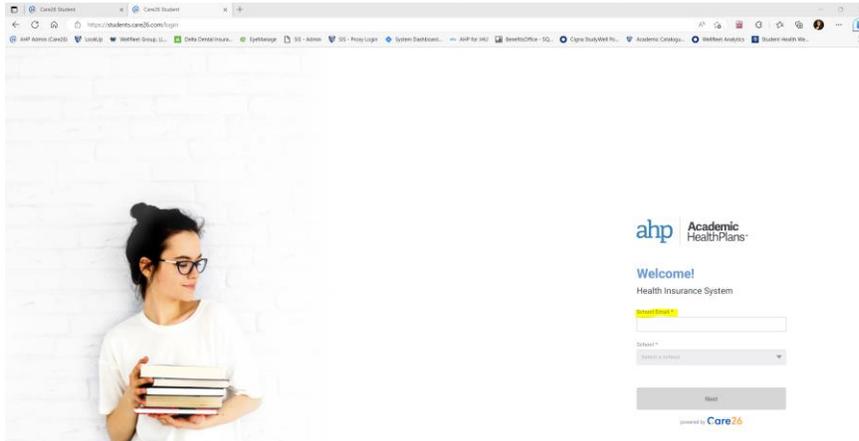


# How to Enroll into insurance as a Visiting Student

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



2. Once logged in, select the button “I want to Enroll”

## 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:  
2/1/23 - 2/15/24

## Current coverage

You currently have no active coverage.

## Pending coverage

You currently have no pending or ongoing coverage operations.

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 Visiting Student

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 [postdocbenefits@jhu.edu](mailto:postdocbenefits@jhu.edu) or [housestaffbenefits@jhu.edu](mailto:housestaffbenefits@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 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. You can now enroll yourself into medical, dental, and/or vision coverage. To enroll in medical coverage based on your appointment dates, click on “Annual Medical” and then enter in the dates that you will be at JHU. Note: these dates must match the dates on your appointment letter. You will be required to upload a copy of your appointment letter. Click “Confirm” once done.

## Select your plan

Pick the coverage that's right for you!

<b>Annual Medical</b> Primary Coverage starts: July 1, 2023 Coverage ends: August 14, 2024 <b>\$8.52/day</b> Price per member Requires Approval	<b>Annual Dental</b> Primary Coverage starts: July 1, 2023 Coverage ends: August 14, 2024 <b>\$162.00</b> Price per member Requires Approval	<b>Annual Vision</b> Primary Coverage starts: July 1, 2023 Coverage ends: August 14, 2024 <b>\$59.00</b> Price per member Requires Approval
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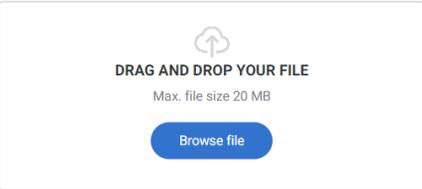
## Who is it for?

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>Suzie Kim</b> Yourself
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## Dates of Coverage

Indicate the start and end dates for you coverage and upload any necessary supporting documentation.

Period dates *	Supporting documentation *
08/01/2023 to 05/31/2024 <small>Coverage begins at 12:00 a.m EST and ends at 11:59 p.m EST</small>	 DRAG AND DROP YOUR FILE Max. file size 20 MB Browse file
Number of days 305 <small>Auto calculated from period dates</small>	<small>*Requirement: Appointment Letter</small>

[Cancel Enrollment](#) [Add to Cart](#) [Confirm](#)

5. You will get a pop-up that your enrollment requires approval – we will validate that the dates you entered in match your appointment letter and then approve your coverage request.

Requires Approval

The product Annual Medical requires eligibility verification. If you proceed, you will have to wait for an approval in order to submit your payment and complete the process.

Confirm

- You will see this confirmation that your request has been submitted. Once approved, you will get an email from AHP and you will need to submit payment to finalize your enrollment.



## Submitted!

Your enrollment has been submitted successfully and will need to be reviewed for approval. Once approved, you will need to complete the payment process in order to finalize your enrollment.

[Go to the Dashboard](#)

- If you want to enroll in dental and/or vision – you need to follow the steps above.
- Once your enrollment has been approved, you will see the following message and be able to make the payment for coverage by clicking “Go to Checkout”

### Pending coverage

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

**!** Your Enrollment request has been approved. Please provide a valid form of payment before 2023-06-11T20:30:07.391316Z. If payment is not received by this date, your coverage will be voided.

**Approved**

Enrollment  
Annual 2023 - 2024

• Yourself

• Medical (Provided by Wellfleet)

[Go 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 – your coverage will be active based on the dates you enrolled in to coverage.
- Questions? **Call AHP at (855) 423-1678**