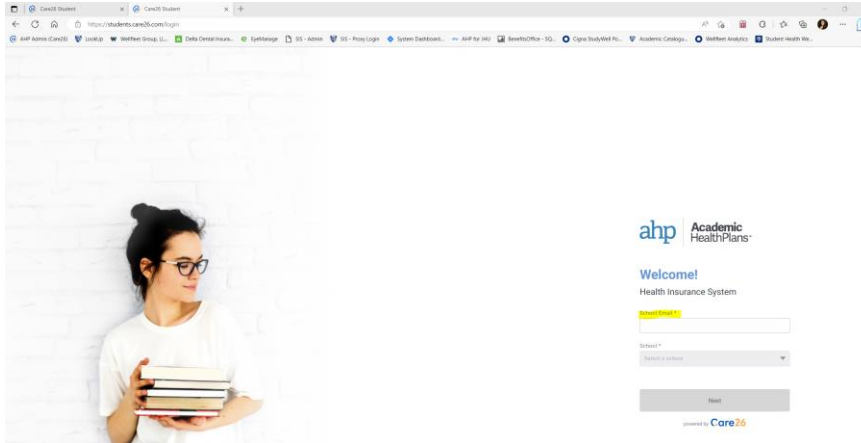


# How to Enroll Dependents into Insurance

1. Go to <https://students.care26.com/login> and enter your JHU email address



2. Click “I want to Enroll”

## Welcome, Jay Blue.

### Let's get some coverage!

Please select the option that best applies to you.

<p><b>I want to Enroll</b></p> <p>I need a plan for myself and/or others</p> <p>Open Enrollment Period: 6/1/23 - 9/15/23</p>	<p><b>I want to Waive</b></p> <p>I already have health insurance.</p> <p>Waiver Period: 6/1/23 - 9/15/23</p>
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3. Read each of the conditions carefully. Once you have read and agreed to the terms and conditions, click on “Confirm”

### JHU Enrollment

Please read carefully

Please verify the following information before proceeding. If you feel this is incorrect, let us know.

School:

Student Category:

- I have read and agree to the Terms & Conditions.
- I attest that if I am a Postdoctoral Fellow or House Staff enrolling a Domestic Partner or a child of a Domestic Partner in coverage I must contact JHU Benefits at postdoctoral@jhup.edu or housestaff@jhup.edu immediately. Under section 152 of the Internal Revenue Code, unmarried domestic partners are not recognized as dependents. Therefore, the fair market value of the health insurance benefits provided by the university for a domestic partner must be treated as taxable income. This means that taxes will be calculated on the difference in the premium for individual and two-party coverage that is paid by the university. This amount will be reflected on your pay statement. If you are not a postdoctoral fellow or house staff please check the box and proceed with the attestation.
- I understand the issuing insurance carrier(s) have the right to investigate my student status and attendance records each semester to verify that the Policy eligibility requirements have been met. In the event that an issuing insurer determines that the Policy eligibility requirements have not been met, its only obligation is refund of premium.
- Dependent Eligibility Requirements. Any dependents enrolled in the Medical Insurance Plan must be eligible for coverage. The carrier may audit dependents to verify their eligibility. If your dependent(s) is(are) selected for audit, the carrier will email you with instructions to submit the documents needed to verify your dependent(s) eligibility. By Continuing/Dependent Enrollment:
  - 1. You confirm that you have read the eligibility requirements for dependents. (Found in the brochure on the Benefits page of this website.)
  - 2. You confirm that your dependent(s) is(are) eligible for coverage.
  - 3. You confirm that you will submit documentation required to verify your dependent(s) eligibility if audited by the carrier.

4. Click on the plan that you want to enroll a dependent into and then click New dependent:



## Select your plan

Pick the coverage that's right for you!

<b>Annual Learner Medical</b> Primary Coverage starts: July 1, 2023 Coverage ends: June 30, 2024 <b>\$5,316.00</b> Starting from	<b>Annual Learner Dental</b> Primary Coverage starts: July 1, 2023 Coverage ends: June 30, 2024 <b>\$138.00</b> Starting from	<b>Annual Learner Vision</b> Primary Coverage starts: July 1, 2023 Coverage ends: June 30, 2024 <b>\$59.00</b> Starting from
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## Who is it for?


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

 <b>New dependent</b> Spouse or Child	<b>Already enrolled</b>  <b>Jay Blue</b> Yourself
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5. Enter in your dependents details and then click on the green check on the top right, complete this process for each dependent you want to add to coverage:

### Who is it for?

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

<b>Add new dependent</b> ✕ ✓ Type * Spouse First Name * Robin Middle Name Last Name * Blue Gender * Female Date of birth * 01/01/2000 Social Security Number (SSN)	<b>Already enrolled</b>  <b>Jay Blue</b> Yourself
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- Once you've added all your dependents – you can now select the coverage you want to enroll them into. Select the coverage (medical/dental/vision) and then select the dependents you want to enroll into that plan, then select Add to Cart. Complete this process for each insurance type:

### Select your plan

Pick the coverage that's right for you!

<b>Annual Learner Medical</b> Primary Coverage starts: July 1, 2023 Coverage ends: June 30, 2024 <b>\$5,316.00</b> Starting from	<b>Annual Learner Dental</b> Primary Coverage starts: July 1, 2023 Coverage ends: June 30, 2024 <b>\$138.00</b> Starting from	<b>Annual Learner Vision</b> Primary Coverage starts: July 1, 2023 Coverage ends: June 30, 2024 <b>\$59.00</b> Starting from
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### Who is it for?

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

 <b>New dependent</b> Spouse or Child	<b>Already enrolled</b>  <b>Jay Blue</b> Yourself	 <b>Robin Blue</b> Spouse	 <b>Oriole Blue</b> Child
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[Cancel Enrollment](#) [Add to Cart](#) [Proceed to checkout](#)

- Once you have selected all your coverages, click on “Proceed to checkout”
- Click on the coverage(s) you want to pay for, select payment type, and payment method. Then click on pay selected products and follow the steps for payment. Once your payment has been submitted, the enrollment will be submitted to the vendors.
  - If you are a student**, you will have the option to submit payment via ACH or by Credit Card
  - If you are a salaried postdoctoral fellow** – you will have the option to “Charge through School”
    - When you select this option and your department **covers** the cost of your dependent’s benefits, you will not be charged for coverage.
    - If you select this option and your department **does not** cover the cost of dependent coverage, you will be payroll deducted for coverage.
  - If you are a stipend postdoctoral fellow** – you will have to option to pay by an installment plan. You will be charged for coverage for 2 months upfront and then will be invoiced monthly for coverage. **Failure to pay for coverage will result in your insurance being terminated.**
- Questions? **Call AHP at (855) 423-1678**