Overview of Your Benefits

Review this summary of 2018 benefits, and make your elections.
WELCOME TO THE OHIO STATE UNIVERSITY!

You play an important role in helping to advance the quality and mission of this university. The Office of Human Resources is here to help you be your best while at Ohio State.

We are pleased that you chose Ohio State as the place to share your time, talents and successes. Working at Ohio State brings with it a robust package of total rewards including exceptional benefits, a wellness program, professional training and development, on-site child care, employee discounts, campus athletic and cultural events and many others.

Selecting health and retirement benefits is your first step in taking advantage of this total rewards package. Please review this booklet carefully to see what best meets your needs. Additional details are online at hr.osu.edu/benefits. You may also contact us at HR@osu.edu, (614) 292-1050, or (800) 678-6010.

DISCRIMINATION IS AGAINST THE LAW

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

The Ohio State University:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact the university’s Affirmative Action and EEO Coordinator.

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

Affirmative Action and EEO Coordinator
1590 N High St, Suite 300
Columbus, OH 43201-2190
Phone: 614-688-2234 Fax: 614-292-6199
Email: aa-eeo@osu.edu

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHI Building
Washington, DC 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-264-1552, Access Code # 80014189.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-264-1552, Código de acceso # 80014189.

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

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-264-1552, mã số truy cập # 80014189.

Телефонуйте на номер 1-800-264-1552, Код доступу # 80014189.

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-264-1552, Code d’accès # 80014189.

메모: 당신이 원하시는 언어로 통화하시면, 전화요금이 무료로 이용하실 수 있습니다. 1-800-264-1552, 액세스 코드 # 80014189, 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-264-1552, Codice d’accesso # 80014189.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-264-1552，访问代码 # 80014189，まで，お電話にてご連絡ください。


ЧИТАЙТЕ: Ако говорите на немски език, ви са достъпни безплатни услуги по перевод. Изпълнете 1-800-264-1552, код за достъп # 80014189.

ÚVAGA! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-264-1552, Код доступу # 80014189.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-264-1552, Cod de acces # 80014189.
BENEFITS ENROLLMENT CHECKLIST

Ohio State uses employee classifications, full-time equivalency (FTE) and appointment type to determine benefits eligibility. Use the interactive Benefits Eligibility Tool at hr.osu.edu/benefits/eligibility to determine the benefits for which you are eligible. If you enroll dependents under your medical, dental and/or vision coverage, verification of dependent eligibility with documentation is required. A request for proof of eligibility will be mailed to you. Review Dependent Eligibility Requirements at go.osu.edu/dep-eligibility to determine if your dependents are eligible to be covered.

Some of the benefits offered by Ohio State require active enrollment within a certain time. These deadlines, referenced in the checklist below, are based on your eligibility date as reflected in the university’s human resources system. For details on benefit enrollment deadlines, see hr.osu.edu/new-employees/enrollment-deadlines.

You have 31 days from your eligibility date to make elections for the optional benefits listed below. If you miss the 31-day deadline, you will not have an opportunity to enroll again unless you have a qualifying event or until annual Open Enrollment.

- Medical/Prescription Drug
- Dental
- Vision
- Short-Term Disability
- Dependent Care Flexible Spending Account
- Health Care Flexible Spending Account
- Dependent Group Term Life Insurance
- Voluntary Group Term Life Insurance

See pages 5-12 for details on these benefits.

Use eprofile.osu.edu (university employees) or OneSource (Wexner Medical Center employees) to enroll. Click on the Benefits Enrollment link. Go to hr.osu.edu/benefits/health-plan-enrollment for step-by-step instructions.

Eligible employees are automatically enrolled in university-paid group term life insurance and long-term disability coverage. You should complete beneficiary information for this life insurance benefit. Sign in to eprofile.osu.edu to designate beneficiary(-ies). Click on Benefits Summary then Group Term Life. See page 11.

You are automatically enrolled in the appropriate state retirement system, OPERS (staff) or STRS (faculty).

- You may remain in OPERS or STRS or, if eligible, you have 120 days from your eligibility date to elect Ohio State’s Alternative Retirement Plan (ARP).
- If you are not eligible for the ARP, or if you decide to remain in the state retirement system, you have 180 days from your eligibility date to select your plan with the state retirement system. You will receive information directly from the state retirement system.

See pages 13-16 for details on your retirement choices and submission instructions.

ONLINE RESOURCES

- WEBINAR: Enroll in a live benefits webinar or watch a recorded benefits video at hr.osu.edu/new-employees to learn more about Ohio State’s benefits.
- RATES: Use the interactive rates tool at hr.osu.edu/benefits/rates to view your rates for the university’s medical, dental, vision, dependent and voluntary group term life insurance and short-term disability benefits.
- DECISION TOOL: myBenefitsMentor is a web-based tool that allows you to model projected medical and pharmacy expenses based on anticipated health care needs and to compare costs between available medical plan options. This tool can help you decide which medical plan may be the best choice for you and help you determine an annual amount that may be appropriate for you to contribute to a Health Care Flexible Spending Account. Log into eprofile.osu.edu and select myBenefitsMentor.
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 Ohio State medical plans provide coverage for the same types of medical services; however, the employee contribution rate for each plan varies based on how the plan pays 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 employee payroll contributions with out-of-pocket costs for medical services. The Specific Plan Details (SPD) document at hr.osu.edu/benefits/medical has complete coverage information.

CoreSource processes all university medical claims and issues medical/prescription drug plan identification cards. OSU Health Plan provides clinical management for the plan and manages the university’s statewide network.

PRIME CARE ADVANTAGE

This plan requires that you receive medical care from a statewide network of providers (provider directory at osuhealthplan.com/search). Out-of-network services are not covered under this plan, except for emergencies.

PRIME CARE CHOICE

This plan provides in-network (provider directory at osuhealthplan.com/search) and out-of-network coverage for medical services.

PRIME CARE CONNECT

This plan is available only to individuals with limited household income to help reduce financial barriers to obtaining health care. Enrollment is limited to faculty and staff who meet specific income qualifications. See hr.osu.edu/benefits/medical for details, including eligibility.

OUT-OF-AREA PLAN

This plan is available only to individuals who live in areas without adequate network access. See hr.osu.edu/benefits/medical for a zip code eligibility tool. Access to this coverage is also available, with a special application, to employees and their dependents who are enrolled in a Prime Care plan, but will be outside of Ohio for at least 30 consecutive days. You must meet certain criteria to enroll temporarily in this plan, as detailed on the Out-of-Area Plan Election Form.

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’s and uniform glossary are available online at hr.osu.edu/benefits or paper copies are available free of charge by contacting HR Customer Service at HR@osu.edu, 614-292-1050, or 800-678-6010.

Any individual enrolled in one of the university-sponsored medical plans automatically has access to Ohio State Travel Assistance for health care needs outside of Ohio. For more detail, see hr.osu.edu/benefits/travel-assistance.

See hr.osu.edu/benefits/rates for rates.

Model your anticipated medical and pharmacy costs with myBenefitsMentor. Log into eprofile.osu.edu and click on myBenefitsMentor.
## 2018 Medical Plan Comparison Chart

<table>
<thead>
<tr>
<th>Benefit Component</th>
<th>Prime Care Advantage¹</th>
<th>Prime Care Choice²</th>
<th>Prime Care Connect³</th>
<th>Out-of-Area Plan⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Network</td>
<td>Out-of-Network⁵</td>
<td>Network</td>
<td>Non-Network</td>
</tr>
<tr>
<td><strong>Annual Deductible²</strong></td>
<td>Individual: $450</td>
<td>Individual: $1,900</td>
<td>Individual: $150</td>
<td>Individual: $450</td>
</tr>
<tr>
<td></td>
<td>Family: $900</td>
<td>Family: $1,900</td>
<td>Family: $300</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><strong>Coinsurance</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 85%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>Individual: $2,600</td>
<td>Individual: $7,500</td>
<td>Individual: $1,500</td>
<td>Individual: $2,600</td>
</tr>
<tr>
<td></td>
<td>Family: $5,200</td>
<td>Family: $7,500</td>
<td>Family: $3,000</td>
<td>Family: $5,200</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 60%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Primary Care Provider (PCP)⁶</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 60%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 100%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>no deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>All Other</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>You pay $20 copay</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>Convenient Care</strong></td>
<td>Plan pays 100%</td>
<td>Plan pays 60%</td>
<td>Plan pays 100%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>You pay $35 copay</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>no deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>AfterHours Care</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>You pay $20 copay</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
<td>You pay $100 copay</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hosp.</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>You pay $200 copay</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>You pay $150 copay</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
<tr>
<td><strong>Lab and X-ray</strong></td>
<td>Plan pays 80%</td>
<td>Plan pays 60%</td>
<td>Plan pays 80%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td></td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
<td>after deductible</td>
</tr>
</tbody>
</table>

1 With application, an individual enrolled in this plan may qualify for the Out-of-Area Plan’s non-network benefits.
2 A separate deductible applies for infertility treatment and weight-loss surgery.
3 Out-of-pocket costs that you incur when receiving services from out-of-network providers will apply to the network out-of-pocket maximum.
4 Special application is required. See hr.osu.edu/benefits/medical 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/medical.
5 Must meet eligibility criteria. Review eligibility by zip code online at hr.osu.edu/benefits/medical.
6 A PCP is a generalist physician designated as a family medicine, general internal medicine, geriatric medicine or general pediatrics provider. PCP services also can be provided by a Primary Care Nurse Practitioner who practices with a PCP. This benefit also applies to University Health Services and clinics in a retail setting (convenience care).
7 Utilization of services at Martha Morehouse and Gahanna AfterHours is a cost-effective alternative to the ER for more serious conditions than can be handled at convenient care or urgent care.

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

All of the university’s medical plans include prescription drug coverage through Express Scripts. See plan details at hr.osu.edu/benefits/prescription.

**FORMULARY**

Ohio State’s plan uses a formulary, which is a comprehensive list of prescription medications, both generic and brand name, that have been identified as providing the greatest overall value. You will receive a greater benefit if you obtain a prescription from the formulary listing rather than one that is non-formulary. See hr.osu.edu/benefits/prescription for the Express Scripts Formulary.

**NETWORK**

You can obtain prescriptions using mail order or through retail pharmacies participating in the Express Advantage Network (EAN).

The EAN contains both preferred and non-preferred pharmacies. If you fill a prescription at a retail pharmacy, you will receive a greater benefit if you use a preferred pharmacy. To locate a retail pharmacy within the EAN and to determine which pharmacies are preferred, see hr.osu.edu/benefits/prescription and select “Locate a Network Retail Pharmacy.”

For medications taken on an ongoing basis, you may obtain a 90-day prescription from Express Scripts Home Delivery or by using certain preferred pharmacies (Retail90). The cost for obtaining a 90-day prescription through Home Delivery or Retail90 is less than it would be to purchase three 30-day prescriptions.

For specialty medications only, the EAN includes the OSU Wexner Medical Center Outpatient Pharmacy and Accredo Specialty Pharmacy through Express Scripts. If you use a specialty pharmacy other than one in the EAN, your specialty medication will not be covered.

<table>
<thead>
<tr>
<th>SUMMARY CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRIME CARE ADVANTAGE</strong></td>
</tr>
<tr>
<td><strong>PRIME CARE CONNECT</strong></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum¹</td>
</tr>
<tr>
<td>Deductible²</td>
</tr>
<tr>
<td><strong>Preferred Pharmacy</strong></td>
</tr>
<tr>
<td><strong>Preferred Pharmacy</strong></td>
</tr>
<tr>
<td>Supply Limitations</td>
</tr>
<tr>
<td>Generic Drug</td>
</tr>
<tr>
<td>Formulary Brand Name Drug</td>
</tr>
<tr>
<td>Non-Formulary Brand Name Drug</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 deductible applies to brand name medications only.

³ Retail90 is Express Scripts’ program, also known as Smart90, which allows individuals to fill their prescriptions for up to a 90-day supply via select retail pharmacies.
DENTAL PLAN
Ohio State’s dental plan provides network and out-of-network coverage through Delta Dental. The national network is comprised of Delta Dental PPO and Delta Premier providers; however, you receive greater benefit coverage when you use a provider who participates in Delta Dental PPO. See plan details at hr.osu.edu/benefits/dental.

DENTAL PLAN SUMMARY CHART  Effective Jan. 1 – Dec. 31, 2018

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$0</td>
<td>$50 per person</td>
<td>$100 per person</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,500 per person</td>
<td>$1,200 per person</td>
<td>$1,200 per person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100% paid</td>
<td>100% paid</td>
<td>100% of allowed amount paid</td>
</tr>
<tr>
<td>Restorative Services – Major</td>
<td>55% paid</td>
<td>50% paid</td>
<td>50% of allowed amount paid</td>
</tr>
<tr>
<td>Restorative Services – Minor</td>
<td>80% paid</td>
<td>75% paid</td>
<td>70% of allowed amount paid</td>
</tr>
<tr>
<td>X-rays, All Others (diagnostic)</td>
<td>80% paid</td>
<td>75% paid</td>
<td>70% of allowed amount paid</td>
</tr>
<tr>
<td>Orthodontics (up to age 19)</td>
<td>100% paid;</td>
<td>50% paid, no annual deductible; $1,200 lifetime maximum</td>
<td>50% of allowed amount paid, no annual deductible; $1,200 lifetime maximum</td>
</tr>
</tbody>
</table>

VISION PLAN
Ohio State offers two plan options for vision coverage, both of which utilize the Vision Service Plan (VSP) Choice Network. The Basic Plan has lower employee payroll contributions, and the available benefit coverage is less for certain services. The Premier Plan has higher employee payroll contributions, a greater benefit and allows you to personalize your coverage by choosing from a set of benefit coverage enhancements available for your glasses or contact lenses. Only one enhancement is available per year. Each covered member may utilize the enhancement option that will help them maximize their benefit coverage. See plan details at hr.osu.edu/benefits/vision.

VISION PLAN BENEFIT SUMMARY  Effective Jan. 1 – Dec. 31, 2018

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Basic</th>
<th>Premier</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$25 per person, applies to materials only (lenses and frames)</td>
<td>100% paid</td>
<td>Maximum of $45 paid</td>
</tr>
<tr>
<td>Vision Examination</td>
<td>100% paid</td>
<td>100% paid</td>
<td>Maximum of $70 paid</td>
</tr>
<tr>
<td>Frames</td>
<td>Maximum of $155 paid</td>
<td>Maximum of $200 paid</td>
<td>Maximum of $105 paid</td>
</tr>
<tr>
<td>Lenses</td>
<td>100% paid*</td>
<td>100% paid*</td>
<td>Specific maximum paid</td>
</tr>
<tr>
<td>Or Contact Lenses** (includes disposables)</td>
<td>Up to $60 copay for your contact lens exam (fitting and evaluation); Maximum of $130 allowance paid toward contact lenses</td>
<td>Up to $60 copay for your contact lens exam (fitting and evaluation); Maximum of $150 allowance paid toward contact lenses</td>
<td>Maximum of $105 paid</td>
</tr>
<tr>
<td>Easy Options Enhancements</td>
<td>You and each member on your plan may choose an enhanced eyewear option in lieu of one base option above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Blended (seamless) lenses are available at Vision Service Plan’s (VSP) preferred member pricing; however, the plan does not pay for any additional charges above the cost of lined lenses.  ** Contact lenses are in lieu of lenses only.
YOUR PLAN FOR HEALTH

Your Plan for Health (YP4H), Ohio State’s employee wellness program, provides you with resources to help you thrive in the workplace and in your personal life. The YP4H program is powered by our vendor partner, Virgin Pulse, with an online portal and robust mobile app that provides:

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

Once you are eligible to register for YP4H you will receive an activation email, and you can also download the Virgin Pulse app from your app store.

INCENTIVES

During each program year (January through December), you will have access to motivational resources and a way to easily accumulate and track points for the healthy choices you make every day. As you start or continue your wellness journey, you can earn the following incentives for activities that can help improve your health and well-being.

- **Health Reimbursement Account (HRA) credits:** An HRA is an employer-funded account, and faculty and staff enrolled in an Ohio State medical plan can use HRA credits to pay for eligible health care expenses on a tax-free basis.
- **PulseCash:** Enrolled and benefits-eligible participants can earn PulseCash,¹ which can be redeemed for a gift card or in the Virgin Pulse online store, or you may donate it to designated charitable organizations.

In addition, **premium credit is available** to lower your employee medical contributions by completing the Personal Health and Well-being Assessment (PHA) and a verified biometric screening. Go to [yp4h.osu.edu](http://yp4h.osu.edu) for details.

<table>
<thead>
<tr>
<th>Achievements</th>
<th>INCENTIVES</th>
<th>Eligible for Ohio State benefits, but not enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> - 6,000 Points</td>
<td>$50 HRA credits</td>
<td>$10 PulseCash</td>
</tr>
<tr>
<td><strong>Level 2</strong> - 20,000 Points</td>
<td>$75 HRA credits and $10 PulseCash</td>
<td>$10 PulseCash</td>
</tr>
<tr>
<td><strong>Level 3</strong> - 45,000 Points</td>
<td>$125 HRA credits and $30 PulseCash</td>
<td>$30 PulseCash</td>
</tr>
<tr>
<td><strong>Level 4</strong> - 75,000 Points</td>
<td>$60 PulseCash</td>
<td>$50 PulseCash</td>
</tr>
</tbody>
</table>

¹PulseCash is subject to taxation at the time it is earned.
FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to pay for eligible health care and/or dependent care expenses by using pre-tax payroll deductions. When enrolling, you determine how much money you want to contribute to each account for the calendar year. The money is then withheld from your pay on a pre-tax basis, lowering your taxable income.

See hr.osu.edu/benefits/fsa for plan details.

- **Health Care FSA:**
  - Allows you to pay for eligible health care expenses for you or any of your eligible dependents using tax-free dollars. See go.osu.edu/fsa-hra-expenses for eligible health care expenses.
  - The minimum annual contribution is $100; the maximum annual contribution is $2,600.
  - You do not have to enroll in an Ohio State medical plan to participate in a Health Care FSA.
  - You can use the full amount of your annual election, even if you have not yet contributed the full amount through payroll.

- **Dependent Care FSA:**
  - Allows you to pay for eligible child and dependent care expenses, such as for day care or a private sitter, so you can work. Refer to go.osu.edu/dc-fsa for a list of eligible expenses.
  - You cannot use a Dependent Care FSA to pay for a dependent’s health care expenses.
  - Eligible expenses can be reimbursed only up to the current balance of payroll contributions in your account and cannot exceed your annual election amount.

### Important Dates

<table>
<thead>
<tr>
<th>Plan Year</th>
<th>January 1 – December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Window for Eligible Claims</td>
<td>Effective date of your current plan year enrollment through March 15 of the following year</td>
</tr>
<tr>
<td>Reimbursement Filing Deadline</td>
<td>March 31 of the year following the end of the plan year; unused funds remaining after this date will be forfeited, as required by the IRS</td>
</tr>
</tbody>
</table>

See go.osu.edu/hc-fsa to understand the differences between an FSA and an HRA.

Use myBenefitsMentor in eprofile.osu.edu to estimate how much you may wish to contribute to a Health Care FSA.
LIFE INSURANCE

Eligible Ohio State employees are automatically enrolled in university-paid group term life insurance (GTLI) coverage. This coverage provides 2.5 times your annual regular base pay to a maximum of $250,000 (subject to an age reduction formula beginning at age 55). Sign in to eprofile.osu.edu to designate beneficiary(-ies). Click on Benefits Summary then Group Term Life.

Two options are available for you to purchase additional life insurance coverage.

1) Dependent Group Term Life Insurance (DGTLI) provides coverage that you may purchase for an eligible spouse and dependent child(-ren) at low monthly fees. The available coverage options are:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Spouse</th>
<th>Dependent Child(-ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan 1</td>
<td>$5,000</td>
<td>$2,500</td>
</tr>
<tr>
<td>Plan 2</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Plan 3</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

2) Voluntary Group Term Life Insurance (VGTLI) provides additional coverage that you may purchase for yourself, an eligible spouse and/or dependent child(-ren).

- **Employee Coverage** – Available from 1 to 8 times your base pay to a maximum of $1,000,000
- **Spouse Coverage** – Available from $25,000 to $250,000 in $25,000 increments
- **Child(-ren) Coverage** – Available at either $5,000 or $10,000 per child

VGTLI provides certain levels of guaranteed employee and spouse coverage if you enroll within 31 calendars days of your eligibility date. Additional coverage above the guaranteed issue amounts requires evidence of insurability.

See hr.osu.edu/benefits/life-insurance for plan details.

DISABILITY INSURANCE

Disability insurance provides income replacement if you are unable to work for an extended period due to a covered, non-work related injury or illness.

- The university pays the full cost of Long-Term Disability (LTD) insurance for eligible faculty and staff. LTD provides 60% of your regular base pay, up to a $5,000 monthly maximum. LTD benefits are payable after a 90-calendar day elimination period. Faculty and staff with a qualifying appointment can also enroll in a Supplemental Individual Disability Insurance (IDI) plan for eligible income that is not covered by the LTD benefit. See hr.osu.edu/benefits/long-term-disability for plan details.

- Eligible faculty and staff may also elect to purchase Short-Term Disability (STD) coverage, which will shorten the elimination period by providing 60% of your regular base pay, up to a $5,000 monthly maximum, after 30 calendar days. Evidence of insurability is not required if you enroll in STD within 31 calendar days of your eligibility date. See hr.osu.edu/benefits/short-term-disability for plan details, including rates.
MANDATORY RETIREMENT

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 a state retirement system. Both you and the university contribute to your retirement.

The state provides retirement through the Ohio Public Employees Retirement System (OPERS) for staff and the State Teachers Retirement System (STRS) for faculty. In lieu of OPERS or STRS, Ohio State eligible faculty and staff have the option to elect the university’s Alternative Retirement Plan (ARP).

Upon hire at Ohio State, you are automatically enrolled in the appropriate state retirement system (OPERS or STRS). You may remain in the state plan or, if you are eligible, elect the ARP and choose one of the approved university providers.

The terms and conditions of each plan vary. It is important that you understand how each retirement plan works so you can choose the one that best fits your retirement savings goals. 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.

You can find the Retirement Program Election form and other information about your retirement choices at hr.osu.edu/benefits/retirement.

ADDITIONAL RETIREMENT BENEFITS

As a university employee, you have the opportunity to contribute to supplemental retirement accounts to enhance your retirement plan savings and reduce your taxable income while working. You may participate in either or both of the university’s supplemental retirement plans: the 403(b) plan and the 457(b) deferred compensation plan. The university does not contribute to these plans. To enroll, contact an approved SRA provider to open an Ohio State account. Then complete the SRA Salary Reduction Agreement or log into eprofile.osu.edu to complete your election. Learn more at hr.osu.edu/benefits/retirement/sra.

<table>
<thead>
<tr>
<th>Details</th>
<th>403(b)</th>
<th>457(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRS Contribution Limit</td>
<td>$18,000; additional catch-up contribution of $6,000 is available if age 50 or older</td>
<td>$18,000; additional catch-up contribution of $6,000 is available if age 50 or older</td>
</tr>
</tbody>
</table>

OPERS and STRS offer a choice of three plans to new members. Watch for information from OPERS or STRS to learn more about their plan offerings.

Learn more about Ohio State’s financial benefits at hr.osu.edu/benefits.
**ALTERNATIVE RETIREMENT PLAN**

Full-time faculty and staff (75% or greater FTE) may elect the Alternative Retirement Plan (ARP) in lieu of one of the state plans. If you are eligible and wish to enroll in the ARP, follow the three steps below:

**Research available ARP providers**

**Things to consider:**
- Fees
- Surrender charges
- Investment offerings

**Contact provider to open ARP (401(a)) account**

**Action Items:**
- Choose investments
- Name beneficiaries

**Complete and submit Retirement Program Election form**

This form must be submitted to HR within 120 days of ARP eligibility date.

A portion of the employer contribution for participants in the ARP and OPERS and STRS defined contribution plans goes to the state retirement system. This is mandated by Ohio law to mitigate any negative financial impact of those plans on the state retirement system. This portion is known as the mitigating rate, and the amount is subject to change. Learn more at [go.osu.edu/mitigating-rate](http://go.osu.edu/mitigating-rate).

**STAFF EMPLOYEES**

If you participate in the ARP, the following contribution rates will apply:

- Employee contributions, 10%
- Employer contributions, 14%
  - 11.56% goes to your account
  - 2.44% goes to OPERS for the mitigating rate

**FACULTY EMPLOYEES**

If you participate in the ARP, the following contribution rates will apply:

- Employee contributions: 14%
- Employer contributions: 14%
  - 9.53% goes to your account
  - 4.47% goes to STRS for the mitigating rate

Charts comparing the ARP with OPERS and STRS appear on the following pages.

If you are eligible for the ARP, you have **120 days**, beginning on the effective date of your eligible appointment, to elect the ARP in lieu of the state retirement system. After submitting your ARP election or reaching the 120-day deadline, whichever occurs first, your retirement program participation cannot be changed.

If you decide to elect the ARP, the Office of Human Resources must receive your completed Retirement Program Election form by close of business on the **120th day**. If no election is made, you will automatically remain enrolled in OPERS or STRS.

**IMPORTANT LINKS**

- Overview of ARP, [hr.osu.edu/benefits/retirement/arp](http://hr.osu.edu/benefits/retirement/arp)
- Retirement Program Election form, [go.osu.edu/arp-election](http://go.osu.edu/arp-election)
STAFF RETIREMENT CHOICES

OPERS provides retirement plans for Ohio’s public employees. Staff employees default to the OPERS Traditional Pension plan. If you remain in OPERS, you have **180 days from your eligibility date** to choose among their three plan options: Traditional Pension, Member-Directed, and Combined Plans. Watch for information from OPERS and visit their website at [opers.org](http://opers.org). Below is an overview of the features of the retirement options for staff. For more detail, see [hr.osu.edu/benefits/retirement](http://hr.osu.edu/benefits/retirement).

<table>
<thead>
<tr>
<th>Feature</th>
<th>ARP</th>
<th>OPERS (opers.org for more detail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Full-time staff (75-100% FTE)</td>
<td>Staff</td>
</tr>
<tr>
<td>What are my plan options?</td>
<td>One plan: Defined contribution</td>
<td>Choose from one of three plans: Traditional Pension (defined benefit), Member-Directed (defined contribution), Combined</td>
</tr>
<tr>
<td>How much do I contribute?</td>
<td>10% of your eligible pay</td>
<td>10% of your eligible pay</td>
</tr>
</tbody>
</table>
| How much does the university contribute?     | 14% total (11.56% goes to your account; 2.44% goes to OPERS for the mitigating rate) | Traditional Pension: 14% \(^1\)  
Member-Directed: 14% total (7.5% goes to your investment account, 4% goes to your Retiree Medical Account, 2% goes to OPERS for the mitigating rate, .5% goes to OPERS for administration)  
Combined: 14% total (12% goes to your individual account, 2% goes to OPERS for the mitigating rate) |
| My contributions are immediately vested for all plan options. | University contributions are vested after 365 days of Ohio State service | Traditional Pension and Combined: University contributions vest at 5 years with refund value of 33%; 67% at 10 years. Survivor benefits are vested at 18 months of service. Disability benefits vest at 5 years of service.  
Member-Directed: University contributions vest incrementally over 5 years; fully vested at 5 years. Retiree Medical Account has varied vesting based on when OPERS contributions started. |
| What other vesting timelines apply?         | Payment based on your account balance and the payment option you choose at retirement. | Traditional Pension: A retirement pension based on the plan formula; access to health care coverage if eligibility is met.  
Member-Directed: Payment based on your account balance and payment option you choose at retirement; access to your Retiree Medical Account.  
Combined: From the traditional pension portion of your account, a retirement pension based on the plan formula; access to health care coverage if eligibility is met.  
From the member-directed portion of your account, a payment based on your account balance and payment option chosen at retirement. |
| How is my benefit calculated?               | Contributions and investment gains/losses      | Traditional Pension: Calculation based on age, years of service credit, final average salary, and payment plan chosen at retirement  
Member-Directed: Contributions, expenses, investment gains/losses and payment plan chosen at retirement  
Combined: Calculation based on age, years of service credit, final average salary, and payment plan chosen at retirement plus contributions, expenses, and investment gains/losses |
| What happens to my money if I leave Ohio State before retiring? | You can leave the balance in your account, roll the vested portion into another qualified plan, or receive a portion of it as a lump sum. | Traditional Pension: You can leave your account on deposit, roll the vested portion into another qualified plan or receive a lump sum refund of vested portion (see vesting schedule above).  
Member-Directed and Combined: You can leave your account on deposit, roll the vested portion into another qualified plan, or receive a lump sum refund of vested portion (see vesting schedule above). |

\(^1\) Subject to increase or decrease based on applicable law and retirement system mandates.
## FACULTY RETIREMENT CHOICES

STRS provides retirement plans for Ohio's public educators. Faculty default to the STRS Defined Benefit plan. If you remain in STRS, you have 180 days from your eligibility date to choose among their three plan options: Defined Benefit, Defined Contribution and Combined Plans. Watch for information from STRS and visit their website at strsoh.org. Below is an overview of the features of the retirement options for faculty. For more detail, see hr.osu.edu/benefits/retirement.

<table>
<thead>
<tr>
<th>Feature</th>
<th>ARP</th>
<th>STRS (strsoh.org for more detail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>Full-time faculty (75-100% FTE)</td>
<td>Faculty</td>
</tr>
<tr>
<td>What are my plan options?</td>
<td>One plan: Defined Contribution</td>
<td>Choose from one of three plans: Defined Benefit, Defined Contribution, Combined</td>
</tr>
<tr>
<td>How much do I contribute?</td>
<td>14% of your eligible pay</td>
<td>14% of your eligible pay</td>
</tr>
<tr>
<td>How much does the university contribute?</td>
<td>14% total (9.53% goes to your account; 4.47% goes to STRS for the mitigating rate)</td>
<td>Defined Benefit: 14%1</td>
</tr>
<tr>
<td>My contributions are immediately vested for all plan options.</td>
<td>University contributions are vested after 365 days of Ohio State service</td>
<td>Defined Benefit and Combined: You are vested for pension and survivor benefits after 5 years and for disability after 10 years</td>
</tr>
<tr>
<td>What other vesting timelines apply?</td>
<td>Payment based on your account balance and the payment option you choose at retirement.</td>
<td>Defined Contribution: Incremental vesting over 5 years. Fully vested after 5 years.</td>
</tr>
<tr>
<td>What do I get when I retire?</td>
<td>Payment based on your account balance and the payment option you choose at retirement.</td>
<td>Defined Benefit: A retirement pension based on the plan formula; health care, disability and survivor benefits if eligible.</td>
</tr>
<tr>
<td>How is my benefit calculated?</td>
<td>Contributions and investment gains/losses</td>
<td>Defined Contribution: Payment based on your account balance and the payment option you choose at retirement.</td>
</tr>
<tr>
<td></td>
<td>Defined Benefit: You can leave the balance in your account, roll it into another qualified plan or receive lump-sum refund of the vested contributions. You may not receive all Ohio State contributions.</td>
<td>Combined: A reduced retirement pension based on the plan formula; payment based on your account balance; health care, disability and survivor benefits if eligible.</td>
</tr>
<tr>
<td></td>
<td>Defined Contribution: Contributions and investment gains/losses.</td>
<td>Combined: Calculation based on age, years of service credit, and your final average salary; contributions and investment gains/losses</td>
</tr>
<tr>
<td>What happens to my money if I leave Ohio State before retiring?</td>
<td>You can leave the balance in your account, roll the vested portion into another qualified plan, or receive a portion of it as a lump sum.</td>
<td>Defined Benefit, Defined Contribution and Combined: You can leave the balance in your account, roll it into another qualified plan, or receive a portion of it as a lump sum.</td>
</tr>
</tbody>
</table>

1 Subject to increase or decrease based on applicable law and retirement system mandates.
ADDITIONAL BENEFITS
Ohio State also provides many additional benefits. Use the benefits eligibility tool at hr.osu.edu/benefits/eligibility to see what is available to you.

ADOPTION ASSISTANCE
The Adoption Assistance Program reimburses eligible employees up to $5,000 per child for eligible adoption-related expenses when the adoption of a minor child is finalized. There is a maximum benefit of two adoptions per eligible employee. See go.osu.edu/adoption-benefit.

LEAVE
University faculty and staff may be eligible for paid holidays, vacation, sick leave, jury duty and court appearances. There is also paid time off for parental leave and organ donation leave for eligible employees. Additional leave programs include: family and medical leave, military leave, disaster leave and vacation donation. See hr.osu.edu/benefits/leave.

CHILD CARE PROGRAM
Ohio State is proud to offer a nationally accredited, on-site child care center to students and university employees. See go.osu.edu/child-care.

POST-RETIREMENT BENEFITS
Post-retirement benefits include access to life insurance, dependent tuition assistance and membership in The Ohio State University Retirees Association. These benefits are available to faculty and staff who a) meet the age and service requirements needed to retire under OPERS or STRS, b) have held a 50% FTE or greater regular appointment for 10 continuous years prior to retirement and c) are in a 50% FTE or greater regular appointment at the time of retirement. See go.osu.edu/retire-prep.

TUITION ASSISTANCE
Tuition assistance is available to eligible faculty and staff to help pay tuition for employees and dependents. The Faculty and Staff Tuition Assistance Program pays the instructional, general and non-Ohio resident fees for eligible employees who take courses at Ohio State, subject to plan limits. The Dependent Tuition Assistance Program pays 50% of the instructional and general fees for an eligible dependent who takes courses at Ohio State, subject to plan limits. Tuition assistance benefits may be subject to taxation. Eligibility, limits, deadlines and other program terms are available at go.osu.edu/fac-staff-tuition and go.osu.edu/dependent-tuition.

SURVIVOR BENEFIT COVERAGE
If a covered employee dies, enrolled surviving dependent(s) may elect to continue existing medical, dental and/or vision coverage under COBRA for up to 36 months. The university pays for this coverage for the first two months following the date of the covered employee’s death. See go.osu.edu/survivor-coverage.

FINANCIAL AND OTHER SUPPORT SERVICES
The university has relationships with financial and housing institutions to provide certain services for Ohio State employees, including down payment assistance for homeownership, interest-bearing checking accounts and other financial services. See go.osu.edu/employee-discounts.

EMPLOYEE DISCOUNTS
Staff and faculty are eligible for discounts on products and services offered at many local and national retailers and businesses. From new automobile purchases to mobile phone services, being a Buckeye can help you save money. See go.osu.edu/employee-discounts.

OTHER OPPORTUNITIES AT OHIO STATE
- Appreciation and Recognition: Ohio State recognizes retirement and service milestones, diversity enhancement, and distinguished service by faculty and staff. The university also sponsors an annual staff appreciation week. See hr.osu.edu/appreciation-recognition-awards.
- Professional Development: Professional development opportunities include free online courses in BuckeyeLearn, career development grants, manager development grants, stretch assignments and engagement with leaders and peers. See gatewaytolearning.osu.edu.
- Tobacco-Free University: To support a healthy environment for all members of Buckeye Nation, Ohio State is tobacco-free. See tobacofree.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 2018 plan year (January 1 – December 31, 2018) is highlighted on page 7 of this booklet. For program details, visit hr.osu.edu/benefits/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@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).
**LEGAL NOTICES (CONTINUED)**

**NOTICE OF PRIVACY PRACTICES**
**EFFECTIVE DATE: 04/14/03**
**REVISED DATE: 05/04/17**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

**WHO IS COVERED BY THIS NOTICE**

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

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We are required by law to maintain the privacy of our members’ PHI and to provide members with notice of our legal duties and privacy practices with respect to their PHI. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by us.

Copies of revised notices will be mailed to all members then covered by the Health Plan and copies may be obtained by mailing a request to the Privacy Officer at The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202.

**USES AND DISCLOSURES OF YOUR PHI**

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

**Highly Confidential Information.** Federal and state law require special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including any portion of your PHI that is: (1) kept in psychotherapy notes; (2) about mental health and developmental disabilities services; (3) about alcohol and drug abuse prevention, Treatment and referral; (4) about HIV/AIDS testing, diagnosis or Treatment; (5) about sexually transmitted disease(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about sexual assault; or (9) Invitro Fertilization (IVF).

For any of the foregoing, we must obtain your written authorization for any use or disclosure, except to carry out certain treatment, payment, or health care operations. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

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

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

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

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your PHI to designated family, friends and others who are either involved in your care or in the payment for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited PHI with such individuals without your approval.
Business Associates. Certain aspects and components of administration of the Health Plan are performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial service, claims payment, data compilation, legal services, etc. At times it may be necessary for us to provide certain portions of your PHI to one or more of these outside persons or organizations that assist us with our administration of the Health Plan. In all cases, we require these business associates to appropriately safeguard the privacy and security of your information.

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

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

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

- We may disclose your PHI for any purpose required by law;
- We may disclose your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may disclose your PHI as required by law if we suspect child abuse or neglect; we may also disclose your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may disclose your PHI to a person subject to the jurisdiction of the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may disclose your PHI to other members of the organized health care arrangement described above, as necessary to carry out treatment, payment, and health care operations permitted by law;
- We may disclose your PHI to the Ohio State University, the plan sponsor of the Health Plan; provided, however, that the plan sponsor has certified that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other non-health employee benefit determinations or in any other manner not permitted by law;
- We may disclose your PHI if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such release);
- We may disclose your PHI to law enforcement officials for law enforcement purposes, including reporting wounds and injuries and crimes;
- We may disclose your PHI to medical examiners, coroners and/or funeral directors consistent with law;
- We may disclose your PHI if necessary to arrange an organ, eye or tissue donation from you or a transplant for you;
- We may disclose your PHI under certain circumstances and consistent with applicable law and standards of ethical conduct, if we believe it necessary to avert or lessen a serious threat to the health or safety of a person or the public;
- We may disclose your PHI if you are a member of the military as required by armed forces services; we may also disclose your PHI if necessary for national security or intelligence activities;
- We may disclose your PHI to a correctional institution or to law enforcement officials under certain circumstances, if you are an inmate of a correctional institution or under the custody of a law enforcement official; and
- We may disclose your PHI as necessary to comply with worker’s compensation laws or similar programs established by law to provide benefits for work-related injuries or illness without regard to fault.

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

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Amendments to Your PHI. You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary. The Health Plan may deny your request if you ask the Health Plan to amend information that: is not part of the protected health information kept by or for the Health Plan; was not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy; or is accurate and complete. If the Health Plan denies the request, you may file a written statement of disagreement with the Health Plan. You may obtain an amendment request form online at [osuhealthplan.com/forms-and-downloads](http://osuhealthplan.com/forms-and-downloads) 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 to not have messages left on voice mail or sent to a particular address. We will accommodate all reasonable requests for confidential communications. Confidential Communications request forms are available online at [osuhealthplan.com/forms-and-downloads](http://osuhealthplan.com/forms-and-downloads) or by calling Customer Service at (614) 292-4700. You may request these confidential communications in writing by sending your request form to the Privacy Officer, The Ohio State University Health Plan, Inc., 700 Ackerman Road, Suite 440, Columbus, OH 43202.

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

RIGHT TO NOTICE OF BREACHES OF UNSECURED PROTECTED HEALTH INFORMATION. The Health Plan is required to provide you with notice of breaches of your unsecured protected health information.¹

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

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

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

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

¹ 45 CFR 164.520(e)(1)(v)(A) (1.25.2013)
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 Health Insurance Marketplace. This coverage option is in addition to any university sponsored 2018 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/benefits/medical, 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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<tbody>
<tr>
<td>The Ohio State University</td>
<td>31-6025986</td>
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<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>
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<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
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<tr>
<td>Columbus</td>
<td>OH</td>
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<th>9. ZIP code</th>
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<td>43201</td>
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<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>
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<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
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<tbody>
<tr>
<td></td>
<td><a href="mailto:hr@osu.edu">hr@osu.edu</a></td>
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</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/benefits/medical](http://hr.osu.edu/benefits/medical).

**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/benefits/medical](http://hr.osu.edu/benefits/medical).
- [ ] 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](http://HealthCare.gov) will guide you through the process.

**WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits provided under your medical plan.

If you would like more information on WHCRA benefits, contact OSUHP by email at [OSUHealthPlanCS@osumc.edu](mailto:OSUHealthPlanCS@osumc.edu) or by phone at 614-292-4700 or 800-678-6269.
Overview of Your Benefits

WELCOME NEW OHIO STATE EMPLOYEES!

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

LEARN ABOUT YOUR RETIREMENT CHOICES
OPERS
STRS
ARP

2018 PLAN YEAR (issued January 2018)
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.

CONTACT: Office of Human Resources Customer Service Center, HR@osu.edu, 614-292-1050