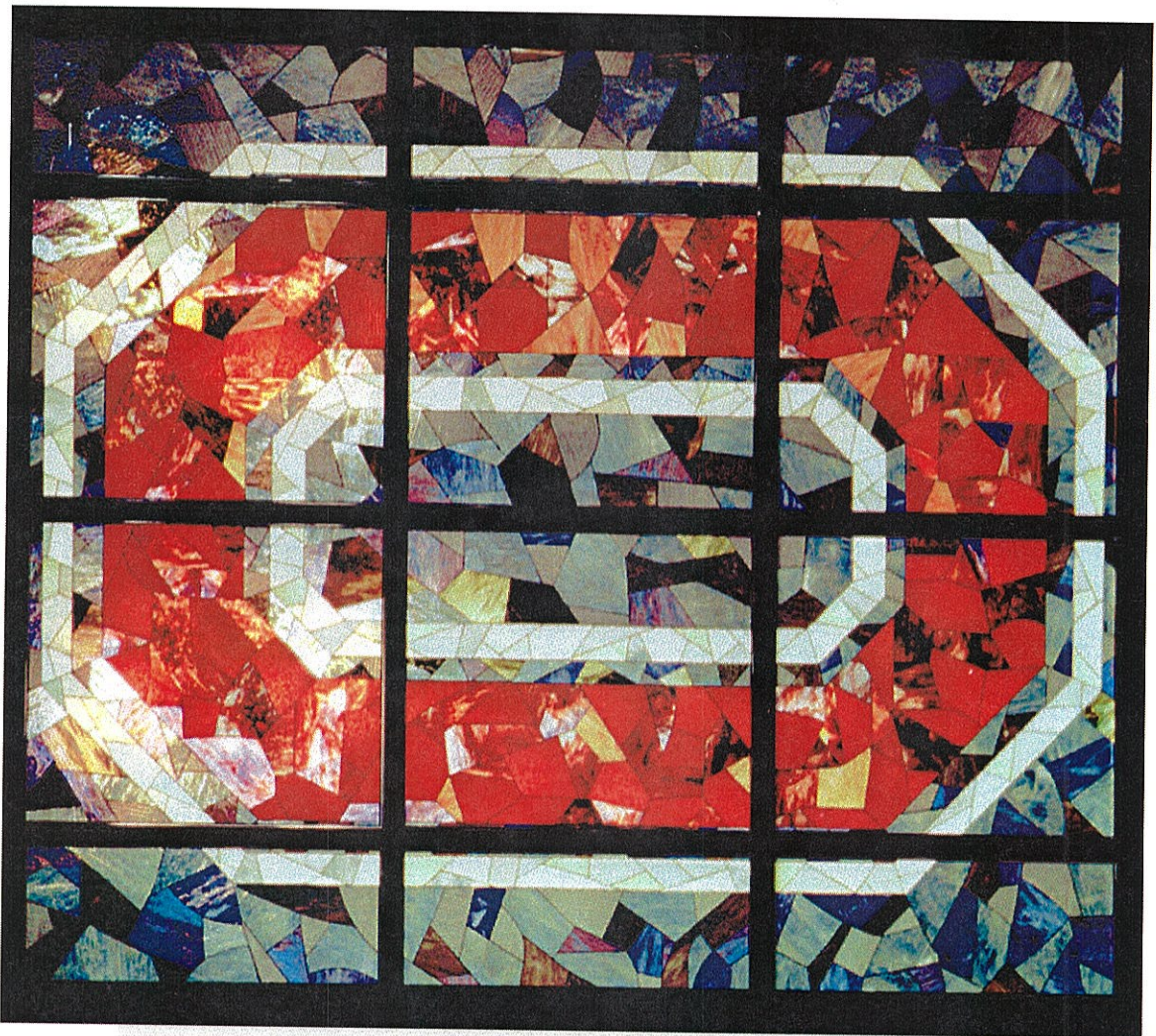




Open Enrollment 2024 COTC

November 1-15, 2023





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Agenda

Open Enrollment Overview

Enrollment Opportunities

Review Changes for 2023



Open Enrollment Overview

2024 Open Enrollment Dates



Review Personal Information

Update Demographic Information with your HR Department



Dependent Name Change
and Date of Birth



Beneficiaries



Contact Information
and SSN



Mailing Address

Important Communications



Coordination of Benefits

Requests information about other medical coverage in which your dependents may be enrolled

Trustmark will email and mail a request to your home address

Important Communications



Dependent Eligibility Verification

Proof of eligibility is required for all newly enrolled dependents



Document Examples Biological Child

- Birth Certificate

Step-Child

- Birth Certificate & Verification Docs for Spouse

Spouse

- 1040 Federal Tax Return

OR

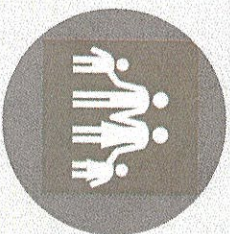
- Marriage Certificate & Proof of Joint Ownership

Enrollment Opportunities

Enrollment Opportunities



Enroll in or
Change
Elections for
Medical,
Dental, Vision,
or VGTLI
Spouse/Child



Add, drop or
change
coverage for
your eligible
dependents



Review
Medical Plan
Choices

What's New for 2024?

Benefit Changes



- Medical Vendor Name Change – ID Card Re-Issue
- Dental Plan Enhancements

Medical Claims Administrator Name Change and Resources



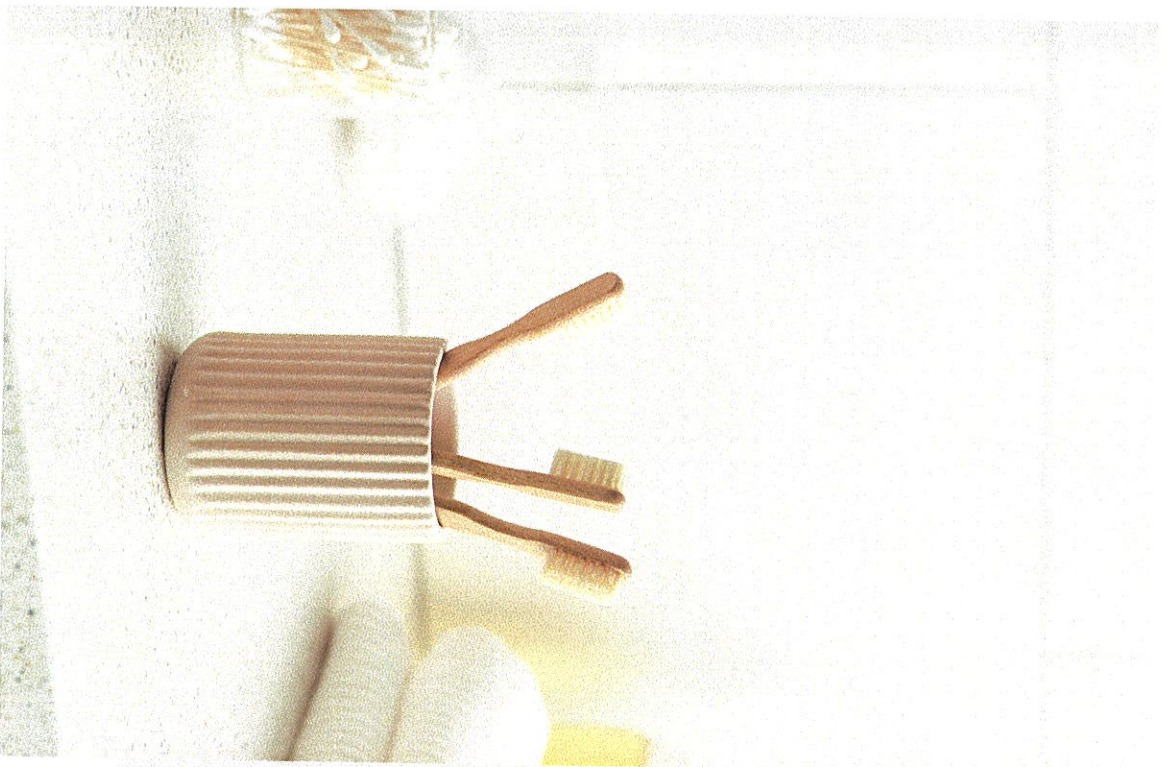
Trustmark, our medical plan claims administrator, will change its name to **Luminare Health Benefits (Luminare Health)** effective January 1, 2024.

- New medical ID card with name change
- Updated cards will arrive mid-January



Dental Plan Enhancements

- Occlusal guards will be covered once every five years instead of once in a lifetime. The cost will be applied to the annual out-of-pocket maximum.
- Porcelain and ceramic material for crowns, onlays and fixed prosthetics will be allowed on posterior teeth.



Things to Think About when choosing your Medical Plan



Medical Plan Choices

Prime Care **Advantage**

Prime Care **Choice**

Out-of-Area Plan

Medical Plan Comparison Chart

2024 MEDICAL COMPARISON CHART

PROVISIONS	Prime Care Advantage		Prime Care Choice		Out of Network	Out of Area Non-Network
	Premier Network	Standard Network	Premier Network	Standard Network		
Annual Deductible	Individual: \$550 Family: \$1,100		Individual: \$975 Family: \$1,950		Individual: \$1,900 Family: \$3,800	Individual: \$550 Family: \$1,100
Annual Out-of-Pocket Maximum (including deductible)	Individual: \$3,000 Family: \$6,000		Individual: \$4,350 Family: \$8,700		Individual: \$7,500 Family: \$15,000	Individual: \$3,000 Family: \$6,000
Coinsurance	Plan pays 80% for most services after deductible	Plan pays 70% for most services after deductible	Plan pays 80% for most services after deductible	Plan pays 70% for most services after deductible	Plan pays 60% for most services after deductible	Plan pays 80% for most services after deductible
Preventive Care	Plan pays 100%		Plan pays 100%		Plan pays 60% after deductible	Plan pays 100%
Primary Care Provider (PCP)	Plan pays 100%	Plan pays 70% after deductible	Plan pays 100%	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 100%
Behavioral Health Provider	Plan pays 80%, no deductible		Plan pays 80%, after deductible		Plan pays 60% after deductible	Plan pays 80% after deductible
Specialist	Plan pays 80% no deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible
Other Practitioners	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible
Convenient Care Clinic	Plan pays 100%		Plan pays 100%		Plan pays 60% after deductible	Plan pays 100%
Urgent Center	Plan pays 80% no deductible		Plan pays 80% after deductible		Plan pays 60% after deductible	Plan pays 80% after deductible
Emergency Care	Plan pays 80% after deductible		Plan pays 80% after deductible		Plan pays 60% after deductible	Plan pays 80% after deductible
Inpatient Hospital	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible
Outpatient Surgery and Procedures	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible
Outpatient Lab and X-ray	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible

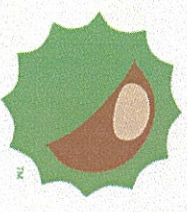
When selecting a medical plan option, ask yourself:

- 1) How frequently do I need medical care?
 - If you see your provider for preventive care and just a visit or two a year when you're ill, consider a plan option with lower employee contributions and a higher deductible and annual out-of-pocket maximum.
 - If you need frequent non-preventive care throughout the year and often meet your deductible and possibly your annual out-of-pocket maximum, consider a plan option with higher employee contributions and a lower deductible and annual out-of-pocket maximum.



When selecting a medical plan option, ask yourself:

- 2) Do I or any of my covered dependents need out-of-network coverage?
 - If you see medical providers who are not in Ohio State's network, consider a plan option that provides coverage when you use out-of-network providers.
 - Weigh the option of changing to in-network providers and paying less when you need care.



When selecting a medical plan option, ask yourself:

- 3) How do I want to balance my employee contributions with what I pay out-of-pocket for medical care?
 - Generally, if you select a plan option with higher employee contributions, your deductible and annual out-of-pocket maximum will be lower.
 - A plan option with lower employee contributions may mean you have a higher deductible and annual out-of-pocket maximum.



Understanding the Cost of Ohio State's Medical Plans

Two main types of Costs

Premium & Out of Pocket

Premium – Monthly fee to become a member of a health insurance plan

Out of Pocket – expenses for medical care not reimbursed by insurance.

How to
reduce your
costs?

Your Plan For Health (YP4H)



Medical Plan Premium Credit

Biometric Screening
& Personal Health Assessment

- Employee - \$25 a month
- Spouse - \$15 a month

Your Plan For Health (YP4H)



Health Reimbursement Account (HRA) Credits

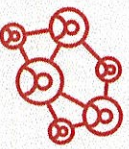
Earn with participation
in programing

- Employee – up to \$500 a year
- Spouse – up to \$500 a year



THE OHIO STATE UNIVERSITY
HUMAN RESOURCES

Utilizing Premium Network Providers



Premier Network

- Higher level of benefits
- Lower Co-insurance
- Integrated Care



Standard Network

- Lower level of benefits
- Higher Co-insurance
- More services subject to deductible



Utilizing Premium Network Providers

OSU Health Plan:
Provider Directory



Life Insurance – 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 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.