

Benefits Open Enrollment COTC

October 31, 2025 – November 17, 2025

Changes effective January 1, 2026

This is your once-a-year opportunity to review your Ohio State benefits and choose what works best for you and your family.

Ohio State offers high-quality, competitive benefits to help you manage your personal and professional life. Benefits, well-being programs and other resources are part of a valuable total rewards package designed with you in mind.

Understanding your benefits now can help you feel more confident when it's time for you and your family to use them.

It's important to take a few minutes to look at your options, review the 2026 plan year changes and determine your needs. This is the only time each year when you can make changes to your benefits, unless you have a qualifying life event (like getting married or having a baby).

Changes For 2026

Ohio State continually reviews employee benefits to maintain valuable coverage options while keeping them as affordable as possible for all faculty and staff. Updates allow Ohio State to balance the needs of our employees and overall costs.

Here is a summary of 2026 changes:

- Changes in employee contribution rates
- Coverage of GLP-1 medications limited to treatment of type 2 diabetes only
- Special enrollment for Voluntary Life Insurance
- New employee wellness portal for Your Plan for Health (YP4H)

What's Changing and Why

Rate Increases

Ohio State and you share the total cost of your medical benefits. Ohio State currently pays about 85% of the cost for medical coverage, on average, depending on your plan choice, coverage level and other factors. The remaining approximately 15% is covered by plan members through employee contributions – the amount deducted from someone's pay.

Ohio State is not making changes in 2026 to the amounts you pay for covered health care services, such as deductibles and out-of-pocket maximums. However, along with medical costs that are growing nationally, our costs are also increasing. Since you share in that cost with Ohio State, the employee contribution amounts that are deducted from your pay will increase in 2026. The amount of this increase depends on a variety of factors, including the plan and coverage level you choose, your full-time equivalency (FTE) and compensation tier. You will also see slight increases in dental and vision plan contribution rates. Learn more about why rates are changing and how much benefits cost.

GLP-1 Medication Coverage

Starting January 1, 2026, GLP-1 medications will only be covered by The Ohio State University Faculty and Staff Health Plan when they are prescribed for the treatment of type 2 diabetes; GLP-1 coverage for any other uses will be discontinued. These medications and their generic equivalents include, but are not limited to, Wegovy (semaglutide), Saxenda (liraglutide) and Zepbound (trizepatide).

The decision to eliminate coverage for these drugs comes after careful consideration to balance exceptionally high costs of weight loss medications with our commitment to providing access

to affordable benefits for all eligible employees for years to come.

The costs of weight loss drugs have grown exponentially in the past few years and are projected to rise further, given the expected increase in plan members using these medications.

After a thorough analysis, it was determined that continuing to cover medications for weight loss is not sustainable for all enrolled members who are required to share in the total plan cost. Maintaining coverage would have required significantly raising costs for all employees. The change in GLP-1 coverage enables the university to minimize employee contribution increases and preserve other medical benefit coverage in 2026. For example, deductibles and out-of-pocket maximums won't increase in 2026.

Plan coverage for GLP-1 medications will continue when prescribed for the treatment of type 2 diabetes and the Plan's medical criteria has been met. Other medications currently approved for weight loss, such as Phentermine, Qsymia, and Contrave, will continue to be covered.

For those without type 2 diabetes

If you are currently using a GLP-1 medication for any indication other than type 2 diabetes, speak with your health care provider to explore alternative options and determine the best path forward for your health. The price of different types and forms of medications for weight management varies depending on pharmacy, location and available discount programs. There are also alternative paths to paying for these medications without insurance coverage, including:

- **Manufacturer Savings Programs:** Pharmaceutical companies offer discounts for certain medications through self-pay savings programs. This could significantly reduce the cost you would otherwise pay to stay on the medication.
- **Health Reimbursement Account (HRA):** Earn HRA credits through participation in Ohio State's [Your Plan for Health](#) (YP4H) Incentive Program and use those pre-tax dollars to reimburse yourself for out-of-pocket costs.

If you have questions about this benefit change, contact HR@mail.cotc.edu. Please know they cannot make or request coverage changes or override the decision, and neither can any other individual or department. This decision is final, and there are no exceptions or appeals available.

If you have questions about your medical care, contact your primary care provider.

Other resources for managing your health

Ohio State offers a variety of programs and benefits that may provide extra support for your health goals. [Health and well-being resources](#) are available if you'd like to explore them.

Voluntary Life Insurance Enrollment

You have the opportunity to purchase additional life insurance to cover your family, which is called Voluntary Group Term Life Insurance (VGTLI)

Open Enrollment for VGTLI spouse coverage is not offered annually, but only during designated years. However, during this open enrollment, eligible employees may elect to purchase additional spouse VGTLI with no evidence of insurability (EOI) required (subject to plan rules and age reduction). Enrollment outside of this special opportunity may require EOI and must be approved by Ohio State's life insurance administrator, Minnesota Life Insurance Company, a Securian Financial Group affiliate

- **VGTLI for spouses**
 - Employees **not currently** participating in VGTLI Spouse coverage can elect \$25,000 without EOI (subject to plan maximum and age reduction).
 - Employees **currently participating** in VGTLI Spouse can increase current coverage by \$25,000 without EOI (subject to plan maximum and age reduction).

- **VGTLI for children**
 - 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.

Your Plan for Health (YP4H)

A new wellness portal will replace Personify Health as your digital hub for accessing YP4H wellness benefits, earning incentives and participating in university-wide challenges. This refreshed platform is being designed based on Ohio State employee feedback asking for a program that provides more choice, is easier to use and more flexible for your lifestyle.

The Personify Health portal will close on December 31, 2025. Prior to that, make sure to complete your annual Personal Health Assessment (PHA) and a verified Biometric Health Screening to receive the 2026 \$300 credit to reduce your medical plan contributions.

If you have any remaining Personify Health rewards cash balances, you must redeem them by December 31, 2025.

Stay tuned for additional communications and webinar opportunities this winter to learn more about the new YP4H program coming in January 2026.

Medical Plan Options

All of Ohio State's medical plan options provide access to quality health care; however, the amount of money you pay for services will depend on the medical plan you choose. Compare the options to decide which medical plan is best for you and your family.

Resources

- [2026 Medical Comparison Chart](#) 
- [2026 Health Plan Specific Plan Details Document](#) 

Choose Your Plan

By understanding what's available, you will be able to select the plan that matches your current priorities.

Choose How You Want to Pay for Medical Costs

- Plans like Prime Care Advantage have higher employee contributions from your pay but lower deductibles and out-of-pocket costs when you need care.
- Plans like Prime Care Choice have lower payroll contributions but higher deductibles and out-of-pocket costs when you receive care.

Pick a Plan That Matches How Often You Anticipate Needing Care

- If you don't typically plan to seek care beyond preventive visits and have the ability to cover expenses related to unexpected care, a plan with lower contributions from your pay (like Prime Care Choice) may be a good fit.
- If you have more frequent medical needs, you may be willing to pay higher employee contributions for a plan with lower deductibles and out-of-pocket maximums.

Consider Your Out-of-Network Coverage Needs

- If you or your dependents choose to see providers outside the OSU Health Plan network, **you should consider** the plan that provides care from both network and out-of-network providers (Prime Care Choice).
- When possible, selecting a network provider over an out-of-network provider for your

care will help you save money.

- If you live in an area without adequate network access, an Out-of-Area plan is made available.

Understand Your Medical Plan Options

Prime Care Advantage

- Higher employee contributions and lower out-of-pocket costs, such as deductible and annual maximum, at the time of service.
- 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 because the plan pays a higher percentage of the cost.
- Services received by out-of-network providers are not covered unless they are for emergency care
- A temporary Out-of-Area plan is available for the following limited circumstances. A separate application is required and subject to approval.
 - You, a spouse or dependent child will be temporarily working or living outside the state for at least 30 consecutive days with a permanent residence within the state-wide network access area
 - You have a dependent child who does not live with you and resides outside Ohio
 - You have a dependent who attends a college outside Ohio
 - You will be outside Ohio on an approved leave of absence or an approved professional leave
 - Criteria to enroll temporarily in this benefit are detailed on the [Temporary-Out-of-Area Benefit Election Form](#)^{PDF}. You can submit this form at hrconnection.osu.edu.

Prime Care Choice

- Lower employee contributions and potentially higher out-of-pocket costs, like deductible and annual maximum, depending on health care use.

- Network and out-of-network coverage options 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 because the plan pays a higher percentage of the cost.
- A temporary Out-of-Area plan is available for the following limited circumstances. A separate application required and subject to approval.
 - You, a spouse or dependent child will be temporarily working or living outside the state for at least 30 consecutive days with a permanent residence within the state-wide network access area
 - You have a dependent child who does not live with you and resides outside Ohio
 - You have a dependent who attends a college outside Ohio
 - You will be outside Ohio on an approved leave of absence or an approved professional leave
 - Criteria to enroll temporarily in this benefit are detailed on the [Temporary-Out-of-Area Benefit Election Form](#)^{PDF}. You can submit this form at hrconnection.osu.edu.

Out-of-Area*

*Must meet eligibility requirements based on home zip code.

- Plan is available to employees who are permanently living outside of Ohio or live in areas without network access.
- Your eligibility to enroll is determined by your home address on-record in Workday.
- If you are eligible, Workday will present this plan as an available option at the time of enrollment, or use the [zip code eligibility tool](#) to evaluate eligibility prior to enrolling.

Manage Your Medical Benefits

Your medical plan is an important part of your benefits and managing your medical claims can be simple, fast and convenient. Ohio State partners with Luminare Health to administer medical claims. With Luminare's secure website and mobile app, you have 24/7 access to the tools and information you need to make the most of your medical coverage.

Use the Luminare website and app to:

- Stay on top of your medical bills: View details about claim amounts submitted by your

provider, the portion of the claim paid by Ohio State and your share of the cost.

- Track your costs in real time: Monitor how much of your annual deductible and out-of-pocket maximum has been met so you always know where you stand.
- Access your medical ID card instantly: Pull up the card right from your phone whenever you need to provide coverage information.

Obtain your EOB online with ease and eliminate the need for mailing printed copies by signing up for electronic delivery

An EOB is a statement that shows the details of how your claims are processed, including the portion covered by your medical plan and/or the balance you may owe after a health care visit. It is an important tool for understanding your medical claims, tracking costs and getting the most from your benefits. Switch to electronic EOBs to:




- Get faster access: View your EOB as soon as a claim has been processed.
- Stay organized: Keep all your claims in one secure online location.
- Make reimbursements easier: Use your EOBs to submit claims or verify a debit card expense for your Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) in just a few clicks.
- Be eco-friendly: Reduce paper waste and support a more sustainable workplace.

Getting started is easy

1. Visit myluminarehealth.com to register.
2. Download the free **Luminare Health** app from the [Apple App Store](#) or [Google Play](#).
3. Update your communication preferences to receive your EOBs electronically.

Summaries of Benefits and Coverage and Glossary

The Affordable Care Act requires all health plans to provide a Summary of Benefits and Coverage (SBC) and a glossary of terms in a standard format. You can view Ohio State's documents below.

- [2026 Prime Care Advantage SBC](#) 
- [2026 Prime Care Choice SBC](#) 
- [2026 Temporary-Out-of-Area SBC](#) 

- [Glossary of Health Coverage and Medical Terms](#)

Medical Plan Rates

Ohio State's medical plan is self-funded, which means there is no insurance company paying for health care claims. You and Ohio State directly fund health care claims by sharing in the total cost.

Ohio State currently pays about 85% of the cost for medical coverage, on average, depending on your plan choice, coverage level and other factors. The remaining approximately 15% is covered by plan members through employee contributions – the amount deducted from someone's pay.

Ohio State is also not making changes in 2026 to the amounts you pay for covered health care services, such as deductibles, coinsurance and out-of-pocket maximums. However, along with medical costs that are growing nationally, our costs are also increasing.

Rising National Costs and Contribution Rates

Health care costs increase for many reasons. Inflation makes everything more expensive, including medical supplies, equipment and the rates that our providers are paid for services. New treatments and technology help improve care but often cost more.

Along with medical costs that are growing nationally, our costs are also increasing. Since you share that cost with Ohio State, the employee contribution amounts that are deducted from your pay will increase in 2026. This year, Ohio State's average rate increase is about 6%, which is 3% lower than the national projection.

The amount of your increase depends on a variety of factors, including the plan and coverage level you choose, your full-time equivalency (FTE) and compensation tier – a structure that helps employees with lower pay have lower costs for health insurance.

No Increase to Deductibles or Out-of-Pocket Maximums

Even though employee contribution rates are increasing, the costs you pay when you get care – deductibles and coinsurance — are staying the same.

The university regularly reviews overall plan costs and employee contributions to help maintain valuable benefits, keep out-of-pocket expenses stable and sustain the self-funded plan for the future.

What You Can Expect from Ohio State

Ohio State is committed to providing valuable, affordable health care coverage for employees and their families. Most of the coverage cost is paid by the university for the majority of eligible employees and their families, and Ohio State makes plan coverage decisions by regularly:

- Reviewing current benefit programs and exploring market trends
- Gathering employee feedback to understand what matters most
- Benchmarking against other employers to stay competitive
- Offering benefits that have the biggest impact on your health, family and financial security

These efforts help shape one important part of a total rewards program that adjusts over time. When changes happen, we are committed to sharing updates early so you can stay informed and plan for your future.

Prescription Drug Coverage

When you enroll in an Ohio State medical plan, it includes prescription drug coverage. You do not select a separate benefit for prescription drug coverage during Open Enrollment.

How to Get Your Prescriptions

- **Mail order or retail:** Purchase medications through mail delivery or at retail pharmacies. Choose what works best for you and your family.
- **90-day supply for maintenance medications:**
 - Order through Express Scripts Home Delivery **or**
 - Use an eligible Retail90 preferred pharmacy
- **More savings with Express Advantage Network:** Get the lowest out-of-pocket cost at a preferred retail network pharmacy. You can use non-preferred pharmacies, but your costs will be higher.

Preferred Retail Pharmacies

*(Availability subject to change. Retail90 available at locations marked with *.)*

- Costco*
- CVS*
- Discount Drug Mart*

- Giant Eagle*
- Marc's
- Meijer*
- OSU Outpatient Pharmacy*
- Rite Aid*
- Walmart*

Prescription Drug ID Card

Express Scripts does not mail a physical ID card. Instead, you can access your prescription drug ID card electronically anytime through the Express Scripts website or mobile app. The app also helps you check prescription cost, order refills and find preferred pharmacies. To get your Prescription Drug ID Card:

- Register for an account at [express-scripts.com](https://www.express-scripts.com).
- Download the Express Scripts mobile app from Apple iTunes or Google Play.
- Log in using the same credentials online as in the app to view your electronic ID card on your phone.
- If you prefer, print your ID card directly from the Express Scripts website.

Formulary Guide

The formulary is the official list of prescription drugs that will be covered by your plan at a higher percentage than a non-formulary drug. 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 2026 Formulary Guide [\[link\]](#).

Value-Based Prescription Drug Benefit



Members enrolled in the [Care Coordination Program](#) for asthma, COPD, diabetes or heart disease qualify for the Value-Based Prescription Drug (VBD) benefit, which provides reduced out-of-pocket costs for the medications used to treat these conditions. Members actively participating in the program will have copays waived for eligible generic drugs and will receive brand-name formulary drugs for half of the regular cost share when purchasing them at preferred pharmacies.

Specialty Medications

Specialty medications are high-cost prescriptions that are only available through certain specialty pharmacies. For Ohio State's Faculty and Staff Health Plan, the only pharmacies in the

exclusive specialty network are The Ohio State University Outpatient Pharmacy and Accredo specialty pharmacy through Express Scripts. If you do not have your specialty medication filled at one of these two pharmacies, it will not be covered.

Documents and Resources

- [2026 Prescription Drug Summary Chart](#) 
- 2026 Formulary Guide (*coming soon*)
- 2026 Value-Based Drug Plan (VBD) Medication Guide (*coming soon*)
- [2026 Preventive Drug List, Contraceptive Coverage and Tobacco Cessation](#) 
- [Look up the cost of your medication in advance with Express Scripts](#)

Dental Plan Options

Ohio State's dental plan has two coverage options through Delta Dental that provide both network and out-of-network benefit coverage for services.

Understanding the Two Networks

Delta Dental offers coverage through two networks: PPO and Premier.

- Using a PPO provider will result in lower out-of-pocket costs.
- Both networks are included in the available plan options.

Choose Your Level of Coverage

You have two plan options: Dental Basic and Dental Plus.



- Dental Basic may be sufficient if you don't expect to need extensive dental care or greater orthodontia coverage.
- Dental Plus has higher employee contributions from your pay but offers enhanced benefits, including:
 - Higher lifetime orthodontia maximum with no age limit
 - Lower deductible
 - Higher annual benefit maximum

For more information on the differences between these two benefit options, refer to the Dental Plan Benefit Summary.

Delta Dental Website and Mobile App

Use the Delta Dental website or mobile app to find dentists, access your benefits and estimate dental care costs. Some tools, like the dentist search and toothbrush timer, are available without logging in. To download the app, search Delta Dental in the App Store or Google Play.

Dental Plan Documents and Resources

- [2026 Dental Summary Chart](#) 
- [2026 Dental Plan Specific Plan Details Document](#) 

Vision Plan Options


Ohio State partners with Vision Service Plan (VSP) to provide you and your covered dependents benefits for services 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.

Choose Your Level of Coverage

You have two plan options: Vision Basic and Vision Plus. Both options cover one routine eye exam per year with a network provider.

- Vision Basic has a lower employee contribution
 - Covers frames *every other year*
 - Lower maximum allowance for frames and contact lenses
- Vision Plus has higher employee contributions but offers enhanced benefits, including:
 - Coverage for frames *every year* up to a higher maximum allowance
 - Higher annual maximum allowance for contact lenses
 - EasyOption enhancements, which allows each plan member to choose an upgrade to their plan options at the time of service

For more information on the differences between these two benefit options, refer to the [Vision Plan Benefit Summary](#) .

Eye Exams

One routine eye exam per year with an in-network provider is covered under both vision plans. 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.

VSP Website and Mobile App

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.

Save Money

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

Vision Documents and Resources

- [2026 Vision Benefit Summary](#) 

Get the Most Value from Your Benefits

Ohio State is committed to helping you make the most of your benefits and learn ways to keep your coverage as affordable as possible. Rising health care costs can be challenging, which is why we provide education, tools and programs to support you.

Reduce Your Medical Contribution Cost

By taking part in *Your Plan for Health (YP4H)*, you can earn a credit to reduce the amount taken from your pay for medical coverage. To receive a \$300 credit in 2026, be sure to complete the following two steps by December 31, 2025.

- Complete the Personal Health and Well-Being Assessment (PHA)
- Complete a biometric health screening

Earn an extra \$180 credit when your enrolled spouse also completes these steps by December 31, 2025.

Get the Most from Your Benefit Dollar

Ohio State offers tools and programs to support your health, your family and your wallet. Even when benefit costs go up, taking small steps like these can make a big difference.

- Visit your primary care doctor or [convenient same day care](#) instead of the emergency room when it's not an emergency. This can save you money and often gets you faster care.
- Complete annual checkups and [preventive screenings](#). They are covered at no cost and can catch issues early, keeping you healthier and saving money long term.
- Use network providers to receive quality care at the lowest cost. These are doctors, hospitals and care providers who have agreed to offer services for our medical, dental and vision plans at contracted rates.
- Earn tax-free Health Reimbursement Account (HRA) dollars by participating in wellness activities, like tracking your daily steps, through the Your Plan for Health (YP4H) Incentive Program. Use these funds to cover eligible health expenses like deductibles, glasses or prescriptions.
- Compare costs before you receive care by using tools from [Luminare](#), [Express Scripts](#), [Delta Dental](#) and [Vision Service Plan](#) to look up prices in advance and avoid surprises.
- Track your health care spending with [Luminare Health's website](#) or app to see how close you are to meeting your deductible and out-of-pocket max, helping you plan and make informed decisions.
- Save on prescriptions by choosing generics, comparing prices of network pharmacies on the Express Scripts [tool](#) and using home delivery or Retail90 pharmacies. If you have a chronic condition, join the [care coordination program](#) for free or reduced-cost medications to treat conditions covered by the program.