

# Benefits Open Enrollment COTC

November 1 – November 15, 2020

Changes effective January 1, 2021

Open Enrollment is the annual opportunity for you to evaluate your benefit options and make your elections. We encourage you to thoroughly review your benefit offerings and make an informed decision that meets your needs.

# What's Changing in 2021

## Employee Contributions

For 2021, the university has decided to cover the cost of health care rate increases to help employees manage uncertainties due to COVID-19. As a result, employee contribution rates for medical, dental, and vision benefits will remain the same as they were in 2020.

## Compensation Tiers

Since implemented in 2016, the compensation tiers used to determine full-time employee contribution rates for medical coverage have not changed. However, for 2021, the lower three tiers have been expanded to allow a greater number of individuals to be covered by those tiers.

Compensation tiers for 2021 are as follows:

- Less than \$40,000
- \$40,000 to \$79,999
- \$80,000 to \$109,999
- \$110,000 to \$199,999
- \$200,000 to \$399,999
- \$400,000 or higher

## Medical Plan

The following changes to the medical and prescription drug plan will be implemented January 1, 2021:

- Hearing aid coverage is increasing from a benefit level of \$1,200 every four plan years to \$1,400 per hearing impaired ear (\$2,800 for both ears) every three plan years.
- Exercise is Medicine, a physical activity program offered through Wexner Medical Center, will be available to faculty, staff and dependents enrolled in the medical plan. Any dependent under the age of 18 will require an adult sign-off to participate. The program provides physical activity resources, one-one-one sessions with a health coach, and 16 group exercise sessions over eight weeks. Patients need to be referred to the program by their primary care providers.

## Prescription Drug Card

- Express Scripts (ESI) will no longer send member ID cards starting in 2021, but access to an electronic ID card is available on the ESI website and mobile app. Visit [express-scripts.com](https://www.express-scripts.com) or download the Express Scripts mobile app on the Apple App Store or Google Play to access your ID card, check the status of your prescriptions, order refills, and find your nearest preferred pharmacy.

### **Effective Date for Benefit Coverage Termination**

- Beginning in 2021, if you experience an event that ends your eligibility for any benefit, the coverage for that benefit will end on the date of the event. For example, an employee whose last day of employment is on March 15 will have benefit coverage terminate at the end of the day on March 15.

# Dependent Eligibility

You are encouraged to review dependent eligibility requirements below for each of the dependents on your medical, dental, and/or vision plan, as well as any dependents you intend to add during Open Enrollment. If any currently covered dependents will no longer meet eligibility requirements as of January 1, 2021, you must remove them during Open Enrollment.

Ohio State requires employees to verify eligibility for any dependent on the medical, dental, and vision plan that has not yet been verified. We have contracted with Alight Dependent Verification Center to conduct our dependent eligibility and a Dependent Eligibility Verification Packet will be mailed to your home address from them for any new dependent on at least one of these plans whose eligibility must still be verified. When your packet arrives in the mail, follow the steps to submit the required documentation by the deadline stated in the packet. **Failure to provide proof of eligibility for each applicable dependent will result in termination of their coverage.**

Also, to ensure the accuracy of Affordable Care Act (ACA) reporting to the IRS, please verify that the name, date of birth, and social security number on file for each covered dependent identically matches IRS records. If you need to correct any dependent information, please contact HR Connection (614) 247-myHR (6947) or (800) 678-6010.

## 2021 Dependent Eligibility Requirements

The benefits available to you and your family reflect Ohio State's commitment to offering high-quality, affordable options for your family's health, financial, and educational needs. Use the detailed information below to determine if your spouse and/or children will be eligible for Ohio State's medical, dental, and vision benefits in 2021.

### Spouse:

An individual whose marriage to a covered employee is recognized by the Internal Revenue Service for federal income tax purposes.

### Dependent Child:

A dependent child of a covered employee who meets all of the following eligibility criteria:

- Has not reached the age limit of 26 (e.g., 26<sup>th</sup> birthday); and
- Fits into one of the following categories:
  - Employee's biological child; or
  - Employee's adopted child or child placed with the employee for adoption; or
  - Employee's step-child; or
  - Child for whom the employee has legal guardianship, or legal custody, and such child is the employee's tax dependent

### **Dependent Child Coverage Due to Disability:**

A dependent child may be eligible for continued coverage as a dependent child after attaining age 26 if these four criteria are met:

- The child is and continues to be incapable of self-sustaining employment by reason of physical handicap or intellectual disability.
- The child is and continues to be primarily dependent upon the employee for support and maintenance.
- The child was:
  - Covered by a university medical plan when he or she reached the limiting age and the employee makes application for continuation of coverage to the university within 30 days after the child's loss of coverage due to reaching the limiting age, or
  - Covered as a dependent under the medical plan of his or her parent's employer immediately prior to a loss of coverage under such plan (documentation of prior coverage required) and the employee makes application for continuation of coverage to the university within 30 days after such loss of coverage occurs. In each case, the employee must provide satisfactory proof of the child's incapacity and dependence upon the employee.
- The employee provides proof of the continuance of such incapacity and dependence upon request by the university.

### **Ineligible Dependents**

- Dependents who do not meet the eligibility requirements outlined in this section.
- Dependents who are not successfully verified through the dependent eligibility verification process when requested.

### **Annual Response Required for Coordination of Benefits**

If you cover a spouse or dependent child on your medical plan, you will receive an annual request for information about any other medical coverage they may have. Your response is required, even if your dependent does not have other coverage. In instances where an individual is covered by more than one plan, you will be asked for additional information in order to determine which plan is primary to ensure accurate claim payments. Trustmark Health Benefits will send this Request for Additional Coverage information before the end of January. Failure to provide the information by the requested due date will result in delays in claim payments.

# Medical and Prescription Drug Benefits

The Ohio State University Faculty and Staff Health Plan provides comprehensive coverage for employees and their eligible dependents.

All plan options provide coverage for the same types of medical services; however, the employee's out-of-pocket costs for each service vary based on the plan you choose to enroll in. You have the flexibility to decide which plan option is best for you and your family.

Medical plan ID cards will be sent by the end of 2020 if you make changes during the Open Enrollment period.

## 2021 Medical Plan Updates

The following changes to the medical and prescription drug plan will be implemented January 1, 2021:

- Hearing aid coverage is increasing from a benefit level of \$1,200 every four plan years to \$1,400 per hearing-impaired ear (\$2,800 for both ears) every three plan years.

## Exercise is Medicine

Exercise is Medicine, a physical activity program offered through Wexner Medical Center, will be available to faculty, staff, and dependents enrolled in the medical plan. Any dependent under the age of 18 will require an adult sign-off to participate. The program provides physical activity resources, one-on-one sessions with a health coach, and 16 group exercise sessions over eight weeks. To participate, you will need a physician referral into the program based on readiness to change and health indication(s), including:

- Lack of adequate physical exercise
- Need for exercise counseling
- Obesity
- Physical deconditioning
- Sedentary lifestyle
- Muscular deconditioning

Exercise is medicine will cost you \$200 when you enroll. However, the medical plan will reimburse you 50% of that cost after you attend the three one-on-one sessions and at least 12 group sessions. You can also receive incentive points for participation through Your Plan for Health (YP4H).

Locations around Central Ohio that provide the Exercise is Medicine program are:

- Health and Fitness Center, 150 W Main St Suite A, New Albany
- Outpatient Care Upper Arlington, 1800 Zollinger Road, Columbus
- Eldon and Elsie Ward Family YMCA, 130 Woodland Avenue, Columbus
- Worthington Community Center, 345 E Wilson Bridge Road, Worthington
- Milo Grogan Community Center, 862 E 2<sup>nd</sup> Ave, Columbus
  - Coming Soon: The Ohio State University Adventure Recreation Center (ARC), 855 Woody Hayes Dr, Columbus

## Medical Plan Options

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

- **Prime Care Advantage** provides coverage for most medical services only when you receive medical care from the plan's statewide network of providers. Providers in both the Premier and Standard networks are available.
- **Prime Care Choice** provides in-network and out-of-network coverage for medical services. Providers in both the Premier and Standard networks are available.
- **Out-of-Area Plan** is available to employees and their dependents who:
  - Live in areas without adequate network access or
  - Are enrolled in a Prime Care plan but will be outside Ohio for at least 30 consecutive days. You must meet certain criteria to enroll temporarily in this plan, as detailed on the Out-of-Area Plan Election Form.

Use the zip code eligibility tool located at <https://apps.hr.osu.edu/MedicalPlanEligibility/> to see if this plan is available to you.

## Trustmark Mobile App

With the Trustmark mobile app, you can manage your medical coverage from your phone.

Features include:

- Viewing account balances, such as deductibles and out-of-pocket costs
- Reviewing medical claims
- Accessing an electronic version of your medical ID card
- Searching for a participating network provider

Download the app for free from Apple's App Store or Google Play.

## Summaries of Benefits and Coverage (SBCs) and Glossary

Under the Affordable Care Act, group health plans and insurance companies must provide participants with a Summary of Benefits and Coverage (SBC) for each plan option and a glossary of terms commonly used in health insurance coverage. All group health plans and insurance companies use the same standard format for their SBCs and glossary. Our SBCs and glossary are available free of charge by contacting HR Connection at 614-247myHR (6947) or (800) 678-6010.

## Prescription Drug Coverage

The Ohio State University Faculty and Staff Health Plan includes prescription drug benefits administered by Express Scripts. There is no need to enroll in a separate prescription drug plan.

- Prescription medications are available via home delivery, mail-order service, and nationwide retail pharmacy locations. You choose the option that is most convenient for you and your family.
- You may obtain a 90-day prescription for maintenance medications through Express Scripts Home Delivery or at an eligible retail preferred pharmacy through Retail90.
- The Express Advantage Network allows members to take advantage of higher savings at a preferred retail network pharmacy. You may use retail pharmacies that are not preferred pharmacies in the Express Advantage Network, but your out-of-pocket costs will be higher. Examples of pharmacies in the preferred retail network include, but are not limited to:
  - Costco\*
  - Discount Drug Mart\*
  - Giant Eagle
  - Kmart
  - Kroger\*
  - Marc's
  - Meijer\*
  - OSU Outpatient Pharmacy\*
  - Rite Aid
  - Wal-Mart\*

*\*Retail90 available*

## 2021 Prescription Plan Updates

- Express Scripts (ESI) will no longer send member ID cards starting in 2021. Access to an electronic ID card is available on the ESI website and mobile app.
- To register for an online account, visit [express-scripts.com](https://express-scripts.com). When you download the Express Scripts mobile app on Apple's App Store or Google Play, you can use the same username and password as your online account. The mobile app allows you to access our ID card, check the status of your prescriptions, order refills and find your nearest preferred pharmacy.
- Members have the option to print a card from the website if they prefer.

## Value-Based Drug Plan (VBD)

The Ohio State University Faculty and Staff Health Plan members who 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 VBD 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%. Only eligible members who choose to actively participate in the Care Coordination Program are eligible for the VBD. Eligible VBD medications obtained at a non-preferred pharmacy will not receive the VBD discount and will be subject to the applicable benefit copay/coinsurance.

### **Specialty Medication Plan**

Specialty medications are usually high-cost pharmaceutical products that are generally, but not exclusively, biotechnological in nature. The Ohio State Wexner Medical Center Outpatient Pharmacy and Accredo Specialty Pharmacy through Express Scripts are the only pharmacies in the exclusive specialty network. If you do not have your specialty medication filled at one of these two pharmacies, it will not be covered.

For greater details about the Prescription Drug Program, refer to the 2021 The Ohio State University Faculty and Staff Health Plan Specific Plan Details (SPD) Document located at <https://hr.osu.edu/benefits/medical/>. If the information in this summary differs from the Specific Plan Details document, the Specific Plan Details document will govern.

### **Savings on Pet Prescriptions with Inside Rx Pets**

Ohio State, through our partnership with Express Scripts, provides savings opportunities for Ohio State employees when purchasing certain prescriptions for pets. Inside Rx Pets is a program offering certain human medications that are also prescribed for veterinary use and is available through a network of participating pharmacies. On average, it provides a savings of 75% on generic medications and 15% on brand medications for pet owners purchasing these medications for their pets.

# Dental and Vision Plans

## Dental

The Ohio State University Faculty and Staff Dental Plan provides both in-network and out-of-network benefit coverage for dental services. Delta Dental provides network coverage through two networks: Delta Dental PPO and Delta Dental Premier. Your out-of-pocket costs are less when you use a provider who participates in the Delta Dental PPO network. For more information on the dental plan, read The Ohio State University Faculty and Staff Dental Plan Specific Plan Details (SPD) Document located at <https://hr.osu.edu/benefits/dental/>.

## Vision

The Ohio State Faculty and Staff Vision Plan provides you and your covered dependents with benefit coverage for vision care services, such as eye exams, eyeglasses, and contact lenses. You can choose between Basic and Premier Plan options, both of which use the Vision Service Plan (VSP) Choice Network, but offer different levels of benefit coverage. For more information on the differences between these two plan options, read the Vision Plan Specific Plan Details (SPD) located at <https://hr.osu.edu/benefits/vision/>.

Did you know your eyes can also reveal a lot about your overall wellness? An annual eye exam can help detect early signs of serious health conditions such as diabetes and hypertension, which make regular eye exams even more important because what may sometimes seem like a vision-related problem might actually be an indication of a broader health issue. Beginning in 2021, certain VSP providers will offer Ohio State vision plan members an opportunity to use their routine eye exam to detect such medical issues. If, during the exam, a member is identified as being at high risk, the VSP provider will offer educational resources as well as refer members to their primary care provider for further evaluation.

# 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 Virgin Pulse and includes:

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

## Rewards You Can Earn in 2021

Your rewards include up to \$75 in quarterly Health Reimbursement Account (HRA) credits and up to \$25 in PulseCash each quarter.

**HRA Credits** – The maximum annual amount of HRA credits that each employee and their enrolled spouse can earn through the YP4H Incentive Program is \$300. If you do not use all of your HRA credits during the year you earn them, the funds will roll over so you can pay for future health care costs that you incur while you remain enrolled in the medical plan. Rollover funds are available after the grace period for the previous calendar year's reimbursement requests, usually after April 15. You must be enrolled in The Ohio State University Faculty and Staff Health Plan on the rollover date in order for your prior funds to roll over.

**PulseCash** – Participants can earn up to \$100 in PulseCash. PulseCash is available for you to redeem in the Virgin Pulse online store to purchase gift cards or health and wellness items, such as fitness tracking devices, or to donate to a variety of charitable organizations. PulseCash is subject to taxation at the time it is earned.

**Please Note:** The rewards you earn are dependent upon your medical plan enrollment status reflected in the YP4H portal at the time you reach each incentive level. Points reset quarterly.

## Premium Credit

YP4H works to help cultivate a healthy work environment and provide an opportunity for you to receive important information about your health status. That effort includes a premium credit incentive to enrolled individuals who complete a Personal Health & Well-Being Assessment (PHA). In 2021, the amount of available premium credit will be \$25/month for enrolled faculty and staff, or \$40/month when their enrolled spouse also completes this requirement. To receive the full credit amount for 2021, complete your PHA by December 31, 2020. (Due to limitations

associated with COVID-19, a verified biometric screening is not currently required to be eligible for the premium credit).

# Life Insurance

## **Life Insurance**

A variety of life insurance options are available to eligible Ohio State employees.

Once enrolled, your life insurance coverage is underwritten by Minnesota Life Insurance Company, a Securian Financial Group affiliate. Securian Financial is the parent company to Minnesota Life and both represent the same company that provides coverage for Ohio State's life insurance options.

## **Voluntary Group Term Life Insurance (VGTLI)**

### **Spouse**

There is no opportunity during this Open Enrollment to purchase additional VGTLI coverage for your spouse without Evidence of Insurability (EOI). If you wish to elect or increase this coverage you can review the VGTLI coverage options for your spouse, but will need to complete EOI for any coverage increase.

### **Child**

During Open Enrollment, you have an opportunity to enroll in or increase VGTLI coverage for eligible dependent children up to age 26, with no EOI required. The only other time you may enroll in or increase this coverage is with a qualifying status change. The maximum amount of coverage available for each eligible child is \$20,000.

# Required Notices

You have the right to request a paper copy of any of these notices, at any time and free of charge, by contacting HR Connection at [hrconnection@osu.edu](mailto:hrconnection@osu.edu) or 614-247-myHR (6947).

## 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/oe](http://hr.osu.edu/oe) or paper copies are available free of charge by contacting HR Connection at [hrconnection@osu.edu](mailto:hrconnection@osu.edu), 614-247-myHR (6947) or 800-678-6010.

## HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact HR Connection at [hrconnection@osu.edu](mailto:hrconnection@osu.edu) or 614-247-myHR (6947).

## Notice of Nondiscrimination and Language Assistance

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 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 North High St., Suite 300  
Columbus, OH 43201-2190  
Phone: (614) 292-2800  
Fax: (614) 292-6199  
Email: [aa-eeo@osu.edu](mailto:aa-eeo@osu.edu)

For information on Title IX, including reporting and resources for sex- and gender-based discrimination and harassment, please visit [titleix.osu.edu](http://titleix.osu.edu)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the affirmative action and EEO coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://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, HMI Building  
Washington, D.C. 20201  
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

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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，访问代碼 # 80014189

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-264-1552, Zugangscode # 80014189.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-264-1552 رمز الدخول 98141008

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-264-1552, Toegangscod # 80014189.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-264-1552, Код доступа # 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.

**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.

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-264-1552, Access Code# 80014189.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 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。

**AANDACHT:** Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-264-1552, Toegangscodice # 80014189.

**УВАГА!** 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.



## **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) In Vitro Fertilization (IVF). For any of the foregoing, we must obtain your written authorization for any use or disclosure, except to carry out certain treatment, payment, or health

care operations. Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written authorization.

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

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

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

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

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

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

**Research.** In limited circumstances, we may use and disclose your PHI for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality

requirements applied by an Institutional Review Board or privacy board which oversees the research, or by representations of the researchers that limit their use and disclosure of member information.

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

- We may disclose your PHI for any purpose required by law;
- We may disclose your PHI for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may disclose your PHI as required by law if we suspect child abuse or neglect; we may also disclose your PHI as required by law if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may disclose your PHI to a person subject to the jurisdiction of the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may disclose your PHI to other members of the organized health care arrangement described above, as necessary to carry out treatment, payment, and health care operations permitted by law;
- We may disclose your PHI to the Ohio State University, the plan sponsor of the Health Plan; provided, however, that the plan sponsor has certified that the information provided will be maintained in a confidential manner and not used for employment related decisions or for other non-health employee benefit determinations or in any other manner not permitted by law;
- We may disclose your PHI if required to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such release);
- 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 <https://ohp-webapp-vd01.osumc.edu/forms-and-downloads>** or by calling Customer Service at (614) 292-4700.

**Amendments to Your PHI.** You have the right to request in writing that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary. The Health Plan may deny your request if you ask the Health Plan to amend information that: is not part of the protected health information kept by or for the Health Plan; was not created by the Health Plan, unless the person or entity that created the information is 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 <https://ohp-webapp-vd01.osumc.edu/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 <https://ohp-webapp-vd01.osumc.edu/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 <https://ohp-webapp-vd01.osumc.edu/forms-and-downloads> or by calling Customer Service at (614) 292-4700.

**Right to Notice of Breaches of Unsecured Protected Health Information.** The Health Plan is required to provide you with notice of breaches of your unsecured protected health information.

**Restrictions on Use and Disclosure of Your PHI.** You have the right to request restrictions on certain uses and disclosures of your PHI made by us for treatment, payment or health care operations by notifying us of your request for a restriction in writing. A restriction request form can be obtained online at <https://ohp-webapp-vd01.osumc.edu/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 <https://ohp-webapp-vd01.osumc.edu/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.