

Benefits Open Enrollment COTC

November 1 – November 15, 2024

Changes effective January 1, 2025

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

What's Changing in 2025

Medical Benefits

Ohio State offers a valuable total rewards program that evolves over time to attract and retain a talented workforce. The university takes a holistic approach to managing employee benefits. This includes health care, retirement plans and other benefits that provide financial security, family support, time off and much more.

Ohio State's investment in total rewards is significant. The university focuses on the essentials most valued by faculty and staff.

There are a limited number of plan changes, and the portion of cost that Ohio State covers in 2025 will remain the same. However, the total cost of the medical plan to the university is rising due to national trends, including:

- Inflation
- Effective but high-cost treatments and therapies

Ohio State is committed to lessening the impact of rising cost on employees. For example, the university covers a larger share of the cost for employees with lower pay.

Future Change Strategies

The university adjusts its total rewards strategy over time based on faculty and staff preferences, market trends and budget. Efforts include:

- Reviewing benefits programs and exploring trends
- Gathering employee feedback
- Benchmarking against industry standards
- Prioritizing the most impactful benefits

Ohio State is dedicated to clearly communicating changes in advance to support employee planning.

Compensation Tiers & Medical Contributions

The amount you pay for medical coverage is called your employee contribution. Contributions are based on an eligible employee's total compensation across six tiers – meaning employees who earn less pay less for medical coverage.

In 2025, the university is adjusting the compensation tiers to help costs stay lower for employees with lower pay. This adjustment will result in approximately 12,000 employees moving to a lower tier, which will help eliminate or minimize their contribution increase in 2025.

The exact amount you pay in 2025 will depend on the medical plan option you choose, the coverage level you choose (family or individual) and your compensation tier. However, most employees will experience a modest increase in cost. You have the opportunity to reduce the amount you pay by participating in Your Plan for Health (YP4H)

- For individual coverage, contribution rate changes range from \$16 less per month to \$24 more per month.
- For family coverage, contribution rate changes range from \$32 less per month to \$89 more per month.
- Employees earning more than \$300,000 a year will see the greatest increase.

You have the opportunity to reduce the amount you pay for medical coverage by participating in Your Plan for Health (YP4H).

Dental plan employee contributions will increase slightly, and vision plan employee contributions will decrease.

Weight Management Changes

Weight management can often prevent or improve the effects of chronic diseases and enhance overall health. When considering weight loss strategies, there are many options under our plan, including clinical treatment to achieve better health. To maintain that choice and focus on options that demonstrate the most effective outcomes, the following changes will be implemented in 2025:

- A coverage change for Weight Watchers.
- A new coverage requirement for plan members who use certain weight loss medications.

Weight Watchers coverage change: Weight Watchers will no longer be covered through our medical plan.

New program for GLP-1 medications for weight loss: GLP-1 medications introduced in recent years have shown early indications for being highly effective in the treatment of obesity. Due to high demand and patent controls, the cost for these medications continues to escalate. Employers nationally are evaluating options for continuing coverage of these drugs when balancing their effectiveness with plan affordability and member needs. Ohio State has decided to retain coverage of these medications for 2025.

Greater success with the use of these medications has been demonstrated when treatment is paired with lifestyle changes, including nutrition modifications and exercise. Starting in early 2025, a new program will be required to support plan members who are eligible to use Wegovy, Zepbound and Saxenda for weight loss.

Your Plan For Health

Ohio State's Wellness platform is changing its name from **"Virgin Pulse"** to **"Personify Health."**

Reduce Your Out of Pocket Costs

With rising health care costs, it's important to know that you can help manage what you spend. Participating in Your Plan for Health (YP4H) is an easy way to reduce the amount that you pay out-of-pocket for your health care. Eligible individuals who complete a Personal Health and Well-Being Assessment (PHA) and biometric health screening will receive a PHA premium credit in 2025. Completing them by Dec. 31, 2024, at 11:59 p.m. will help ensure that you receive the full annual amount of credit available. [Learn about more ways YP4H can help reduce your health care costs.](#)

- Enrolled faculty and staff are eligible for a \$300 annual premium credit.
- Enrolled spouses are eligible for a \$180 annual premium credit.

Dependent Eligibility

You are encouraged to review [Dependent Eligibility Requirements](#) for each of the dependents currently on your medical, dental and/or vision coverage, 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 Jan. 1, 2025, you must remove them from your health plans during Open Enrollment.

Ohio State requires employees to verify eligibility **for any dependent enrolled in the medical, dental and vision benefit that has not yet been verified**. Alight Dependent Verification Center conducts dependent eligibility verification on our behalf. A Dependent Eligibility Verification Packet will be mailed to your home address from Alight in January. The packet will include any dependent covered by Ohio State's medical, dental and/or vision benefits 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 dependent information, please reach out to your employer to make changes.

2025 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 plans in 2025.

Spouse:

An individual whose marriage to a covered employee is recognized by the Internal Revenue Service for federal income tax purposes. A legally separated spouse is not eligible.

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., 26th 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 benefit, you will receive an annual request for information about any other medical coverage they may have. If you registered to receive communications electronically, you will receive an email asking you to log into your account to respond to this request. This information will come from Luminare Health, our claims administrator.

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 to determine which plan is responsible for primary coverage to ensure accurate

claim payments. Luminare Health will send this Request for Additional Coverage Information in February. **Failure to provide the information by the requested due date will result in delays in claim payments.** If you would like to change your communication preferences with Trustmark, please register on the Luminare Health portal.

2025 Employee Contributions

Ohio State provides comprehensive health, wellness and insurance benefits to help over 70,000 employees and family members manage their health and their health care costs.

The rate you pay for medical coverage is called your employee contribution. It is a pre-tax deduction from your paycheck, which means you pay less in taxes. Employee contributions vary across six compensation tiers – full-time employees (75% FTE or higher) pay less for medical coverage.

Ohio State is committed to lessening the impact of rising cost on employees. For example, the university covers a larger share of the cost for employees with lower pay. Adjusting compensation tiers this year will result in approximately 12,000 employees moving to a lower compensation tier, which will help eliminate or minimize cost increases.

2024 Compensation Tiers	2025 Compensation Tiers
Salary up to \$39,999	Salary less than \$50,000
Salary \$40,000 to \$79,999	Salary \$50,000 to \$99,999
Salary \$80,000 to \$109,999	Salary \$100,000 to \$149,999
Salary \$110,000 to \$199,999	Salary \$150,000 to \$199,999
Salary \$200,000 to \$399,999	Salary \$200,000 to \$299,999
Salary \$400,000 and above	Salary \$300,000 and above

Your compensation tier is determined once a year prior to Open Enrollment. It is equal to your base pay as of October 1 plus any additional compensation paid to you in the prior 12 months, no matter when you did the work. Once your compensation tier is determined on October 1, it

won't change until the next Open Enrollment. Your monthly employee contribution will stay the same for the whole year, even if your base pay changes, you earn more money or a job change affects your pay.

Changes in 2025

The exact amount you pay in 2025 will depend on the plan option you choose, the coverage level you choose (family or individual) and your compensation tier.

- For someone moving to a lower tier, they may pay less, especially if they have individual coverage.
- For someone remaining within the same compensation tier, plan option and coverage level, there will be a modest increase.
- The greatest increase will be for someone making more than \$300,000 a year who elects family coverage in Prime Care Advantage.

Use the [interactive tool below](#) to view your 2025 employee contributions for each of the university's medical/prescription, dental and vision benefit plans for which you are eligible. Please note that employee medical contributions may vary based on your compensation, full-time equivalency (FTE) and classification.

Reduce Your Employee Contributions

With rising health care costs, it's important to know that you can help manage what you spend. Participating in Your Plan for Health (YP4H) is an easy way to reduce the amount that you pay out-of-pocket for your health care. Eligible individuals who complete a Personal Health and Well-Being Assessment (PHA) and biometric health screening will receive a PHA premium credit in 2025. Completing them by Dec. 31, 2024, at 11:59 p.m. will help ensure that you receive the full annual amount of credit available. [Learn about more ways YP4H can help reduce your health care costs.](#)

- Enrolled faculty and staff are eligible for a \$300 annual premium credit.
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Medical and Prescription Drug Benefits

The Ohio State University Faculty and Staff Health Plan provides comprehensive medical coverage to nearly 72,000 eligible employees and dependents.

All medical plan options provide access to quality health care; however, your out-of-pocket costs for each service may vary based on the medical plan option you choose. You have the flexibility to decide which medical plan option is best for you and your family.

Employer Subsidy

You and COTC share the cost of your medical benefits

As the overall cost of health care goes up each year, COTC works to keep coverage as accessible as possible. COTC pays most of the costs for both employees and dependents. The highest subsidies are for employee coverage. Coverage for children is subsidized at a greater level than spouses, who may have other coverage options.

Preventive care with network providers is paid at 100% because preventive services can help lead to better health. This helps everyone save on costs.

Employee Contributions and Compensation Tiers

The amount you pay for medical coverage is called your employee contribution. Employee contributions are based on an eligible employee's total compensation across six compensation tiers.

There are no major changes to health benefits or the portion of cost that Ohio State covers in 2025. However, the total cost of some benefits is rising due to:

- Inflation
- Effective but high-cost treatments and therapies

COTC is committed to lessening the impact of rising cost on employees. For example, a larger share of the cost is covered for employees in the lower compensation tiers.

Weight management changes

Weight management can often prevent or improve the effects of chronic diseases and enhance overall health. When considering weight loss strategies, there are many options under our plan, including clinical treatment to achieve better health. To maintain that choice and focus on options that demonstrate the most effective outcomes, the following changes will be

implemented in 2025:

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Greater success with the use of these medications has been demonstrated when treatment is paired with lifestyle changes, including nutrition modifications and exercise. Starting in early 2025, a required program will be introduced to support plan members who are eligible to use Wegovy, Zepbound and Saxenda for weight loss.

This new program, EncircleRx, will include education regarding food, nutrition and healthy behaviors, as well as access to a care team and community support. The program combines digital health tools with revised criteria to determine who qualifies for coverage. While details are still being finalized, the program's goal is to improve the medication's effectiveness and health outcomes. It will be tailored to individual needs, providing resources and support to those using GLP-1 medications for weight loss.

Additional information about this program will be shared prior to the program launch. **Eligible individuals will be required to participate in the program to maintain prescription coverage for these medications under the OSU Faculty and Staff Health Plan.** Express Scripts, Ohio State's prescription drug vendor, will contact participating individuals directly. Individual personal health information is not shared with your employer.

As treatments for weight management continuously evolve, we are committed to continue evaluating the most effective strategies to support weight health for our members, which may result in future changes or enhancements to this and other programs.

Choose your plan carefully

When selecting a medical plan option, consider the following:

1 How do I want to balance my employee contributions with what I pay out-of-pocket for medical care at the time of service?

If you select a plan option, like Prime Care Advantage, with higher employee contributions, your deductible and annual out-of-pocket maximum will be lower.

A plan option, like Prime Care Choice, with lower employee contributions means you have a higher deductible and annual out-of-pocket maximum.

2 How frequently do I need medical care?

A plan option with lower employee contributions and higher deductibles and annual out-of-pocket maximums might be a good choice if you:

- See your provider primarily for preventive care.
- Expect less medical care at other times.
- Can save for additional out-of-pocket costs in case of unplanned medical needs.

If you have a lot of medical expenses, have a chronic condition or need to go to the doctor more often, you may consider a plan option with higher employee contributions and lower deductibles and annual out-of-pocket maximums.

3 Do my covered dependents or I need out-of-network coverage?

If you see medical providers who are not in the OSU Health Plan network, consider the plan option that provides coverage when you use out-of-network providers.

Weigh the option of changing to network providers and paying less when you need care.

Please note: If you change your plan option for 2025, you must re-enroll your dependents. That option will appear following your medical plan selection. If you change your plan and do not re-enroll your dependents, they will not have coverage for 2025. This is a Workday requirement.

Medical Plan Options

Prime Care Advantage

- Higher employee contributions and lower out-of-pocket costs at the time of service (deductible and annual maximum).
- Coverage for most medical services when you receive care from the **statewide network of providers**.

- Premier and Standard network providers are available. Your out-of-pocket costs will generally be lower if you see a Premier Network provider. That is because the plan pays a higher percentage of the cost for Premier Network providers.
- Services received by **out-of-network providers are not covered** unless they are for emergency care.

Prime Care Choice

- Lower employee contributions and potentially higher out-of-pocket costs (deductible and annual maximum), depending on health care use.
- Network and out-of-network coverage for medical services
- Premier and Standard network providers are available. Your out-of-pocket costs will generally be lower if you see a Premier Network provider. That is because the plan pays a higher percentage of the cost for Premier Network providers.

Out-of-Area

- For employees or dependents who live in areas without adequate network access or a health plan member who will be outside Ohio for at least 30 consecutive days.
- benefit are detailed on the [Out-of-Area Benefit Election Form](#). You can submit this form at the COTC human resources office.
- Use the [zip code eligibility tool](#) to see if this benefit option is available to you.

Working together, we can help control health care cost increases. Actions you can take to minimize your out-of-pocket costs include using providers in the OSU Health Plan's Premier Network, completing preventive screenings and annual exams, using programs that provide support and services for certain health conditions and engaging in Ohio State's employee wellness program, Your Plan for Health (YP4H).

[Learn more ways to save on health care costs.](#)

Medical Claims Administrator Resources

You can manage your claims and communication preferences using Luminare's website and mobile app. Prior to using these tools, register at myluminarehealth.com.

The website and mobile app offer the following:

- View balances, such as accrued deductibles and out-of-pocket costs
- Review medical claims
- Access Explanation of Benefits (EOB) for submitting reimbursement for Flexible Spending Accounts and Health Reimbursement Accounts.

- Access an electronic version of your medical ID card.
- Search for a [participating network provider](#).

Download the app for free from [Apple's App Store](#) or [Google Play](#).

Summaries of Benefits and Coverage 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 benefit option and a glossary of terms.

All group health plans and insurance companies use the same standard format for their SBCs and glossary. Our SBCs and glossary are available below, and paper copies are available free of charge from [HR Connection](#).

2025 Summaries of Benefits Coverage (SBC):

- [2025 Prime Care Advantage SBC](#)
- [2025 Prime Care Choice SBC](#)
- [2025 Prime Care Connect SBC](#)
- [2025 Out-of-Area SBC](#)
- [Glossary of Health Coverage and Medical Terms](#)

Prescription Drug Coverage

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

- Prescription medications can be purchased through the mail and at retail pharmacies. You choose the option that is most convenient for you and your family.
- You may request a 90-day prescription for maintenance medications. Order using Express Scripts Home Delivery or at an eligible retail preferred pharmacy. Learn more at [Retail90](#).

The Express Advantage Network offers members more savings at a preferred retail network pharmacy. You may use retail pharmacies that are not preferred pharmacies, but your costs will be higher.

Pharmacies in the preferred retail network are subject to change. Examples currently include but are not limited to:

- Costco*
- CVS
- Discount Drug Mart*
- Giant Eagle*
- Marc's
- Meijer*
- OSU Outpatient Pharmacy*
- Rite Aid*
- Wal-Mart*

**Retail90 available*

Prescription Drug ID Card

Express Scripts (ESI) does not provide a hard copy ID card. Access to an electronic ID card is available on the ESI mobile app.

Before you use the mobile app, you need to register for an online account at express-scripts.com.

When you download the Express Scripts mobile app in Apple iTunes or Google Play, you can use the same username and password as your online account. The mobile app allows you to access your 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.

Formulary Guide

The formulary is the official list of prescription drugs that will be covered by your plan. Individuals are notified by Express Scripts if a change to the formulary means their prescription cost will increase. Notification will be provided in a letter mailed to the home address on record. [View the 2025 Formulary Guide](#).

Value-Based Prescription Drug Benefit (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 Value-Based Prescription Drug Benefit (VBD).

The VBD copay will be waived for eligible generic drugs taken for these chronic condition(s). You will pay only half the cost for eligible formulary brand-name drugs taken for the chronic condition(s). Only eligible members who choose to actively participate in the Care Coordination Program are eligible for VBD. Eligible VBD medications obtained at a non-preferred pharmacy will **not** receive the VBD discounts.

Specialty Medications

Specialty medications are high-cost prescriptions that are only available through certain pharmacies. 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.

Dental and Vision Plans

2025 Dental Benefits

The Ohio State University Faculty and Staff Dental Plan provides both network and out-of-network benefit coverage for dental services. There are also two coverage options, both of which include the two networks.

Two Networks

Delta Dental, the plan administrator, provides network coverage through two networks: Delta Dental PPO and Delta Dental Premier. Your out-of-pocket costs are lower when you use a provider who participates in the Delta Dental PPO network.

Two Coverage Options

When electing dental insurance, you have two coverage options: Dental Plus and Dental Basic. Dental Plus has higher employee contributions and provides a greater level of benefit coverage. The enhanced coverage includes:

- A lower deductible.
- Higher annual benefit maximum.
- Higher lifetime orthodontia maximum with no age limit.

Delta Dental PPO and Delta Dental Premier networks are included in both coverage options.

See the [Faculty and Staff Dental Plan Specific Plan Details Document](#)  for details.

Delta Dental Website and Mobile App

The Delta Dental website and Mobile App help you get the most out of your dental benefits. Use the dentist search or toothbrush timer without a login. If you enter your username and password, you can securely access your personal benefit information or estimate your dental care costs. To download the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. [See Delta Dental Mobile App information](#) .

2025 Vision Benefits

The Ohio State University Faculty and Staff Vision Plan provides benefit coverage for vision care services. you and your covered dependents with such as eye exams, eyeglasses and contact lenses. You can choose between the Vision Basic and Vision Plus benefit options, both of which use the Vision Service Plan (VSP) Choice network. These two benefit options have different employee contributions and offer different levels of benefit coverage. For more information on the differences between these two benefit options, refer to the Vision Plan Benefit Summary.

An annual eye exam can help detect early signs of serious health conditions such as diabetes and hypertension. What may sometimes seem like a vision-related problem might actually be an indication of a broader health issue.

The VSP website and mobile app, VSP Vision Care, provide access to your vision coverage, claim history, member ID card and more. To download the app on your device, visit the App Store (Apple) or Google Play (Android) and search for VSP Vision Care App.

You can save up to \$250 on contacts, glasses, and sunglasses when you use your benefits on **eyeconic.com®**, VSP's online eyewear store.

Your Plan for Health

Your Plan for Health (YP4H), Ohio State's employee wellness program, provides you with resources to help you thrive in your personal life, as well as in the workplace.

In January, Virgin Pulse will reveal a new name: Personify Health. Stay tuned over the fall for more details on the update and related changes. The Personify Health portal includes:

- Habit-based tracking
- Ways to personalize your program in your choice of focus areas – physical activity, nutrition, sleep, stress management, finances, relationships and resiliency.
- A variety of opportunities to earn points and rewards, which can be redeemed for quarterly rewards.
- Healthy living programs.
- Individual and university-wide challenges.
- Helpful wellness tips to motivate and encourage you to learn more about making healthy choices.
- Compatibility with a variety of fitness devices for automated tracking.

Premium Credit

YP4H provides an opportunity for you to receive important information about your health and save on costs. A medical premium credit is available to enrolled individuals who complete a [Personal Health and Well-Being Assessment \(PHA\)](#) and a verified [biometric health screening](#). In 2025, the available premium credit is \$25/month for enrolled faculty and staff, or \$40/month when their enrolled spouse also completes these requirements. **To receive the full credit amount for 2025, complete your PHA and a biometric screening by Dec. 31, 2024.**

Quarterly Rewards

Tracking your participation in healthy activities through the YP4H Incentive Program earns you rewards. This includes Health Reimbursement Account (HRA) credits for members enrolled in the Faculty and Staff Health Plan.

Enrolled employees and spouses participating in the quarterly YP4H program can each earn up to \$500 in HRA credits for the whole year, for a total of \$1,000. The points you earn on a quarterly basis reset each Jan. 1, April 1, July 1 and Oct. 1.

HRA funds earned through participation in YP4H can generally be rolled over from year to year if not used. However, the maximum allowable amount of accumulated contributions in your HRA will be \$3,900. Annual rollover funds are available after the grace period ends for the previous calendar year’s reimbursement requests, usually by the end of April.

Unused HRA funds, up to \$3,900 will roll over to the next year as long as you are an Ohio State employee carrying a medical plan under The Ohio State University Faculty and Staff Health Plans (the “Plan”) or medical coverage through COBRA at that time. HRA balances are not eligible to be transferred to another HRA account. They must remain in the HRA account under which they were earned. This includes individuals who move from Ohio State medical plan as an employee to another Ohio State medical plan as a dependent. [Learn more about HRA credits.](#)

Incentive Offerings

Activity	Incentive	Amounts for Enrolled Faculty/Staff & Spouse	Amounts for Faculty/Staff Not Enrolled*
Complete PHA and Biometric Health Screening	Premium Credit	Employee: \$25/month Spouse: \$15/month	N/A
Achieve Level 1 (2,500 points)	Quarterly Reward	\$10 HRA	\$5 PulseCash
Achieve Level 2 (5,000 points)	Quarterly Reward	\$20 HRA	\$5 PulseCash
Achieve Level 3 (10,000 points)	Quarterly Reward	\$30 HRA	\$5 PulseCash
Achieve Level 4 (25,000 points)	Quarterly Reward	\$40 HRA	\$10 PulseCash

Activity	Incentive	Amounts for Enrolled Faculty/Staff & Spouse	Amounts for Faculty/Staff Not Enrolled*
Complete 2 qualifying activities (see Bonus Incentive section below)	Bonus	\$100 HRA	\$20 PulseCash

*Must be eligible for medical benefits.

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

Bonus Incentive

A bonus incentive can be earned when two qualifying activities are completed. Programs include VP Transform, RethinkCare, and My Care Checklist. In January 2025, details about the qualifying activities can be found on the [YP4H Incentive Program](#) page.

Life Insurance

A variety of life insurance options are available to eligible 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.

Open Enrollment for VGTLI spouse coverage with a guaranteed issue is not offered annually, but only during designated years. Enrollment outside of this special opportunity may require evidence of insurability (EOI) and must be approved by Minnesota Life Insurance Company, a Securian Financial Group affiliate.

Voluntary Group Term Life Insurance (VGTLI)

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. An EOI request will be mailed to your home address following Open Enrollment. The effective date of VGTLI coverage will be determined following EOI approval.

VGTLI 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 qualified status change.

The maximum amount of coverage available for each eligible child is \$20,000.

VGTLI Employee

COTC employees can purchase additional volunteer life insurance through Anthem Life. Please contact your COTC Human Resources department for information regarding this benefit.

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 or 614-247-myHR (6947).

[Health and Welfare Benefits Required Notices](#)