; no deductible</td>
<td>100% paid; no deductible</td>
<td>Maximum of $45 paid; no deductible</td>
</tr>
<tr>
<td>Frequency</td>
<td>Every calendar year</td>
<td>Every calendar year</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>Frames</td>
<td>Maximum of $155 paid, after annual deductible; 20% discount off any amount over $155. Maximum of $175 paid on featured frame brands, after annual deductible; 20% discount off any amount over $175.</td>
<td>Maximum of $200 paid, after annual deductible; 20% discount off any amount over $200. Maximum of $220 paid on featured frame brands, after annual deductible; 20% discount off any amount over $220.</td>
<td>Maximum of $70 paid, after annual deductible.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Every other calendar year</td>
<td>Every calendar year</td>
<td>Basic: Every other calendar year Premier: Every calendar year</td>
</tr>
</tbody>
</table>
| Lenses                   | 100% paid, after annual deductible, for:
  - Single Vision Lenses
  - Lined Bifocal Lenses
  - Lined Trifocal Lenses
  - Lenticular Lenses
  - Polycarbonate Lenses for Children | 100% paid, after annual deductible, for:
  - Single Vision Lenses
  - Lined Bifocal Lenses
  - Lined Trifocal Lenses
  - Lenticular Lenses
  - Polycarbonate Lenses for Children | Maximum paid as indicated, after annual deductible, for:
  - Single Vision Lenses: $30
  - Any Bifocal Lenses: $50
  - Any Trifocal Lenses: $65
  - Lenticular Lenses: $100 |
| or Contact Lenses (including disposables) | Up to $60 copay for our contact lens exam (fitting and evaluation). Maximum of $130 allowance paid toward contact lenses; no deductible. | Up to $60 copay for our contact lens exam (fitting and evaluation). Maximum of $200 allowance paid toward contact lenses; no deductible. | Maximum of $105 paid; no deductible. |
| Frequency                | Every calendar year    | Every calendar year    | Every calendar year |

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

<table>
<thead>
<tr>
<th>Basic Vision Plan</th>
<th>Premier Vision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$0.47</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$2.65</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$3.90</td>
</tr>
<tr>
<td>Family</td>
<td>$7.34</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Basic Vision Plan</th>
<th>Premier Vision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$0.94</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$5.30</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$7.80</td>
</tr>
<tr>
<td>Family</td>
<td>$14.68</td>
</tr>
</tbody>
</table>

1 Brands/Promotions subject to change.
2 Blended (seamless) lenses are available at VSP preferred member pricing. The plan does not pay for any additional charges above the cost of lined lenses.
3 Contact lenses are in lieu of lenses only.
4 Necessary Contact Lenses are a Plan Benefit when specific benefit criteria are satisfied and when prescribed by Member Doctor or Non-Member Provider.
FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA allows you to pay for eligible health care and/or dependent care expenses through pre-tax payroll deductions. When enrolling, you determine how much money you want to contribute to each account for the plan year. The money is then withheld from your pay on a pre-tax basis. You will be reimbursed from the account as you incur eligible expenses and submit claims for them.

FSAs help you save money because they lower your taxable compensation. Without an FSA, you would still pay for health care and/or dependent care expenses, but you would use money remaining in your pay after taxes were withheld. You do not have to enroll in a medical plan to participate in an FSA.

HEALTH CARE FSA

- This account sets aside money to pay for eligible out-of-pocket health care expenses (copays, coinsurance, prescriptions, etc.) for you or any of your eligible dependents during the plan year. Refer to hr.osu.edu/MyFSA for eligible health care expenses.
  - Over-the-counter (OTC) medications purchased without a prescription are not eligible expenses.
  - To be considered eligible for reimbursement, health care expenses cannot be paid by or available through any benefits plan.
  - Health care FSA funds cannot be used to reimburse health plan contributions or premiums, including premiums for long-term care and COBRA.
  - You may use your full annual election amount prior to having the full amount of payroll contributions deducted and deposited into your account.

DEPENDENT CARE FSA

- This account reimburses you for any child and dependent care expenses (daycare, private sitter, etc.) that would otherwise be eligible for a tax credit by the IRS.
  - Eligible expenses can be reimbursed only up to the current balance of payroll contributions in your account and cannot exceed your annual election amount.
  - A Dependent Care FSA may not provide the greatest tax advantage for all employees. Greater tax savings may be gained for some individuals by claiming available tax credits on both the state and federal income tax returns. Consult a tax advisor for assistance with determining which option may be the most financially advantageous for your situation.

ABOUT THIS BENEFIT

- FSA plan year information, including payroll contributions and reimbursement periods, can be found online at hr.osu.edu/MyFSA
  - Keep a copy of your claim forms as proof of all eligible expenses.
  - You cannot use funds from one FSA to pay for expenses that apply to the other FSA.
  - Any unused funds remaining in your account after the close of the reimbursement period must be forfeited, as required by the IRS.

NOTE: Pre-tax FSA contributions have no effect on your Supplemental Retirement Account contributions or on the employer or employee contributions made to the state retirement system (ARP/OPERS/STRS).

FSA REIMBURSEMENT FEATURES INCLUDE:

1. Daily processing of claims.
2. More ways to manage your FSA—submit reimbursement requests from your smartphone or computer.
3. Health Care Flex Card: If you have a Health Care FSA, you can present your Health Care Flex Card for payment at the point of service and eligible expenses will be deducted directly out of your FSA, up to your annual election amount. In most cases, you won’t need to submit receipts, but be sure to save them in case you are asked to present them.
4. Direct deposit: With direct deposit, reimbursement is quick and easy. Once your claim is approved and funds are available, your reimbursement will be deposited into your bank account within 72 hours.
5. Check: If you have not set up direct deposit, once your claim is approved and funds are available, a paper check will be mailed to your home address.

Sign in to eprofile.osu.edu to enroll in an FSA.
GROUP TERM LIFE INSURANCE (GTLI)
As an eligible Ohio State employee, you are automatically enrolled to receive university-paid life insurance coverage based on your annual base salary.

KEY FACTS
GTLI provides coverage in the amount of 2.5 times your annual regular base pay, to a maximum of $250,000 (subject to the age reduction formula). Ohio State pays the full cost of this benefit. The benefit is administered by Minnesota Life.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT
• In the event of death due to an accident, this benefit provides an additional 2.5 times your annual regular base pay to a maximum of $250,000 (subject to the age reduction formula).
• This benefit provides for one-half of the Group Term Life Insurance benefit (subject to the age reduction formula) for the loss of one body part (hand, foot or eye).
• In the event of the loss of two or more body parts (hand, foot or eye), this benefit provides the full value of the GTLI benefit (subject to the age reduction formula).

ACCELERATED DEATH BENEFIT
• In the event of a terminal illness diagnosis with a life expectancy of 12 months or less, this benefit provides for an early payment of up to 100 percent of the life insurance amount.
  - If a terminal illness is diagnosed, notify the Human Resources Customer Service Center immediately to apply for this benefit. See page 53 for contact information.

AGE REDUCTION FORMULA
• An age reduction formula goes into effect at age 55 and reduces the life insurance benefit by 3% annually during the pay period containing the employee’s birthday. See the Age Reduction Calculation section within the life insurance plan document at hr.osu.edu/benefits/li_gtl for additional information.

BENEFICIARY DESIGNATION
Beneficiaries are the person(s) designated to be paid life insurance benefits upon your death. Sign in to eprofile.osu.edu to change your designated beneficiaries at any time via eBenefits.

TAX IMPLICATIONS
Under section 79 of the Internal Revenue Code, the university is required to report the imputed cost of any employer-provided life insurance benefit that exceeds $50,000. The imputed cost is calculated using the IRS Premium Table. You can view the IRS Premium Table and information on group term life insurance in IRS publication 15-B.

If you wish to avoid this additional taxable income, you may waive all life insurance above $50,000 by completing a Group Term Life Insurance Waiver of Entitlement form online at hr.osu.edu/forms/#lifeinsurance

To increase your coverage at a later date, medical Evidence of Insurability (EOI) approval by Minnesota Life will be required.

Consult your tax advisor or the IRS for additional information about the taxability of life insurance benefits.

DEPENDENT GROUP TERM LIFE INSURANCE (DGTLI)
Eligible faculty and staff may purchase life insurance coverage for a spouse, same-sex domestic partner and children at low monthly fees. This benefit pays up to $10,000 (depending on level of coverage selected) in the event of the death of your covered spouse, same-sex domestic partner, or child. The employee is the beneficiary for any DGTLI benefit.

1. This benefit is available as part of the group term life insurance coverage provided to eligible employees.
2. No evidence of insurability is required.
3. You may purchase life insurance coverage for your spouse or same-sex domestic partner and eligible dependent children up to age 26.

ENROLLMENT
Sign in to eprofile.osu.edu to enroll via eBenefits. Elect the DGTLI option and complete the affidavit (if applicable).

Medical evidence of insurability (EOI) is not required if you enroll within 31 days of:
• Employment in an eligible appointment
• A qualifying status change

EFFECTIVE DATE
Coverage is effective at the later of the date you become eligible and the date your enrollment is complete.

PREMIUMS
DGTLI after-tax premiums are listed on page 28.
ENROLL WITHIN 31 DAYS | LIFE INSURANCE

VOLUNTARY GROUP TERM LIFE INSURANCE (VGTLI)
You may purchase Voluntary Group Term Life Insurance (VGTLI) coverage for yourself, your eligible spouse or same-sex domestic partner (SSDP) and/or dependent children up to age 26. This coverage is in addition to the amount provided to you by the university under Group Term Life Insurance and to what is available for you to purchase under Dependent Group Term Life Insurance. You pay the full cost of VGTLI coverage. This benefit is administered by Minnesota Life.

ELIGIBILITY
You may elect VGTLI coverage for eligible dependents per Dependent Eligibility Guidelines:
• Your spouse or same-sex domestic partner (Affidavit of Domestic Partnership required)
• Your or your same-sex domestic partner’s dependent children up to age 26 including: biological, adopted or stepchildren children under your legal guardianship, legal custody or interlocutory order of adoption
• Your or your same-sex domestic partner’s children age 26 or older if they are physically or mentally incapable of self-support and were incapable of self-support prior to age 26

BENEFIT COVERAGE
You may request coverage up to the maximum amount. The amount over the guaranteed issue amount is subject to evidence of insurability (EOI) and is effective upon approval by Minnesota Life. You may apply for the coverage in the following amounts:
• Employee: 1 to 8 times salary, to a maximum of $1,000,000
• Spouse/SSDP: $25,000 to $250,000 in $25,000 increments
• Dependent children: $5,000 or $10,000

All eligible dependent children are covered under one plan at the same premium rate. Additional premiums are not charged for additional children.

Guaranteed issue – You may enroll for a certain amount of insurance without EOI. Guaranteed issue amounts are as follows for coverage applied for within the 31 days of the initial eligibility period or qualifying status change:
• Employee: 3 times base salary, not to exceed $500,000 if under age 65
• Spouse/SSDP: $50,000
• Children: $10,000

VGTLI coverage for children can be added at annual Open Enrollment without EOI. Evidence of insurability, approved by Minnesota Life, is required for:
• Elections greater than the guaranteed issue amounts
• Elections made more than 31 days after initial eligibility or a qualifying status change
• Applicants previously declined coverage under this plan

AGE REDUCTION FORMULA
The VGTLI benefit is subject to age reduction for you and your spouse/SSDP at age 65 annually during the pay period containing the covered person’s birthday.

ENROLLMENT
Sign in to eprofile.osu.edu to enroll via eBenefits. Elect the VGTLI option and complete the affidavit (if applicable).
You may enroll within 31 days of:
• Employment in an eligible appointment
• Within 31 days of a qualifying status change

EFFECTIVE DATE
The guaranteed issue amount is effective at the later of the date you become eligible and the date your enrollment is complete. The portion requiring EOI is effective upon approval from Minnesota Life.

BENEFICIARY DESIGNATION
Beneficiaries are the person(s) designated to be paid life insurance benefits upon your death. Beneficiaries for VGTLI are the same as for GTLI. Sign in to eprofile.osu.edu to change your designated beneficiaries at any time via eBenefits.

PREMIUMS
VGTLI after-tax premiums are listed on page 28.
**LIFE AND DISABILITY PREMIUM RATES**
Rates effective January 1 – December 31, 2016

### DEPENDENT GROUP TERM LIFE INSURANCE (DGTLI)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Level</th>
<th>After-Tax Premium for Monthly</th>
<th>After-Tax Premium for Biweekly&lt;sup&gt;2&lt;/sup&gt;</th>
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</thead>
<tbody>
<tr>
<td>Plan 1</td>
<td>Spouse or Same-Sex Domestic Partner&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$0.91</td>
<td>$0.46</td>
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<tr>
<td></td>
<td>Dependent Child</td>
<td>$5,000</td>
<td>$2,500</td>
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<tr>
<td>Plan 2</td>
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<td>$0.91</td>
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<td></td>
<td>Dependent Child</td>
<td>$10,000</td>
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<tr>
<td>Plan 3</td>
<td>Spouse or Same-Sex Domestic Partner&lt;sup&gt;1&lt;/sup&gt;</td>
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<td></td>
<td>Dependent Child</td>
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</tr>
</tbody>
</table>

### VOLUNTARY GROUP TERM LIFE INSURANCE (VGTLI)

**EMPLOYEE OR SPOUSE/SSDP<sup>1</sup>**
Rates per $1,000 per month for each covered individual

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<thead>
<tr>
<th>Age</th>
<th>Tobacco Use</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
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<td>.045</td>
<td>.068</td>
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<tr>
<td>30–34</td>
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<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>Biweekly Rate</th>
<th>Monthly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
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<td>.40</td>
</tr>
<tr>
<td>$10,000</td>
<td>.40</td>
<td>.80</td>
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</tbody>
</table>

### SHORT-TERM DISABILITY PLAN<sup>3</sup>

<table>
<thead>
<tr>
<th>Base Annual Salary</th>
<th>After-Tax Premium for Biweekly</th>
<th>After-Tax Premium for Monthly</th>
</tr>
</thead>
<tbody>
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<td>$29,999 or less $4.50 $9.75</td>
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<tr>
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<tr>
<td>$70,000 or more $18.26 $39.57</td>
<td>$19.79</td>
<td>$39.57</td>
</tr>
</tbody>
</table>

---

1. Must meet specific requirements and affidavit required.
2. Staff paid biweekly have health and welfare deductions taken from 24 pays. See page XX for more information.
3. Employees who work for university Affiliated Groups are not eligible to purchase STD coverage.
**SHORT-TERM DISABILITY**

By enrolling and paying the plan’s after-tax premiums (rates at hr.osu.edu/benefits/hb_rates or on page 28), based on an approved claim, your Short-Term Disability (STD) benefits are payable beginning on the 31st calendar day from the date of disability. By electing STD, your Long-Term Disability (LTD) elimination period would end the date your STD payments end. If STD is not elected, your elimination period for LTD benefits would be 90 calendar days. This benefit is administered by Unum. For information about long-term disability, see page 37.

**ENROLL**

For Short-Term Disability coverage, sign in to eprofile.osu.edu to apply via eBenefits.

- Medical evidence of insurability (EOI) is not required if you enroll within 31 calendar days of:
  - Employment in an eligible appointment.
  - A qualifying status change (as defined within the Disability Plan–Specific Plan Details document). See hr.osu.edu/hrpubs/#disability
- Enroll without EOI during special non-annual Open Enrollment periods designated by Unum.
- Enroll at other times with required EOI and approval by Unum.

**COVERAGE EFFECTIVE DATE**

First day of pay period following:

- Receipt of the STD election by Human Resources if you apply for coverage within 31 days after you become eligible for coverage.
- Approval by Unum if you elect coverage at a time when you are required to submit EOI.

**BENEFIT**

- Provides 60% of your regular base monthly pay, up to a maximum of $5,000 per month as non-taxable income.
- If eligible, birth mothers may use STD benefits in combination with paid parental leave.
  - Coordinate the use of paid parental leave, as well as any other leave time taken for the birth of a child, so that it occurs prior to or following the period during which STD benefits are payable.

Any other disability payments for which you may be eligible—such as Workers’ Compensation, Social Security and state retirement system benefits—will offset your Unum disability payments. You may use other vacation leave, sick leave and compensatory time while receiving STD benefits. Refer to the policy for additional information about offsets.

**PREMIUMS**

STD after-tax premiums are listed on page 28.
OPERS and STRS offer a choice of three plans within their systems to new members. Watch for an introduction mailer from OPERS or STRS to learn more about their plan offerings.

**RETIREMENT PROGRAM CHOICES**

hr.osu.edu/benefits/retirementbenefits

**THINGS YOU SHOULD KNOW**

Ohio public institutions do not participate in the federal Social Security system, other than contributions to Medicare. Instead, faculty and staff are required to participate in the Ohio state retirement system. In recognition of the diverse retirement needs of employees, the state provides retirement through two systems, one for staff and one for faculty. An additional option is also available to eligible faculty/staff of public institutions who hold a full-time position of 75% FTE or greater. These are:

- Ohio Public Employees Retirement System (OPERS) for staff /State Teachers Retirement System of Ohio (STRS) for faculty
- The Ohio State University Alternative Retirement Plan (ARP) 401(a) (must hold a 75% FTE position or greater)

It is important that you understand how each program works so you can pick the one that best fits your retirement savings objectives. You should carefully consider your personal situation before making an election. You also may want to seek the advice of a retirement planning professional who is familiar with the plan options.

If eligible, you have 120 days from, and including, the effective date of your eligible appointment to make your irrevocable election and enroll in either ARP or OPERS/STRS. The Office of Human Resources must receive your completed Retirement Program Election form by noon on the last business day before the 120th day. If no election is made, you will automatically be enrolled in OPERS/STRS. If you elect or default to OPERS/STRS, you have an additional 60 days to complete the OPERS/STRS paperwork and make a selection between their three plans.

**If you elect the ARP, you must choose and contact an ARP provider and complete the required account forms. Your enrollment in ARP is not complete until you have enrolled with your chosen ARP provider.**

Retirement contributions will be sent to either OPERS or STRS (based on your appointment classification) until an election is made between the appropriate state system and the ARP (if eligible). If ARP is elected, contributions as of your ARP eligibility date will be transferred automatically to your chosen ARP providers by OPERS/STRS. You do not earn service credit under the state system while participating in the ARP.

Attend a retirement program forum where features of the ARP and OPERS/STRS will be reviewed. Visit hr.osu.edu/benefits/eb_benefitforums for schedule and registration information.
YOUR FIRST 120-180 DAYS  STATE RETIREMENT PROGRAMS

RETIREMENT CHOICES (CONTINUED)

TYPES OF PLANS AVAILABLE AND THEIR CHARACTERISTICS
The retirement plan options differ in several ways. The basic difference is in how the retirement benefits are determined.

DEFINED BENEFIT (DB) PLAN
The defined benefit plan is available through OPERS and STRS. In this type of a plan, your retirement income is determined by a calculation that uses:
• Your age
• Your years of service
• Your final average salary (the average of the five highest salary years)

You and the university make contributions to this plan to fund the retirement benefits. The investment of contributions in this plan type are managed by OPERS/STRS; therefore, you do not bear any investment risk. Your benefit grows as your years of service and final average salary increase.

DEFINED CONTRIBUTION (DC) PLAN-401(A)
A defined contribution plan is available through the ARP, OPERS and STRS. In this type of plan, your retirement income is driven by several variables:
• The performance of the investment choices you select
• The amount of contributions deposited to your account (your contributions and the university’s)
• The payment option you choose at the time of retirement

You and the university make contributions to this plan and you decide how to allocate those contributions among a variety of investment options. Your balance at your retirement is equal to the contributions made to the plan and the investment earnings or losses the account experiences.

When participating in a defined contribution plan, the law requires that a portion of the employer contribution be sent to the state system to be applied towards the unfunded liability associated with the defined benefit plans (“mitigating rate”). This amount may be adjusted up or down on a periodic basis as determined by State law and the retirement systems.

COMBINED PLAN
The combined plan is available through OPERS and STRS. This plan includes features of the Defined Benefit and Defined Contribution plans. Your retirement benefits is determined by:
• A formula that uses your age, years of service and final average salary
• And a portion from contributions to the plan and the investment earnings or losses on that account

You and the university make contributions to this plan. You determine the investment options under the defined contribution portion of the plan. At retirement, you receive a portion from the defined benefit formula and your account balance for the defined contribution portion.

There are many important factors to consider when selecting your retirement plan. Carefully consider your options. You may want to speak to a retirement planning professional to discuss your long term financial goals and other personal considerations such as your risk tolerance, your potential length of employment, and other retirement savings.

Attention Returning Retirees:
The ARP option is available
• If you hold at least a 75% FTE and were not previously offered the option to elect the ARP during employment prior to retirement or;
• Retired from the university more than 365 days or;
• Are eligible as new hire.

Individuals not eligible for the ARP will pay into the OPERS/STRS money purchase plan.

Contact OPERS about any impact reemployment may have on your OPERS health care coverage.
Your Plan for Health (YP4H) makes it easy for you and your spouse/same-sex domestic partner (SSDP) to improve or maintain your health. And while better health is its own reward, YP4H makes it a little more fun—as you participate more, the more reward you can earn!

**STEP 1: OBTAIN HEALTH VALUES**
Receive your biometric health values, including height, weight, blood pressure, total cholesterol, HDL and a blood sugar value (either glucose or A1C) at a convenient, complimentary on-campus biometric health screening or from your Primary Care Provider (PCP) at your annual exam. Use that information to complete your Personal Health & Well-Being Assessment (PHA).

To schedule a screening appointment, visit [yp4h.osu.edu](http://yp4h.osu.edu)

**STEP 2: COMPLETE YOUR PHA**
After receiving your biometric health values, complete the PHA questionnaire, which includes questions about your current health status and habits. After PHA completion, you’ll receive a personalized health summary and a PHA Medical Plan Premium Credit of $30/monthly pay (or $15/weekly pay).

To complete your PHA, visit [yp4h.osu.edu](http://yp4h.osu.edu)

**STEP 3: EARN REWARDS**
Your PHA and biometric screening values must be completed each calendar year to continue receiving your premium credit. Faculty, staff and enrolled spouses/SSDPs can earn additional rewards through the YP4H Incentive Program by participating in health- and wellness-related activities and challenges.

For more information on the Incentive Program, visit [yp4h.osu.edu/welcome](http://yp4h.osu.edu/welcome)

**CONFIDENTIALITY POLICY**
Ohio State is committed to ensuring the confidentiality of information obtained through its Your Plan for Health program, because we recognize both the personal and private nature of your health information.

**HOW DOES OHIO STATE ENSURE THE PRIVACY OF MY DATA?**
Participation in Your Plan for Health begins with completing the Personal Health & Well-Being Assessment (PHA) in which faculty and staff are asked to respond to a series of questions based on different “life areas” that, when combined with biometric health values also collected in the assessment, provide a holistic view of your overall well-being. Information collected in your PHA is protected under the Health Insurance Portability and Accountability Act (HIPAA).

1 Under the Internal Revenue Code, the university is required to report taxable income for all financial incentives that a faculty/staff member or his/her SSDP receive. For currently employed faculty/staff, the amount will be added to taxable earnings. For faculty/staff no longer employed by the university, the amount will be added to the annual Form W-2.
YP4H PROGRAMS AND SERVICES

HEALTH COACHING*
Health coaches are available to provide information, support and resources to help you achieve a health-related goal such as weight loss, smoking cessation, stress management, etc.

Call 800-678-6269 or visit go.osu.edu/yp4healthcoaching

CARE COORDINATION*
Ohio State health professionals support you and your family with diabetes, chronic obstructive pulmonary disease (COPD), asthma and heart disease to help you improve your personal health and well-being. Individuals who actively participate receive reduced out-of-pocket costs for certain medications taken for one of the conditions managed through the Care Coordination Program.

Call 800-678-6269. Choose option “0” for Customer Service.

24/7 NURSELINE*
Access to a registered nurse for your health questions anytime, anywhere. A nurse will provide advice and guidance, and help direct you to appropriate care.

Call 800-678-6269. Choose option 1.

EDUCATIONAL PROGRAMMING
Workshops covering topics such as nutrition, fitness and stress management.
For scheduling information, visit go.osu.edu/wellcasts

EMPLOYEE ASSISTANCE PROGRAM (EAP)*
The EAP works in partnership with IMPACT Solutions to ensure confidential statewide counseling access and 24/7 phone coverage. Your participation is voluntary and all services are complimentary.

A sampling of EAP services includes:
• Live phone support/confidential counseling with a licensed professional, 24/7/365
• Five counseling sessions per person, per occurrence, either face-to-face or over the phone—your choice
• Childcare and eldercare referral help
• New services, including legal and financial counseling and identity theft recovery assistance

The EAP expanded statewide provider access means that professionals are conveniently located near your home and workplace as well as on the Columbus campus. Employees are guaranteed a two-hour release from work with pay per calendar year for an EAP visit. Seeking EAP assistance will not negatively reflect upon your job performance.

Call 800-678-6265 or visit osuhealthplan.com/OhioStateEAP

ADDITIONAL BENEFITS
• Buckeye Babies
• Health and wellness discounts
• Tobacco cessation and stress management resources
• Weight management reimbursements

*This benefit administered by OSU Health Plan.
SUPPLEMENTAL RETIREMENT ACCOUNTS (SRA)

Many private sector companies offer 401(k) plans. As a university employee, you have the opportunity to contribute to something similar called a Supplemental Retirement Account (SRA). SRAs allow you to enhance your retirement plan savings through voluntary pre-tax contributions and include the Deferred Compensation Program (457(b) plan) and Tax-Deferred Accounts (403(b) plan).

ENROLLMENT

You must contact the SRA provider you choose to activate an account. The account must be opened for contributions to be deposited. If the account is not opened, the election will be null and void, and any deductions will be returned.

You may enroll at any time during eligible employment by completing the SRA Salary Reduction Agreement, or sign in to hr.osu.edu/esshelp to enroll in or change your contribution amount at any time via eBenefits.

• 403(b) contributions will begin on the pay date you designate on the SRA application or, if later, the next pay after receipt in Human Resources.
• 457(b) contributions begin the month after the election is made.

MAKING CHANGES TO YOUR SRA

You may change your SRA contribution amount and/or your provider at any time by submitting to Human Resources a completed SRA Salary Reduction Agreement.

SRA PLAN CONTRIBUTIONS

The university does not make contributions to your SRA.

SRA contributions are deducted from your pay on a pre-tax basis.

Other pre-tax payroll deductions (e.g., health care, parking, local taxes, Medicare, etc.) may affect the amount you may contribute to an SRA.

INVESTMENTS

Each provider offers a variety of options in which you may elect to invest your contributions.

You assume the investment risk; all earnings and losses accrue to your account.

You assume the cost for any management fees (loads) associated with your investments, which may vary from provider to provider.

ADVANTAGES

By joining the plan, you will:
• Lower your current state and federal taxes through tax-deferred savings
• Save toward retirement
• Have automatic deductions each pay period

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<tr>
<th>403(b)</th>
<th>457(b)</th>
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<tbody>
<tr>
<td>IRS Contribution Limit</td>
<td>$18,000; an additional catch-up contribution of $6,000 is available if age 50 or older</td>
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<tr>
<td>Contribution Coordination</td>
<td>There is no coordination between 403(b) and 457(b) plans. Employees can contribute the maximum to both.</td>
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<tr>
<td>Early Withdrawal Penalty</td>
<td>Yes</td>
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</table>

1 Your SRA provider may determine your maximum allowable contribution each calendar year based on your eligible pay.
2 If you paid into a 401(k) with a previous employer, the amount is aggregated with your 403(b) plan limits for the tax year.

This summary provides a brief description of the university’s 403(b) and 457(b) plans and is subject to the terms and conditions of those plans. In the event of a conflict between this summary and those plans, the applicable plan will govern.
TUITION ASSISTANCE
Ohio State offers tuition assistance for personal and professional improvement for classes taken for credit.

TUITION ASSISTANCE FOR FACULTY AND STAFF
Tuition assistance is provided by the university and pays the instructional, general and non-Ohio resident fees for up to the allowed credit hours for eligible employees taking courses at Ohio State. Learn more at hr.osu.edu/benefits/eb_tuitionassistance, and see HR Policy 2.35 for additional information about course work limitations.

EFFECTIVE DATE
The benefit is available upon employment in an eligible appointment of at least 75% FTE. You must be employed in the eligible appointment on the first day of the term for which the benefit is applied.

BENEFIT DESCRIPTION
• Courses may be taken toward a degree through undergraduate, graduate or professional degree-granting programs at Ohio State.
• Maximum benefit: $9,640 per term for undergraduate, graduate and professional-level fees.
• Courses must be taken for credit; audited courses are not included.
• If you do not complete the course with a passing grade, you are responsible for paying the total cost of the course, which will appear as a charge on your fee statement.
• You are not eligible to receive tuition assistance benefits as both an employee and a dependent.

USING THIS BENEFIT
• You must first be admitted to the university through either the admissions office or the Office of Extended Education. This benefit does not pay admissions fees.
• There is no application for this benefit. After eligibility information is updated with the Office of the University Bursar, your tuition assistance benefit will reflect as a credit against the fees assessed for that term on the fee statement.
• You are responsible for paying any difference between the university’s approved tuition assistance benefits and the total tuition fees that are assessed.
• You must follow the rules of being an Ohio State student, including, but not limited to, registering for classes, paying fees and withdrawing from classes by the appropriate deadlines.

COURSE ATTENDANCE
• Courses should normally be taken outside regular working hours. However, supervisors and managers are encouraged to use flexibility whenever possible (see HR Policy 2.35 for additional information about scheduling during work hours).
• Coursework must not interfere with completion of your job duties.

NOTE: This is intended to be a summary of plan provisions. Refer to plan details online.
TUITION ASSISTANCE AVAILABLE THROUGHOUT YOUR OHIO STATE EMPLOYMENT

DEPENDENT TUITION ASSISTANCE (DTA)
Tuition assistance is provided by the university and pays a portion of the Instructional and General fees for the eligible dependents of employees who take courses at Ohio State. Learn more at hr.osu.edu/benefits/eb_tuitionassistance

ELIGIBLE DEPENDENTS (OF AN ELIGIBLE EMPLOYEE)
- Legal spouse
- Same-sex domestic partner¹
- Unmarried child. For this purpose, “child” means (1) a biological child, (2) a step-child, (3) an adopted child (or a child who has been legally placed with you for adoption) and (4) a foster child who has lived with you for at least five years.
- Same-sex domestic partner’s (1) unmarried biological child, (2) unmarried adopted child or (3) unmarried foster child who has lived with that partner for at least five years.¹

EFFECTIVE DATE
To be eligible for the Program, a faculty or staff member must hold an eligible appointment of at least 50% FTE on the first day of the academic term to which the benefit applies.

BENEFIT DESCRIPTION
- A dependent of one eligible employee will receive a 50% benefit up to a maximum of $4,820 per semester; a dependent of two eligible employees will receive a 75% benefit up to a maximum of $7,230 per semester.
- The program pays based on the dependent’s fee schedule for only the Instructional and General fees (see tax implications below and DTA Guidelines)
- Courses may be taken through undergraduate, graduate or professional degree-granting programs at Ohio State.
- Dependent tuition assistance benefits are available to each eligible dependent for the greater of either eight (8) total semesters or 140 semester credit hours.
- A dependent may not be covered under the program as both an employee and as a dependent.

USING THIS BENEFIT
- A dependent must first be admitted to the university through either the admissions office or the Office of Extended Education.
- To enroll in the program, sign in to eprofile.osu.edu, go to eBenefits, and complete the Dependent Tuition Assistance application each term for each eligible dependent.
- After the application is approved and the dependent has enrolled in classes for the term, the tuition assistance benefit will reflect as a credit against the fees assessed for that term on the fee statement.
- The dependent is responsible for paying the difference between the university’s tuition assistance benefits and the total tuition fees that are assessed.
- A dependent must follow the rules of being an Ohio State student, including, but not limited to, registering for classes, paying fees and withdrawing from classes by the appropriate deadlines.

NOTE: This is intended to be a summary of plan provisions. Refer to plan details online.

¹ Affidavit of Same-Sex Domestic Partnership required.
The following applies to STD and LTD coverages:

Disability Pre-Existing Condition Clause

- No benefits are paid for a disability that is due to a pre-existing condition. Under the plan, a “pre-existing condition” refers to any injury, sickness, mental illness, substance abuse or pregnancy that began before you were insured.

- You have a pre-existing condition if:
  - You received medical treatment, consultation, care or services or took prescribed drugs or medicines in the three months prior to your coverage effective date, and
  - The disability begins in the first 12 months after your coverage effective date unless you have been treatment-free for three consecutive months after your coverage effective date.

**NOTE:** For new hires only, pregnancy is not considered to be a pre-existing condition under the STD program if the coverage is elected within the first 31 days of employment.

**LONG-TERM DISABILITY (LTD)**

University-paid LTD coverage provides income replacement (in general, after a 90-calendar-day elimination period) if you are unable to work due to an extended injury or illness. This benefit is administered by Unum. Learn more at hr.osu.edu/benefits/db_longtermdisability For information on Short-Term Disability (STD) coverage, see page 29.

**AUTOMATIC COVERAGE**

- Effective on the date you begin an eligible appointment if you are actively at work.
- University pays 100% of the premium.

**BENEFITS**

- Provides 60% of your regular base monthly pay, to a maximum of $5,000 per month as taxable income.
- Any other disability payments for which you may be eligible—such as Workers’ Compensation, Social Security and state retirement system benefits—will offset your Unum disability payments.¹
- Under the LTD policy in general, you may receive benefits for all disabilities due to mental illness, alcoholism or drug abuse and disabilities based primarily on self-reported symptoms only for a maximum of 24 months during your lifetime. Refer to the policy for additional information.

**COVERAGE CONVERSION**

- If you have been covered for at least 12 consecutive months and your employment ends, you may be eligible to convert LTD to an individual policy. You must apply for conversion coverage within 31 days of losing group coverage and you may be required to provide medical evidence of insurability (EOI).

**DISABILITY RETIREMENT**

Under certain circumstances, your disability may result in your being eligible for OPERS or STRS disability retirement. Refer to the Disability Benefits section of the Retirement Plans Summary and Comparison charts for faculty and staff at hr.osu.edu/benefits/retirementbenefits

¹ You may use other vacation leave, sick leave and compensatory time while receiving STD/LTD benefits; however, sick leave will offset your LTD benefits. Refer to the policy for additional information about offsets.
WORKERS’ COMPENSATION
Workers compensation provides coverage for medical expenses and compensation for loss of pay resulting from absences due to work-related injuries or illnesses. Learn more at hr.osu.edu/benefits/db_workerscompensation

BENEFIT
• Coverage is effective on the date of your eligible appointment.
• The university pays 100% of the premium.
• Report your work-related injury or illness within 24 hours to your supervisor or person in charge, by completing an Employee Accident Report Form at hr.osu.edu/benefits/db_workerscompensation
• Medical compensation and claim determinations are made by Ohio State.
• Benefits are paid at approximately 72 percent of your regular base pay for the first 12 weeks and calculated as an average of the last six weeks prior to your date of injury. Compensation benefits past the first 12 weeks are paid at 66⅔% of your regular base pay and calculated as an average of the last 52 weeks prior to your date of injury. Workers’ Compensation benefits are non-taxable income.
• Preferably seek treatment at Ohio State:
  - University Health Services
  - OSU Occupational Medicine CarePoint East
• Inform your physician that medical bills should be sent to:
  Compensation Consultants, Inc. (CCI)
  P.O. Box 8101
  Dublin, Ohio 43218-2808

NOTE: Employees have the freedom of choice of network providers. You may request a change of physician in writing via fax to 614-495-5161.

Filing a Workers’ Compensation Claim
• All medical-only1 and lost-time2 claims must be filed with CCI by completing an Employee Accident Report and faxing the completed form to 614-495-5161.
• For all lost-time claims2 you also must complete a First Report of Injury (FROI).
• All medical and compensation claim payments will be issued by CCI on behalf of The Ohio State University.

Refer to hr.osu.edu/benefits/db_workerscompensation for additional resources on filing a claim.

Filing a Short-Term/Long-Term Disability Claim
Contact Unum at 866-245-3013 in order to initiate a claim.

INDIVIDUAL DISABILITY INCOME INSURANCE (IDI)
The Supplemental Individual Disability Insurance (IDI) Plan provides an individual policy that helps insure income not covered by the university Group Long-Term Disability (LTD) plan—provided that faculty and staff meet the simplified underwriting requirements3 and earn $100,000 or greater (annual base rate). These benefits are in addition to the university Group LTD plan. Because you pay the premium for IDI coverage through post-tax payroll deductions, any disability benefits received from this plan are non-taxable under current tax laws. Learn more at hr.osu.edu/benefits/db_longtermdisability

ENROLL
There is an annual enrollment period with an effective date of coverage each July 1 (subject to change). You are eligible to enroll if you:
• Are newly hired at an annual base rate of $100,000 or above.
• Receive a salary increase so that your total base salary is increased to $100,000 or greater within the plan year after the last coverage date.
• Complete an Evidence of Insurability (EOI) form if you had been previously offered coverage and declined.

WHEN COVERAGE STARTS
Coverage is effective each July 1 (subject to change). Eligible faculty and staff receive a personalized kit mailed to their homes in late spring that includes an application for enrollment with a postage-paid return envelope for convenience.

HOW COVERAGE CHANGES
If your eligible coverage amount is below the plan maximum, an option will be provided to increase coverage each year without EOI until the monthly maximum is reached.

Coverage will not automatically increase as the result of an increase in pay mid-year. In addition, if eligibility changes or pay is reduced, the benefit will not automatically decrease or terminate.

1 Employee is off work seven or less calendar days
2 Employee is off work eight or more calendar days
3 Actively at work definition: At the time of application and on the policy effective date, the employee must be working for Ohio State on a full-time basis of at least 20 hours per week and must have been working continuously (for any employer), and able to perform all duties of his or her regular occupation without limitation due to sickness or injury for the prior six months. The employee will be asked to meet additional requirements for Catastrophic Disability coverage.
BENEFITS
If approved, faculty and staff will receive an IDI policy, which can provide:

- Benefits to help supplement the existing Group LTD plan.
- Catastrophic Disability Benefit – a supplemental benefit in the event you suffer a long-term disability resulting in the loss of two or more activities of daily living (bathing, dressing, toileting, transferring, continence and eating), cognitive impairment or total and permanent loss of sight, hearing, power of speech or use of two limbs.
- Long-Term Care conversion – IDI policy may be exchanged beginning at age 60 through age 70, without EOI.
- The ability to continue coverage with the same benefits if you leave Ohio State.

TRANSITIONAL WORK POLICY
Transitional Work Policy 2.45 may allow you to remain or return to work when placed on temporary physical or psychological restrictions by your physician, enabling you to continue to work throughout your recovery. A request for a transitional work assignment can be initiated by you, your department or your physician by contacting us at 614-292-3439. The expected maximum duration of the transitional work agreement is 12 weeks. Extensions may be granted.

REMAIN-AT-WORK/RETURN-TO-WORK BENEFITS
The university offers modified work opportunities if you have physician-indicated work restrictions due to a disability.

We provide referral to university and community resources, including the Americans with Disabilities Act (ADA) office, the Employee Assistance Program, YP4H services and the OSU Health Plan.

We develop an individualized work plan to assist you with remaining at work or returning to work.

PHYSICAL THERAPY ASSISTANCE
A physical therapist can visit your workplace to help assist you as you perform your job tasks. The therapist can provide necessary treatment on-site, suggest changes to your work environment or help to progress your job tasks safely.

JOB SEARCH ASSISTANCE
Job search assistance is available if you have been placed on permanent restrictions and can no longer perform your regular job duties. A job developer can provide help with services such as revamping a resume, posting an online application, finding the right career path and vocational evaluation testing.
ADDITIONAL BENEFITS

ADOPTION ASSISTANCE
The Adoption Assistance Program will reimburse eligible employees up to $5,000 per child for eligible adoption-related expenses when an adoption of a minor child is finalized. If two adopting parents of the same adopted child are both eligible for adoption assistance, the total maximum benefit amount for that adoption is $5,000.

Learn more at hr.osu.edu/benefits/ab_adoptionassistance

ELIGIBLE ADOPTIONS
• Adopted children must be under the age of 18.
• The children may be biologically related to either parent.
• Adoptions made through public, private, domestic, international and independent means are eligible.

EFFECTIVE DATE
You may use this benefit immediately upon appointment to an eligible position for eligible adoption-related expenses incurred after your eligible appointment. Eligibility ends if you transfer to a non-eligible position or leave university employment.

USING THIS BENEFIT
• Applications for adoption assistance are processed by Human Resources, Benefits Services.
• Adoption benefits may have tax implications; consult your tax advisor.

ELIGIBLE EXPENSES
Eligible expenses that are directly related to the adoption may be reimbursable if incurred after the eligible appointment date, including:
• Agency and placement fees
• Legal fees and court costs
• Required medical expenses for the child prior to adoption (including immunizations)
• Immigration fees
• Translation services
• Transportation and lodging expenses

NOTE: All documents must be translated to English and show American currency.

INELIGIBLE EXPENSES
The following expenses are not eligible for payment through this program (including but not limited to):
• Medical examination fees for adopting parents
• Cost of personal items such as clothing and food for either the parents or the child
• Expenses incurred prior to eligibility for the program
• Mileage

IMPACT ON OTHER BENEFITS
Upon the placement of a child in your home or the finalization of the adoption, you may add the child to applicable university benefits plans within 31 days of the qualifying status change.
Refer to hr.osu.edu/events to determine the type(s) of benefits election changes you may make.

Human Resources must receive notification of the adoption within 31 days of the event.

**FINANCIAL SERVICES**

Huntington is proud to be The Official Consumer Bank of The Ohio State University, and Huntington has offers just for staff and faculty. Thanks to our unique relationship, Huntington can offer staff and faculty its premier checking account, Huntington Plus, without the monthly maintenance fee. Only from Huntington, the most convenient bank on campus.

To learn more, stop into one of Huntington's campus branches or visit huntington.com/OSUstaff.

**CAMPUS PARTNERS AND NEIGHBORHOOD HOME OWNERSHIP INCENTIVE PROGRAM**

The OSU Faculty & Staff University District Home Ownership Incentive Program is a down payment assistance program that consists of a zero interest forgivable loan (second mortgage) in the amount of $6,000 to be applied towards the required down payment, closing costs and/or reduction in principal amount on a home purchased in the University District.

Employees must reside at the residence and remain employed with Ohio State during the five-year repayment period.

The down payment assistance is considered income to the employee and therefore the recipient is responsible for any related income tax liability.

For additional information, contact Campus Partners at 614-247-5958, or visit campuspartners.osu.edu and click on “Housing Opportunities.”

**CHILD CARE PROGRAM**

The Ohio State University Child Care Program offers quality child care to university employees and students. Below is a summary of eligibility for this benefit:

- Faculty, staff or students who have legal custody and/or are the primary caregivers for their child are eligible for child care services at the center.
- A child of a faculty or staff member’s domestic partner (Affidavit of Domestic Partnership required) is also eligible for child care services at the center.
- Eligibility is verified at the time of enrollment by current pay statements or paid fee statement.

For more detailed information, visit hr.osu.edu/childcare

**SPECIAL EVENTS**

As part of its mission to enhance the climate and quality of work-life at Ohio State, Human Resources administers:

- Faculty and Staff Retirement Dinner and Service Recognition
- Distinguished Staff and Diversity Enhancement Awards
- Staff Career Development Grants
- Staff Manager Development Grants
- Staff Appreciation Week
- Staff Arts and Crafts Exhibit
- Bucks for Charity Drive
- Operation Feed
- Discount ticket opportunities with local sports teams
- Discounts with local businesses

Learn more about these events at hr.osu.edu/special

For information about other university awards, visit Recognizing Excellence at Ohio State at osu.edu/universityawards

**WORK/LIFE**

Ohio State is committed to providing a work environment that is healthy, supportive and considerate of employees’ work and personal life obligations. The university’s work/life effort provides programs, policies and services to help you better integrate your professional and personal life so that you feel more productive, engaged and satisfied in your work environment.

Learn more at hr.osu.edu/worklife

1 You may use other vacation leave, sick leave and compensatory time while receiving STD/LTD benefits; however, sick leave will offset your LTD benefits. Refer to the policy for additional information about offsets.
LEAVE POLICIES

LONG-TERM DISABILITY (LTD)
The following is a list of the various leave policies for faculty and staff. Refer to the specific policy, available online at hr.osu.edu/policy, to determine your eligibility and review usage guidelines.

- Paid Leave Programs 6.27
  - Vacation
  - Sick
  - Parental
  - Jury duty/court appearance
  - Organ donation leave
  - Vacation donation
- Holidays 6.20
- Family and Medical Leave (FML) 6.05
- Disaster Leave 6.28
- Military Leave 6.35
- Unpaid Leave 6.45: Leave for personal, professional or medical reasons.

TOBACCO FREE OHIO STATE
To support a healthy environment for all members of Buckeye Nation, Ohio State is tobacco free. Visit tobacofree.osu.edu for the Tobacco Free Ohio State policy (hr.osu.edu/policy/policy720.pdf) and FAQs, tobacco-cessation resources for faculty, staff and students, tobacco cessation blogs and videos, as well as research and news stories.

Assistance to faculty and staff to overcome tobacco/nicotine addiction is available through the Employee Assistance Program or may be covered by a university medical plan.
COVERAGE CONTINUATION

COBRA
COBRA provides extended health benefits coverage after loss of coverage situations. COBRA is administered by CoreSource (866-442-8257). All COBRA payments must be made directly to CoreSource.

ELIGIBILITY
COBRA (Consolidated Omnibus Budget Reconciliation Act) allows you or a dependent covered under medical, dental, vision and/or health care Flexible Spending Accounts benefits to continue coverage when it is lost due to any of the following qualifying status changes:
- Termination of employment (for reasons other than gross misconduct)
- A reduction in the number of hours of employment that affects benefits eligibility
- Divorce or legal separation/termination of same-sex domestic partnership
- Employee’s death (for eligible dependents)
- Child ceases to be eligible for coverage

Refer to the Faculty and Staff Health Plans Specific Plan Details (SPD) at hr.osu.edu/benefits/hb_medical for additional COBRA information and the Flexible Spending Account Specific Plan Details at hr.osu.edu/MyFSA

Full details about COBRA are listed at hr.osu.edu/benefits/hb_cobra

PREMIUMS
You pay the COBRA rate. Ohio State makes no contribution. For current rates, refer to hr.osu.edu/benefits/hb_rates

### Qualifying Event

<table>
<thead>
<tr>
<th>Maximum Coverage Continuation Period</th>
<th>Qualifying Event</th>
<th>Qualified Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 months</td>
<td>• Employee’s termination&lt;br&gt;• Employee’s reduction in hours or type of employment that affects benefits plan eligibility</td>
<td>• Employee&lt;br&gt;• All covered dependents</td>
</tr>
<tr>
<td>36 months</td>
<td>• Employee’s divorce or legal separation/termination of same-sex domestic partnership&lt;br&gt;• Employee’s death</td>
<td>• All eligible covered dependents</td>
</tr>
<tr>
<td>36 months</td>
<td>• Loss of eligibility for a dependent child who reaches the limiting age</td>
<td>• Eligible covered dependent children</td>
</tr>
<tr>
<td>Termination of COBRA¹</td>
<td>• COBRA coverage will cease1 on the last day of the month in which you:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Reach the maximum coverage period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Fail to submit a premium payment</td>
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</tbody>
</table>

¹ To view other reasons that COBRA may terminate, please visit the Faculty and Staff Health Plans SPD at hr.osu.edu/benefits/hb_medical
SURVIVOR HEALTH BENEFITS CONTINUATION COVERAGE OPTIONS

If a covered employee dies, surviving dependent(s) may elect to continue existing medical, dental and/or vision coverage under COBRA for up to 36 months. The university will cover the cost of this coverage for two months following the date of the covered employee’s death.

Following these two months of coverage, the available coverage options may include:

**OPTION 1**
Health benefits coverage through a surviving dependent’s employer or school.

**OPTION 2**
Health benefits coverage through the Ohio Public Employees Retirement System (OPERS) or State Teachers Retirement System of Ohio (STRS), based on service requirements and plan participation. Contact the appropriate retirement system to obtain specific information and eligibility for health care coverage as a surviving spouse and/or dependent.

**OPTION 3**
“Coverage Continuation” of the university-sponsored health benefits through COBRA for an additional 34 months.
- This is the same coverage provided through the university’s health benefits to its active members.
- This coverage is offered at the COBRA rate and is not paid by the university.

Learn more at [hr.osu.edu/events](http://hr.osu.edu/events)
POST-RETIREMENT BENEFITS

Post-retirement benefits are available only to faculty and staff who have 10 years of continuous Ohio State service in at least a 50% FTE regular appointment at the time of retirement.

GROUP TERM LIFE INSURANCE (GTLI)
If you retire before age 70, you may continue your GTLI coverage (up to $200,000 maximum) after retirement at your expense. Benefit details:
- To continue retiree coverage, you pay a quarterly or annual premium to the university.
- This benefit may be continued until age 70.

If you retire before age 70 and choose not to continue this coverage, you may convert coverage to an individual life insurance policy within 31 days of retirement date. Premium amounts are determined by and paid to the life insurance vendor.

If you retire after age 70, you may convert your GTLI coverage to an individual life insurance policy (up to $200,000 maximum). Premium amounts are determined by and paid to the life insurance vendor.

If you become re-employed with Ohio State in an eligible position, your quarterly or annual premiums will cease and you will automatically be enrolled in GTLI as an active employee. You should contact Human Resources to stop retiree coverage and your premiums or to re-enroll if become ineligible as employee and meet all other retiree eligibility criteria.

POST-RETIREMENT LIFE INSURANCE BENEFIT
A university-provided post-retirement life insurance benefit is available to:
- Those who do not continue Group Term Life Insurance at retirement
- Those who reach age 70 (when retiree Group Term Life Insurance coverage ends)

The benefit amount is based on your years of continuous employment in an eligible appointment at the time of retirement from the university. It is payable to your designated beneficiary(-ies) as follows:

<table>
<thead>
<tr>
<th>YEARS OF SERVICE</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10–14 years of service</td>
<td>$2,000</td>
</tr>
<tr>
<td>15–19 years of service</td>
<td>$3,000</td>
</tr>
<tr>
<td>20–24 years of service</td>
<td>$4,000</td>
</tr>
<tr>
<td>25 years of service or more</td>
<td>$5,000</td>
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</tbody>
</table>

OHIO STATE UNIVERSITY RETIREES ASSOCIATION (OSURA)
This organization is dedicated to serving the needs of faculty and staff who have retired from Ohio State. Monthly newsletters are sent to all members to keep them updated on upcoming educational and cultural programs and trips.

Visit hr.osu.edu/osura or contact OSURA at 614-292-2916 or osura@hr.osu.edu for more information.

TUITION ASSISTANCE FOR DEPENDENTS
Your spouse or same-sex domestic partner and dependent children must begin using this program within five years of your original retirement date.

Refer to “Dependent Tuition Assistance” on page 36 or hr.osu.edu/benefits/eb_tuitionassistance for a more detailed description of the benefit levels and eligibility requirements under this program.

LIFETIME EMAIL FORWARDING SERVICE (LEFS)
Provides you with a free email forwarding service so that you can continue receiving your Ohio State email after retirement. LEFS forwards your university email (name.#@osu.edu) to an off-campus email account of your choice. This service provides forwarding only, not an actual email account or Internet access; therefore, email messages are forwarded directly and not stored on university servers. You may activate or change your forwarding information online at osu.edu/email, or by contacting Alumni Development Information Services at lifetime-mail@osu.edu
LEGAL NOTICES

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Ohio State University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (such as an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans also may offer more coverage for a higher monthly premium.

2. The Ohio State University has determined that the prescription drug coverage offered by your university-sponsored medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

FREQUENTLY ASKED QUESTIONS

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you also will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage will not be affected. The Ohio State University medical plan (including prescription drug benefits) will be your primary insurance plan.

A summary of the prescription drug benefits, available through the university-sponsored medical plans, for the 2016 plan year (January 1 – December 31, 2016) is highlighted on page 21 of this booklet. For program details, visit hr.osu.edu/benefits/hb_prescription
You may decide to join a Medicare drug plan and drop your university-sponsored medical plan (including prescription drug benefits). Before dropping your university-sponsored coverage, you should compare the university-sponsored coverage, including which prescription drugs are covered, with the Medicare coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to join a Medicare drug plan and drop your university-sponsored coverage, please be aware that you and your dependents will no longer be covered for medical or prescription drug benefits under the university-sponsored medical plan. In addition, you will not be able to get this coverage back unless you remain eligible for the university-sponsored coverage and you have a qualifying event that allows for special enrollment or you enroll during The Ohio State University’s open enrollment for coverage beginning the next plan year.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You also should know that if you drop or lose your current coverage with The Ohio State University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly
premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE
Contact The Ohio State University HR Customer Service Center at hr-Customer_Service@osu.edu, 614-292-1050, or 800-678-6010.

NOTE: You will receive this notice each year. You also will receive it before the next period you can join a Medicare drug plan, or if coverage through The Ohio State University changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll receive a copy of the handbook in the mail every year from Medicare. You also may be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
• Visit medicare.gov
• Call your State Health Insurance Assistance Program for personalized help. (See the inside back cover of the “Medicare & You” handbook for the telephone number.)
• Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit socialsecurity.gov or call 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
NOTICE OF PRIVACY PRACTICES FOR THE OHIO STATE UNIVERSITY FACULTY AND STAFF HEALTH PLANS

Effective Date: 04/14/03; Revised Date: 08/26/13

THIS HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) 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, 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 of Privacy Practices apply to The Ohio State University Health Plan, Inc. (“Health Plan”). This Notice describes how we use or disclose your Protected Health Information (“PHI”). 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. This notice also describes your rights to access and control your PHI.

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 of Privacy Practices 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 PHI for marketing without your authorization. We may not sell 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.

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 also may forward such information to another health plan that also may 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 also may 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 who 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 personal health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services that may be available to you as a member of the health plan. For example, we may use your personal health information 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 that 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 that 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 release your PHI for any purpose required by law;
• We may release 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 release your PHI as required by law if we suspect child abuse or neglect; we also may release your PHI as required by law if we believe you to be a victim of abuse, neglect or domestic violence;
• We may release 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 release 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 release 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 release 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 release your PHI to law enforcement officials for law enforcement purposes, including reporting wounds and injuries and crimes;
• We may release your PHI to medical examiners, coroners and/ or funeral directors consistent with law;
• We may release your PHI if necessary to arrange an organ, eye or tissue donation from you or a transplant for you;
• We may release 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 release your PHI if you are a member of the military as required by armed forces services; we also may release your PHI if necessary for national security or intelligence activities;
• We may release 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 release your PHI as necessary to comply with Workers’ 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. You may obtain an access request form online at osuhealthplan.com/members/plan-information 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 also may notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary. You may obtain an amendment request form online at osuhealthplan.com/members/plan-information or by calling Customer Service at 614-292-4700.

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 not to have messages left on voice mail or sent to a particular address. We will accommodate all reasonable requests for confidential communications. You may request these confidential communications in writing by sending your request 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/members/plan-information or by calling Customer Service at 614-292-4700.

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/members/plan-information 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/members/plan-information or by calling Customer Service at 614-292-4700. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

As a member, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by email or other electronic means.

Women’s Health and Cancer Rights Act of 1998 Notice
This Congressional Act of 1998 requires benefits plans to provide coverage for reconstructive surgery and related services following a mastectomy. All terms and conditions (including deductibles and coinsurance) of your medical plan apply to this coverage. Specifically, the benefits include:
• Coverage for all stages of reconstructive surgery of the breast on which a mastectomy has been performed.
• Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance.
• Coverage for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.

Treatment will be in a manner that is determined in consultation with the attending physician and patient.

Contact OSUHP for additional information.
LEGAL NOTICES (CONTINUED)

HEALTH INSURANCE MARKETPLACE

Coverage Options and Your Health Coverage:
The Patient Protection and Affordable Care Act (PPACA) requires the university to issue a notice to all employees informing them that they can purchase medical coverage from the new Health Insurance Marketplace. This coverage option is in addition to any university-sponsored 2016 medical coverage for which you may qualify.

PART A: General Information
Key parts of the health care law took effect in 2014, creating a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options.

Can I save money on my health insurance premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?
For more information about your coverage offered by your employer, please check The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document, available at hr.osu.edu/hrpubs/ben/medicals spd.pdf, or contact The Ohio State University’s Office of Human Resources Customer Service Center at 614-292-1050 or 800-678-6010.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
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</thead>
<tbody>
<tr>
<td>The Ohio State University</td>
<td>31-6025986</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1590 North High Street, Suite 300</td>
<td>614-292-1050 or 800-678-6010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
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<tbody>
<tr>
<td>Columbus</td>
<td>OH</td>
<td>43201</td>
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</table>

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<tr>
<th>10. Whom can we contact about employee health coverage at this job</th>
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<tbody>
<tr>
<td>The Ohio State University’s Office of Human Resources Customer Service Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:hr-Customer_Service@osu.edu">hr-Customer_Service@osu.edu</a></td>
</tr>
</tbody>
</table>

Basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

☐ All employees.

☑ Some employees. Eligible employees are described in The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document, available at hr.osu.edu/hrpubs/ben/medicalspd.pdf

With respect to dependents:

☑ We do offer coverage. Eligible dependents are described in The Ohio State University Faculty and Staff Health Plans Specific Plan Details Document, available at hr.osu.edu/hrpubs/ben/medicalspd.pdf

☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

Q & A

What do I need to do?
Nothing, unless you wish to purchase coverage through the Health Insurance Marketplace.

Does the Marketplace replace my coverage under The Ohio State University Faculty and Staff Health Plan?
No. The Ohio State University Faculty and Staff Health Plan will continue to be available to eligible employees.

Why was the Marketplace created?
Primarily to allow individuals who don’t have access to affordable medical insurance the opportunity to buy coverage for themselves or their families.

Will I save money if I get health insurance through the Marketplace?
It depends on your individual situation. The university pays for a portion of medical coverage under the Faculty and Staff Health Plan for many employees, which significantly reduces the cost of coverage. If you purchase insurance in the Marketplace, no portion of that premium will be paid by the university, even if you are eligible for the university’s plan.

I currently have coverage through my parent’s plan, the Ohio State Student Health Insurance Plan or a government program. What do I need to do?
You don’t have to change your current coverage. The Marketplace is simply another option.

I am not eligible for coverage through the university. Should I check out the Marketplace coverage?
Yes. If you are ineligible for coverage under the university’s Faculty and Staff Health Plan or the Student Health Insurance Plan, consider your available options through the Marketplace.

Where do I get more information?
For information on the Marketplace, call 800-318-2596, or visit healthcare.gov. The website includes information on the plans available in each state. Keep the enclosed notice because it has information you will need to apply for coverage through the Health Insurance Marketplace.
CONTACT INFORMATION

HUMAN RESOURCES
hr.osu.edu

Customer Service Center . . . . . . . . . . . 614-292-1050
1590 N. High St., Suite 300
800-678-6010
Fax: 614-292-6235
Email: hr-Customer_Service@osu.edu

PROVIDES INFORMATION REGARDING:
• Certification of state service requests
• eBenefits
• Flexible Spending Accounts – dependent care and health care
• Health insurance – enrollment, verification of coverage
• Life insurance – change of beneficiary, enrollment
• Retirement programs – ARP, OPERS, STRS
• Supplemental Retirement Accounts – 403(b) and 457(b) plans
• Tuition assistance – for faculty, staff and eligible dependents
• Your Plan for Health

Employee and Labor Relations . . . . . . . . . 614-292-2800
Provides information regarding:
• Family/medical leave, sick leave, vacation leave, other leaves

Integrated Absence Management and Vocational Services . . . . . . . . . . . . 614-292-3439
800-678-6413
Fax: 614-688-8120
Email: id@hr.osu.edu

PROVIDES CONSULTATION ON:
• Department presentations
• Individual disability insurance
• Long-Term and Short-Term Disability
• OPERS/STRS disability retirement
• Transitional work
• Workers’ Compensation

Your Plan for Health . . . . . . . . . . . . . . . . . . . . . . . . . 614-292-1050
Email: yp4h@osu.edu
yp4h.osu.edu
• Biometric Health Screenings, Personal Health & Well-Being Assessment (PHA), Incentive Program, Educational Programming
• Care Coordination Program . . . . . . . . . 800-678-6269
• Ohio State 24/7 NurseLine . . . . . . . . . 800-678-6269
• Personal Health Coaching Program . . 800-678-6269
**OTHER IMPORTANT NUMBERS**

CareWorks Consultants, Inc. (CCI) .......... 888-647-3815
Workers’ Compensation, medical and compensation claims assistance

CoreSource, Inc. ................. 866-44-BUCKS (442-8257)
Medical claims assistance, medical/prescription drug cards and continuation of health coverage (COBRA) mycoresource.com

Delta Dental Plan of Ohio ............... 800-524-0149
Customer and claims services: deltadentaloh.com
Dental providers and claims assistance: toolkitsonline.com

Express Scripts ......................... 866-727-5867
Prescription drugs–retail/home delivery/claims: express-scripts.com
Specialty medications assistance: curascript.com

IRS Publications ................. 800-TAX-FORM (829-3676)
Tax advice ......................... 800-829-1040
irs.gov

Minnesota Life Insurance .......... 866-293-6047
Life insurance administrator–conversion of coverage

Ohio State Educational Services
Extended Education ................. 614-292-8860
Fees and Deposits ................. 614-292-3337
University Registrar ................. 614-292-8500

Ohio State Employee Assistance Program (EAP)
24/7/365 live connection 800-678-6265
EAP serving faculty, staff and their families osuhealthplan.com/OhioStateEAP

Ohio State Travel Assistance
Within the US (outside Ohio) .......... 866-807-6193
Outside the US ......................... +1-415-484-4677

Payroll Services ......................... 614-292-2311
Email: payrolloffice@osu.edu
  • Credit union, direct deposit, 529, taxation, paperless pay
  • ePayroll: paperlesspay/talx.com/osu

TASC (FSA Administrator)
Customer Service .......... 855-FLEX-OSU (353-9678)

The Ohio State University Health Plan, Inc ................. 614-292-4700
Precertification of hospital admissions, provider network and other medical services osuhealthplan.com

The Work Number ................. 800-996-7566
Employment verification hr.osu.edu/benefits/ab_employmentverification

Unemployment Compensation .......... 877-644-6562
Eligibility to receive benefits determined by the Ohio Department of Job and Family Services (ODJFS). File an application with ODJFS as soon as you become unemployed.
jfs.ohio.gov

University Health Services ................. 614-688-0300
Campus clinic for medical plan members

Unum .......................... 866-245-3013
Short- and Long-Term Disability claims filing and assistance

Vision Service Plan (VSP) .......... 800-877-7195
Vision claims assistance vsp.com
YOUR HEALTH CARDS

MEDICAL/PRESCRIPTION DRUG CARD
Mailed from CoreSource upon enrollment in a medical plan.

THE OHIO STATE UNIVERSITY

THE OHIO STATE UNIVERSITY

HEALTH PLAN

N2345678
Member ID

Effective Date
OS
Sponsor Code

Subgroup #

Name

For claims, benefits and prior authorization, contact OSU Health Plan at:

1-614-292-4700 or 1-800-578-6269

For Network Provider Search, go to www.osuhealthplan.com/search

OSU Health Plan

OHIO TRAVEL ASSISTANCE
For medical referrals when traveling outside Ohio. Mailed from CoreSource upon enrollment in a medical plan.

OHIO STATE Travel Assistance

Within the US (outside Ohio) 1-866-807-693

Outside the US 1-415-484-4677

hr.osu.edu/benefits/healthbenefits

DENTAL
Visit consumertoolkit.com to register and print an identification card.

VISION
Visit vsp.com/cms/home.html to register and print a member reference card.

OHIO STATE 24/7 NURSELINE
Call a registered nurse anytime, anywhere, with health-related questions. Nurses are available 24 hours a day, 7 days a week.

CAREWORKS CONSULTANT INC. (CCI)
For Workers’ Compensation claims assistance.

FLEXIBLE SPENDING ACCOUNT
Mailed from TASC to Health Care FSA enrollees.

DENTAL
Visit consumertoolkit.com to register and print an identification card.

PLAN: Delta Dental of Ohio
Name
Group Name: THE OHIO STATE UNIVERSITY
Group Number: 1733-0001

Submit Claims to:
P.O. BOX 9085
Farmington Hills, MI 48333-9085

This card is for identification purposes only and is not a guarantee of coverage.

OHIO STATE TRAVEL ASSISTANCE
Within the US (outside Ohio) 1-866-807-693
See back of card

Outside the US 1-415-484-4677

hr.osu.edu/benefits/healthbenefits
Overview of Your Benefits

Review this summary of benefits and make your elections.

WELCOME NEW OHIO STATE EMPLOYEES!

BENEFITS FORUMS
Gateway
1590 N. High St., Suite 430
Noon - 1:30 p.m.

LEARN ABOUT YOUR HEALTH PLAN CHOICES
Medical
Dental
Vision
Flexible Savings Accounts
Short Term Disability
Life Insurance

LEARN ABOUT YOUR RETIREMENT CHOICES
OPERS
ARP
STRS

To enroll in forums, visit go.osu.edu/BuckeyeLearn

CHOOSE A DATE AT:
Health & Wellness Benefit Choices Forum

CHOOSE A DATE AT:
Retirement Choices Forum