

2024-2025 The Ohio State University Visiting Scholars Accident & Sickness Insurance Plan Benefit Highlight Flyer

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to your school. Please keep this information as a reference.

	Platinum Plan	Gold Plan	Bronze Plan	Basic Plan
Scholar & Dependent Monthly Rates*	\$220	\$120	\$65	\$55
Maximum Per Covered Accident & Sickness	\$250,000	\$250,000	\$150,000	\$100,000
Deductible Per Participant Per Policy Term	\$0	\$100	\$250	\$500
Co-insurance Rate	100% U&C	100% U&C	80% U&C	80% U&C
Emergency Medical Evacuation	\$50,000		100%	
Repatriation of Remains	\$25,000			100%
Pregnancy	6 month waiting period (does not apply to Platinum Plan)			
Room & Board Charges	Average rate of a semi-private room			
ICU Room & Board Charges	Two (2) times the average rate of a semi-private room			
Pre-existing Conditions	6 month waiting period (does not apply to Platinum Plan)			
Mental and Nervous Disorders	Inpatient: 50% coinsurance for up to 30 days Outpatient: \$3,000 (10 visits maximum)			
Prescription Drugs	100% (Must pay out of pocket and submit a reimbursement claim)			
Newborn Nursery Care	\$500 Maximum			
Immunizations & Wellness Care	Included on Platinum Plan Only - \$500 Maximum			
Emergency Reunion Benefit	\$10,000			
Accidental Death & Dismemberment	\$10,000			
Ро	licy number: GLM N19	9009853/ Effective Date	e: 6/1/2024	
Toll free phone Monday-Friday 8:30 am - 7:00pm EST		global@gallagherstudent.com		
Enrollment and Payment can be made online		www.gallagherstudent.com/osu-scholar		
Claims are administered by		cial Risk • Phone: 1-800-328-	1114 • gallagher@hsri.com	

