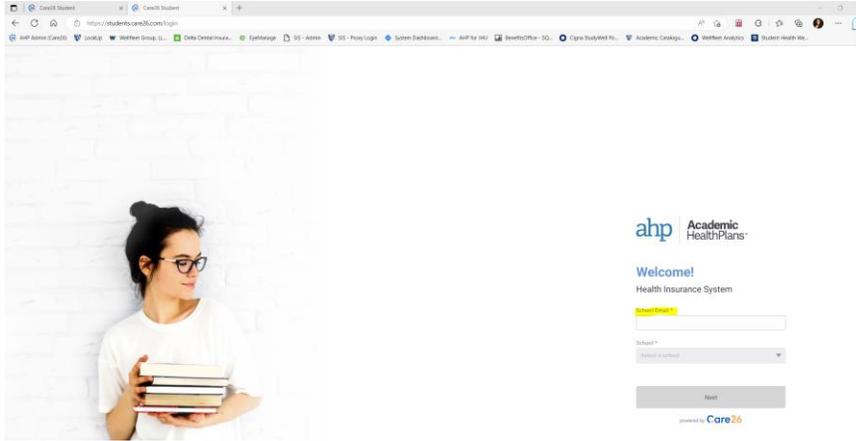


# How to Enroll into Coverage Continuation

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.

**I want to Enroll**

I need a plan for myself and/or others

Open Enrollment Period:  
1/1/2024 – 1/31/2024

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  
Johns Hopkins University

Student Category  
SOM Training Student

- 1. I have read and agree to the Terms & Conditions.
- 2. 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 ahp@benefits.jhu.edu or postdoctoral@jhu.edu or housestaff@jhu.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 attestations.
- 3. 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.
- 4. **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. See 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.

[Cancel Enrollment](#) [Confirm](#)

- Click on the length of time you want to extend coverage for. Your options to extend are 1 month, 2 months, or 3 months. Students are only eligible to extend medical coverage. There is no option to extend dental or vision.

## Select your plan

Pick the coverage that's right for you!

<b>Continuation Period 1 - 3 Months Medical</b> Primary  Coverage starts: January 1, 2024 Coverage ends: March 31, 2024 <b>\$780.00</b> Starting from	<b>Continuation Period 1 - 1 Month Medical</b> Primary  Coverage starts: January 1, 2024 Coverage ends: January 31, 2024 <b>\$260.00</b> Starting from	<b>Continuation Period 1 - 2 Months Medical</b> Primary  Coverage starts: January 1, 2024 Coverage ends: February 29, 2024 <b>\$520.00</b> Starting from
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- Add the coverage to your cart and then click on "proceed to check out" on the bottom of the screen.
- Once on the checkout screen, select the coverage again and then select your payment method (Credit Card to ACH). Note: there is a service fee for paying by credit card.

## Checkout

Please select a product to see the payment methods available.

**Continuation Medical**  
Primary  
Coverage starts: January 1, 2024  
Coverage ends: March 31, 2024  
Jay Blue (You)

## Payment method

Please pick how you want to pay.

 <b>Credit Card</b> Total: \$803.40	 <b>ACH</b> Total: \$780.00
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- Once you submit payment, your enrollment will be sent to Wellfleet. Your coverage will be retroactive to 1/1/2024.

Notes:

- Charges for continuation coverage cannot be added to SIS bills.
- You will not be able to extend coverage beyond the timeframe in which you initially enroll into coverage. (For example, if you only extend coverage for 1 month when you initially enroll, you will not be able to later extend coverage for another month or two).
- All elected coverage will begin on 1/1/2024.
- The maximum extension period is 3 months, if coverage is needed beyond that timeframe, consider enrolling in a [HealthCare Market Place](#) plan or a plan through [Mercer Indigo](#)
- Once payment is submitted, no refund will be given.