

Student User Guide



ahp | Academic HealthPlans™

Welcome!
Health Insurance System

School Email *

Next

powered by Care26

Coverage Information

Lauren Wilson
2020-1234-0001

RxBin: 015558
RxPCN: 8226003
RxGroup: DDN111A
RX Benefit Manager: OPTUMRX

Member ID # 12345678
Valid from: 06/2020

Show Certificate of Coverage
Send Download PDF

Carrier:
Policy Number:
100299
School:
School of Medicine - UD
Group Number:
Academic HealthPlans

Waiver Pro Agreement (6)

All students must be enrolled in health insurance to be eligible to waive the eligibility requirements. The Student Health Insurance Plan (SHIP) is administered by the University of Oklahoma. Students may request a waiver of coverage.

Carrier	Effective Date	Termination Date	Operation date	School	Status	Actions
			05/06/2020	Name	PENDING	⋮
			05/15/2020	Name	PENDING	⋮



Student Experience

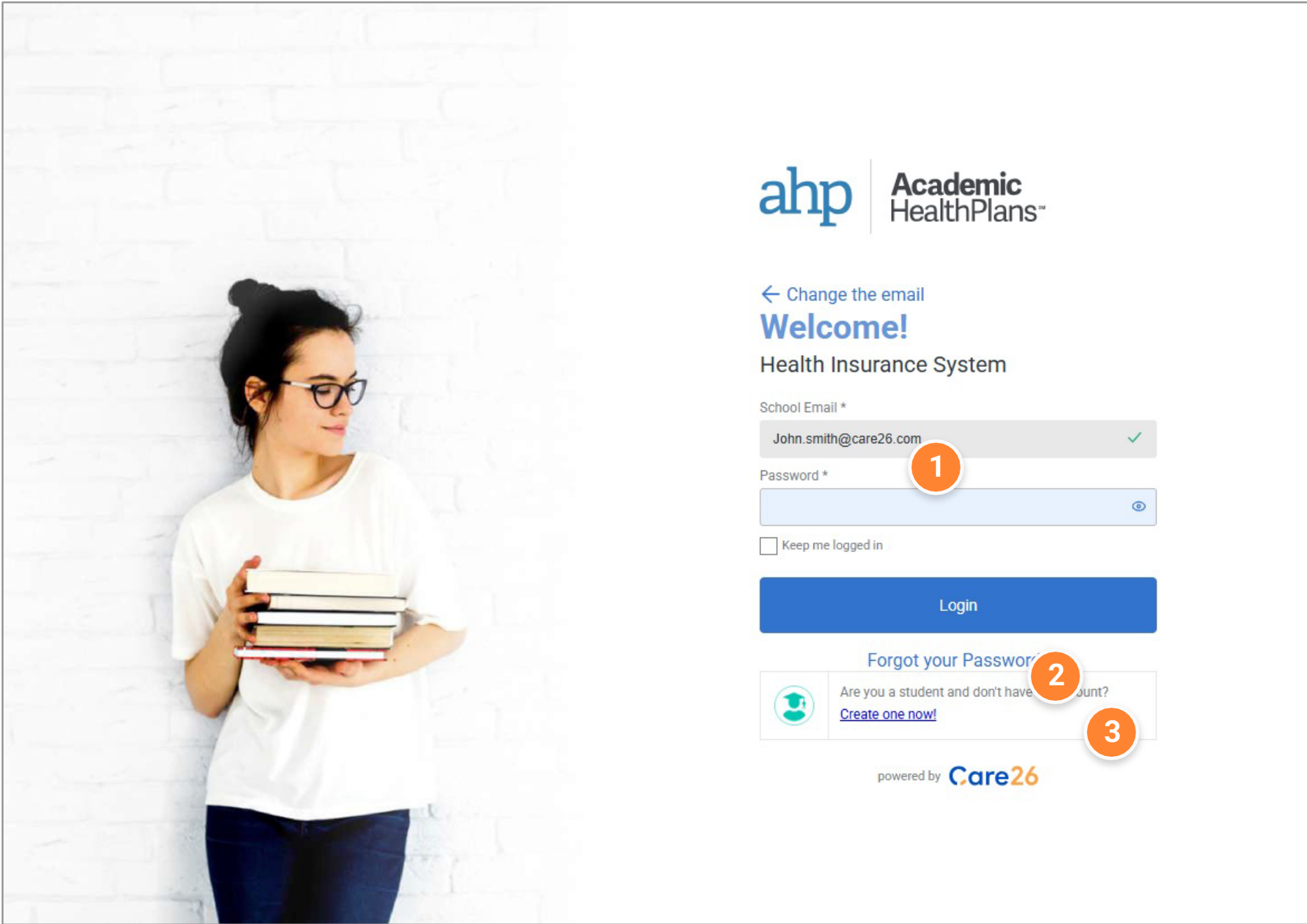
Manage your health insurance quickly and easily.

1. Creating an account
2. Get coverage (Enroll)
3. Opt-out of coverage (Waive)
4. My Insurance

1. Creating an account

If you have received an email from us to confirm your email, use the link inside to finish creating your account. Otherwise, follow these steps.

ⓘ Care26 is in continuous development and system enhancements will continue to be applied.
Screens shown are subject to change



Welcome to Care26!

When you land on the login page, enter your email address, click next, and then fill out your password if you already have an account.

If you need to create an account, click on the "Create one now!" link at the bottom of the page after you enter your email address.

1 Log in

Enter your email and click next. Then, on the next screen, enter your password.

2 Reset password

If you have an account but are unable to log in, use this link to reset your password.

3 Sign up*

Click on this link to create an account.

NOTE:
* If your school is not listed in the dropdown, you may need to use your school-issued email address, or your school may not allow self-registration.

ahp

Back to Login3

Sign Up

1 Student Information

School Email *

John.smith@care26.com ✓
This is your primary email account

School *

Student ID *

Student Category *
Not sure?

1

2 Personal Information

3 Contact Information

4 Agree to Terms

Create account2

Sign up

You will need to provide some identifying information to create your account.

Make sure you have your correct Student Category, Student ID, and School Email before proceeding. (Note some schools may not require a school-issued email for login.)

1 The Form

You will need to fill in all required fields, which are indicated by an asterisk (*) next to them.

2 Create it!

After you have filled in all of the fields, click on this button to create your account. If everything looks good, you will be sent a confirmation email to complete the process.

Use the link in the email you receive to set your password and then you're all set!

3 Cancel

You can always go back to the Log In page.

2. Get Coverage (Enroll)

Follow these steps to take advantage of the Student Health Insurance Plan offered by your school.

ⓘ Care26 is in continuous development and system enhancements will continue to be applied.
Screens shown are subject to change

Dashboard

3

Welcome, Test Ahpstudent.

Let's get some coverage!

Please select the option that best applies to you.

I want to Enroll

I need a plan for myself and/or others

Open Enrollment Period:
08/31/2024 07:00 PM - 02/28/2025 11:59 PM

1

I want to Waive

I already have health insurance.

Waiver Period:
08/31/2024 07:00 PM - 03/31/2025 11:59 PM

Current coverage

You currently have no active coverage.

Pending coverage

You currently have no pending or ongoing coverage operations.

We have you classified as a **AHP University student**. This student category applies to Domestic. If you feel this is incorrect, [let us know](#).

2

How to Enroll

If your school offers enrollment in a Student Health Insurance Plan, follow these steps to purchase coverage.

1 Start the Enrollment Process

If you see this button available on your dashboard, the enrollment period is open and you may start the process of purchasing the insurance plan.

If this option is not available, the enrollment period may not be open, or your school may not offer voluntary enrollment.

2 Validate information

Confirm that the School and Student Category listed at the bottom of the screen appear to be correct before proceeding with enrollment.

3 Main Menu

More account options are available in the pull-out menu.

Dashboard > Enrollment > Plan Configuration

Shopping Cart

ahp

Academic HealthPlans

Select your plan

Pick the coverage that's right for you!

Spring/Summer Medical

Primary

Coverage starts: January 1, 2025

Coverage ends: July 31, 2025

Premium Cost Breakout

\$2,016.50

Starting from

Who is it for?

Select any dependents you would like to add to this plan. Your primary coverage is selected by default.

New dependent

Spouse or Child

Test Ahpstudent

Yourself

Hide menu

Summary

The plan

Spring/Summer coverage

From January 1, 2021 to July 31, 2021

Medical ----- \$817.50

Total price:

\$817.50

Cancel Enrollment

Add to Cart

Proceed to checkout

Choose Products

After agreeing to the Terms & Conditions, you will be presented with the plan options available to you

1 Select your plan

Depending on your school, one or more plan options will be available to choose from. Click on any options you would like to purchase.

2 Summary

The Summary section will be populated with your selected options as you go.

3 Proceed to checkout

When you are done selecting your options, click this button to continue to the final step.

4 Optional Products

Some schools allow the purchase of additional coverage through third parties. Selecting one of these options will open a new tab in your browser to purchase the coverage separately.

Plan Configuration

2. GET COVERAGE (ENROLL)

Dashboard > Enrollment > Checkout

1

ahp Academic HealthPlans

→ Hide menu

Summary

Spring/Summer Medical Coverage

From January 1, 2025 to July 31, 2025

Test AHPstudent (You) \$2,016.50

Payment Fee \$0.00

Total Price: 2 \$2,016.50

Checkout

Please select a product to see the payment methods available.

1

Spring/Summer Medical

Primary

Coverage starts: January 1, 2025

Coverage ends: July 31, 2025

Test AHPstudent (You)

Payment method

Please pick how you want to pay.

ACH

No additional fees

3

Credit Card

No additional fees

Add more items

Pay selected products

Checkout

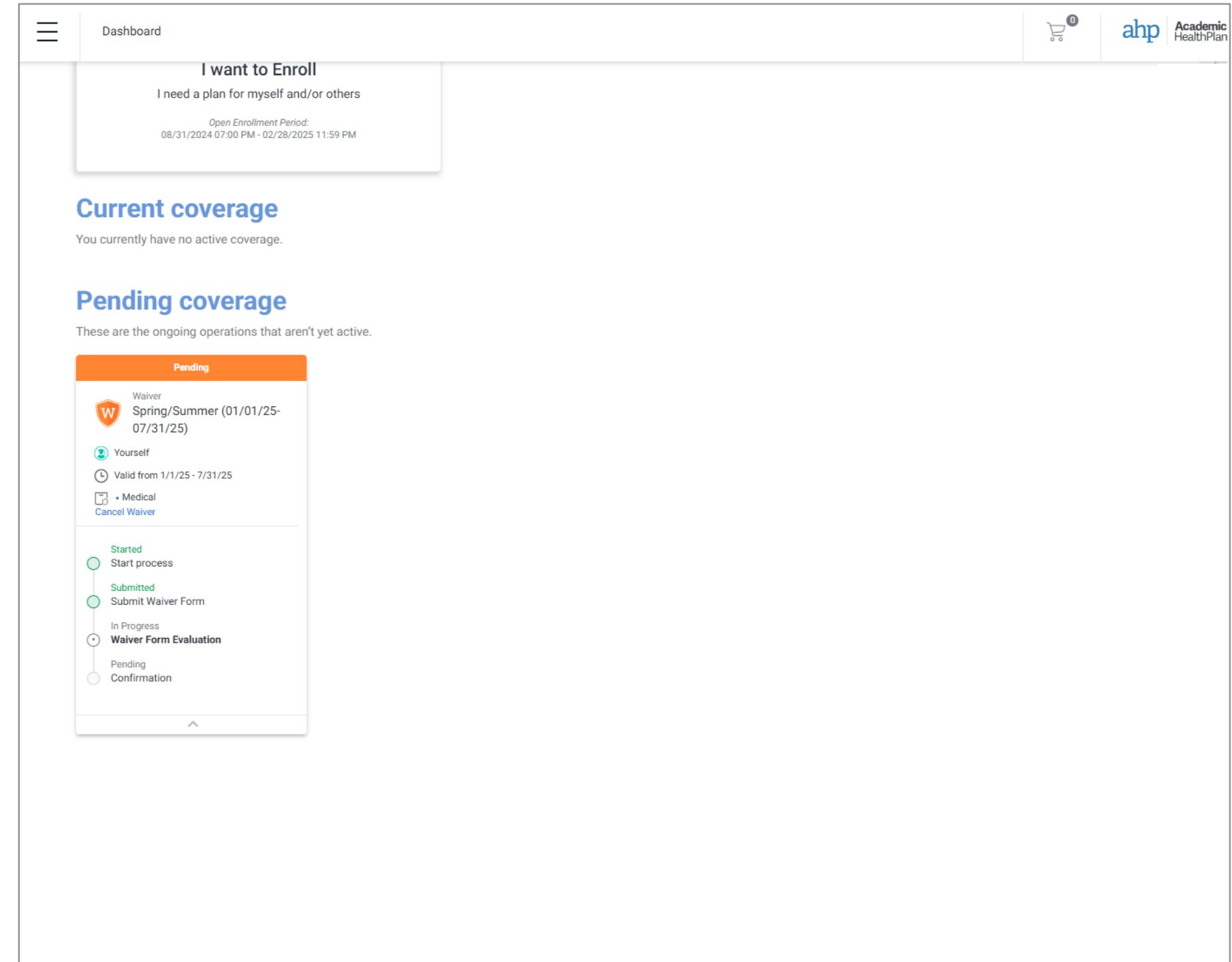
This is the final step of the enrollment process. Confirm that everything looks good, then submit your payment to finalize.

1 Your selected coverage

2 Total cost of the selected coverage

3 Payment Methods

Select your method of payment. Different options may be available depending on your school.



Ongoing Enrollment

After you have successfully submitted your enrollment, your dashboard will automatically change to show you your status. Payment and eligibility may need to be confirmed before the carrier can activate your coverage.

When the status of your enrollment changes, you will be notified by email and your dashboard will automatically update.

You will not be able to use your coverage until it has been activated and the coverage effective date begins.

3. Opt-out of coverage (Waive)

If you have proof of comparable health insurance coverage and you do not wish to take advantage of the Student Health Insurance Plan, follow these steps to submit a waiver.

① Care26 is in continuous development and system enhancements will continue to be applied.
Screens shown are subject to change

Dashboard

ahp

Academic HealthPlans

Welcome, John Doe.

Let's get started.

I want to Enroll

I need a plan for myself.

I want to Waive

I already have health insurance.

We have you classified as a "School Name + Student Category" student. If you feel this is incorrect, [let us know](#).

How to Waive Coverage

NOTE: the option to waive is not available to all students.

1 Starting a Waiver

If you do not wish to take advantage of the Student Health Insurance Plan offered by your school, and you have comparable health insurance coverage, click on this button to begin the process of submitting your information to waive.

We will need to verify your existing insurance meets the criteria set by your school in order to approve your waiver request.

Dashboard > Waiver process

ahp Academic HealthPlans

Heads up! Your session will time out if left inactive for too long and any unsaved changes will be lost. If you plan to step away and finish later, be sure to save any changes.

Waiver Process

Please read carefully

Please verify that you are eligible to waive before proceeding.

Information needed to complete this process

- An electronic copy of the front and back of your health insurance ID card indicating the student as a covered member id.

Start Waiver Process for Spring/Summer (01/01/25-07/31/25) Medical

Deadline for Submission is 04/01/2025

For assistance, please [submit this form.](#)

Waiver Criteria

1 Waiver Criteria

The requirements your insurance coverage need to meet will be outlined here. Be sure to read through the criteria to know what you'll need to submit on the following screens.

2 Start!

When you are ready to provide the required information, click on the blue button to go to the form.

3 Saving a Draft

Keep in mind your session will be automatically closed if left inactive for an extended period of time. Be sure to save a draft if you need to wait to finish later.

Dashboard

ahp Academic HealthPlans

Let's get some coverage!

Please select the option that best applies to you.

1

I want to Enroll
I need a plan for myself

Open Enrollment Period:
11/06/2024 07:00 PM - 02/06/2025 11:59 PM

Current coverage

You currently have no active coverage.

Pending coverage

2

3

These are the ongoing operations that aren't yet active.

! Action is required regarding your waiver. Please submit the requested information in your waiver form.

Pending

Waiver

Spring/Summer (01/06/25-08/10/25)

Youself

Valid from 1/6/25 - 8/10/25

Medical

Cancel Waiver

Started

Start process

Submitted

Submit Waiver Form

In Progress

Waiver Form Evaluation

Pending

Confirmation

Pending

Waiver

Fall (All Students) (08/11/24-01/05/25)

We require additional information in order to review your waiver. Please submit the necessary information at your earliest convenience.

Youself

Valid from 8/11/24 - 1/5/25

Medical

Go to Waiver Form

Go to form

Cancel Waiver

4

Waiver Submitted

After you have successfully submitted your waiver, your dashboard will automatically change to show you your status. Your information may be reviewed by our representatives, or approved manually.

When the status of your waiver changes, you will be notified by email and your dashboard will automatically update.

1 Current Status

2 Pending Coverage

The pending coverage will show you where you are in the process.

3 Status Summary

A brief explanation of the current status of your waiver will be provided on the main dashboard.

4 Cancel Waiver

If you change your mind at any point, you can cancel your waiver by clicking this button. This will discard any information you have already submitted.

Dashboard

3. WAIVE OUT OF COVERAGE

Dashboard > Waiver process > Form

Waiver Request Form

Purpose of Waiver Form

Eligible students are enrolled in the Student Health Insurance Plan (SHIP) unless they are eligible to waive the coverage based on evidence of alternate insurance coverage. This form allows you to apply for a waiver of the SHIP if your plan meets the waiver requirements. The insurance premium is automatically charged to student accounts. Students may request a waiver of SHIP and must provide evidence of alternate insurance coverage. For assistance please contact Academic HealthPlans Customer Service at [help.ahpcare.com](#).

Documentation of Alternate Health Insurance

Attach a copy of the front and back of your medical insurance card.

All documents must be in English and U.S. currency. Please allow 5-7 business days to receive your waiver submission results.

1

Attach Supporting Documentation (DO NOT use special characters in attachment name. Give each attachment a unique name. Your attachment(s) size cannot exceed 25 Mb)

Attach File 1 *

Choose File

jane doe test.docx

Attach File 2

Choose File

No file chosen

Attach File 3

Choose File

No file chosen

Attach File 4

Choose File

No file chosen

2

Student Information

First Name *

Test

Middle Name

Last Name *

AHPstudent

Gender *

Female

Date of Birth(MM/DD/YYYY) *

01/01/1990

Waiver Form

When you start a waiver process, you will go on with a waiver form like this where you will need to attach some file (1), and fill all the fields with the student information (2), policy information, as well as accepting the "student agreement".

1 Attach Files

If required, choose the supporting documentation for your health insurance coverage.

2 Student Information

Complete all the fields with the requested information. Please don't forget to complete the required fields that have an asterisk (*).

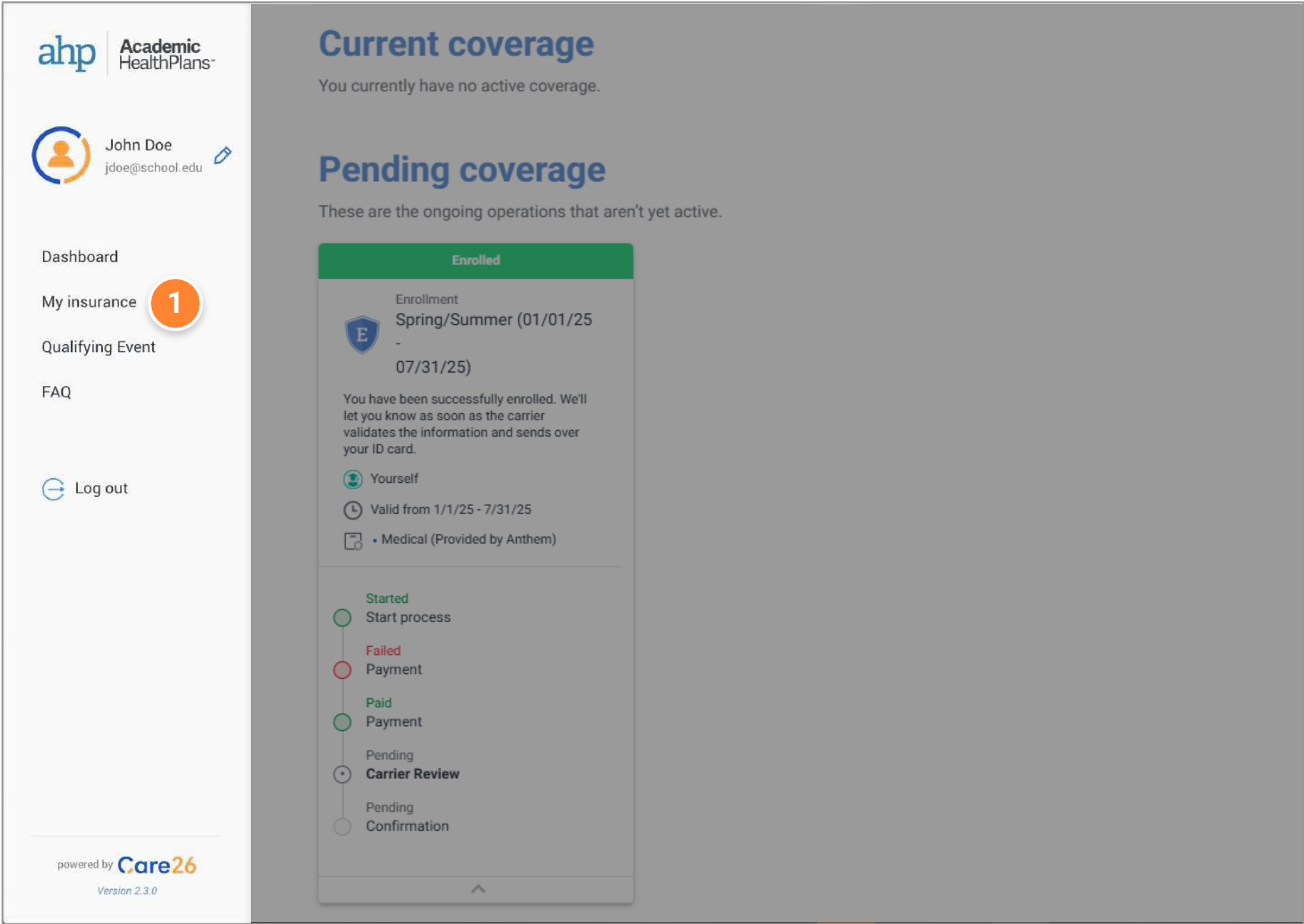
Waiver Form

3. WAIVE OUT OF COVERAGE

4. My Insurance

This section will provide a full history of all your enrollment and waiver submissions with us.

ⓘ Care26 is in continuous development and system enhancements will continue to be applied.
Screens shown are subject to change



Go to My Insurance

1 Access from the Main Menu

Click on "My Insurance" within the pull-out menu.

Dashboard > My Insurance

ahp

Academic HealthPlans

Action taken	Member Coverage	Order	Coverage period	Carrier	Effective Date	Termination Date	School	Status	Actions
Enrollment (Online)	Student	001331	Summer	Health Care	01/01/2021	07/31/2021	Name	ACTIVE	
Waiver	Student	005423	Spring	Health Care	12/05/2020	02/12/2021	Name	ENROLLED	
Enrollment (Online)	Dependents	005412	Winter	Health Care	05/02/2020	07/28/2020	Name	MANUAL CHECK	
Waiver	Student	005308	Summer	Health Care	05/20/2020	07/30/2020	Name	SUBMITTED	
Waiver	Student	005209	Spring	Health Care	12/18/2020	02/25/2020	Name	APPROVED	
Enrollment (Online)	Dependents	005175	Winter	Health Care	05/11/2020	07/15/2020	Name	APPROVED	
Enrollment (Online)	Student	005123	Winter	Health Care	05/11/2020	07/15/2020	Name	APPROVED	
Enrollment (Online)	Student	005068	Fall	Health Care	06/24/2020	08/12/2020	Name	ENROLLED	
Waiver	Student	003486	Fall	Health Care	06/11/2020	08/23/2020	Name	APPROVED	

My Insurance

This is where you will find a complete list of all your enrollment and waiver submissions that we have on record.

1 Open Detailed Information

Click on the blue link for any order to see detailed information that that submission.

2 Actions

Additional actions may be available by clicking on the three dots at the end of any row.

Dashboard > My Insurance

ahp Academic HealthPlans

Action taken	Member Coverage
Enrollment (Online)	Student
Waiver	Student
Enrollment (Online)	Dependents
Waiver	Student
Waiver	Student
Enrollment (Online)	Dependents
Enrollment (Online)	Student
Enrollment (Online)	Student
Waiver	Student

Waiver has been approved

Approved

Last changed on 04/13/2021 04:23 PM

Order: 003486

WAIVER

1

School: School Name

Attachments

Covered period: Fall

Insurance Policy

Last updated 04/13/2021 04:21 PM

Student Category: Domestic (on-campus)

Effective date: 08/01/2020

Termination date: 12/31/2020

Tags:

Submissions

Form submission	Last modified	Attachments	Zirmed response
Form Submission #1	04/13/2021 12:51 PM by student (FirstName5536 Automation7114)	0	FAILED

Notifications

Sent on	Notification Name	Notification Category	Sent by	Sent to	Trigger
04/13/2021 04:23 PM	Waiver Approved	Waiver	System	1	
04/13/2021 12:51 PM	Waiver Submitted	Waiver	System	1	

Order Details

After clicking on the blue link for any submission, detailed information will be displayed.

1 Actions

You can still perform actions by clicking on the three dots from the order details window.

Click on the X to close the window.

2 Form Submissions

If there are form submissions associated with the order, you can find a complete historical list down below.

Click on the blue link for any form submission to see the information that was entered.

Care26