

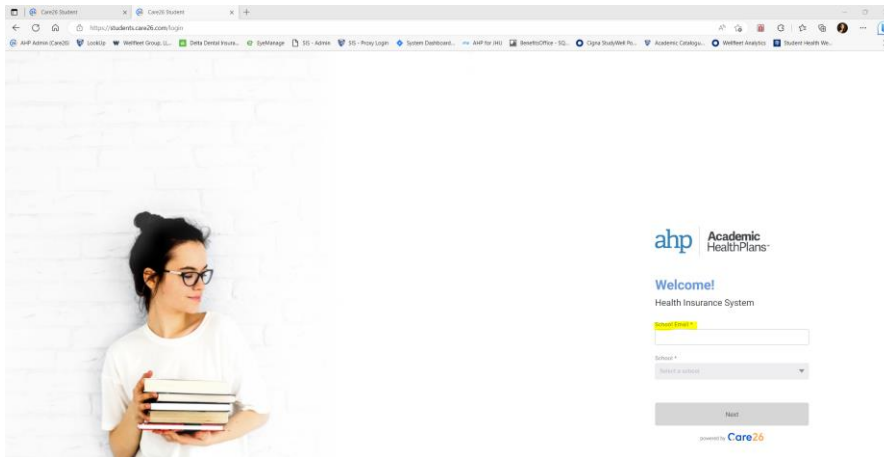
## How to Process a Qualified Life Event (QLE)

This guide provides information on how to:

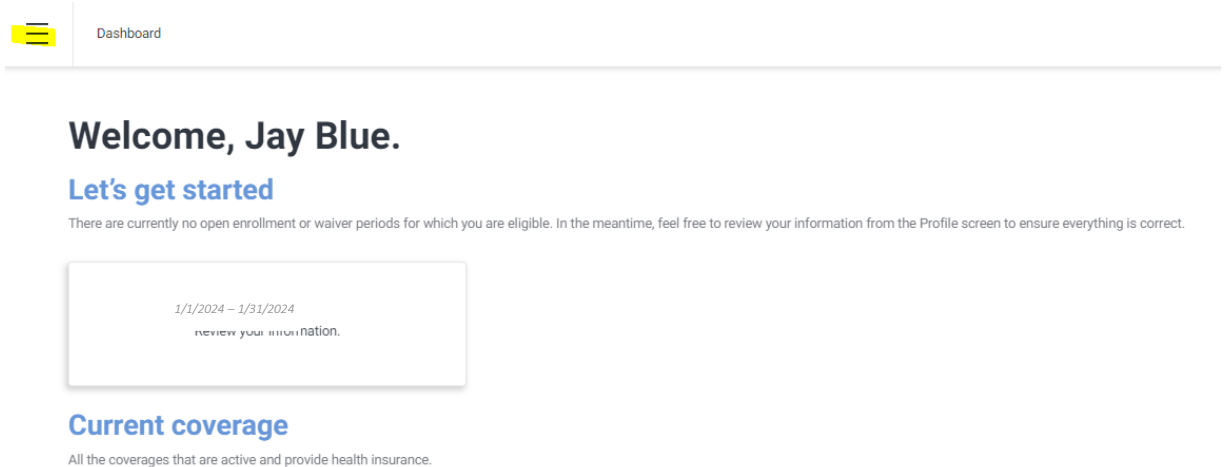
1. Process a Qualified Life Event (QLE) to **Add** coverage for yourself or a dependent
2. Process a Qualified Life Event (QLE) to **Remove** coverage for yourself or a dependent – if you are looking to remove yourself or a dependent from coverage – **please go to page 7**

### QLE to ADD Coverage:

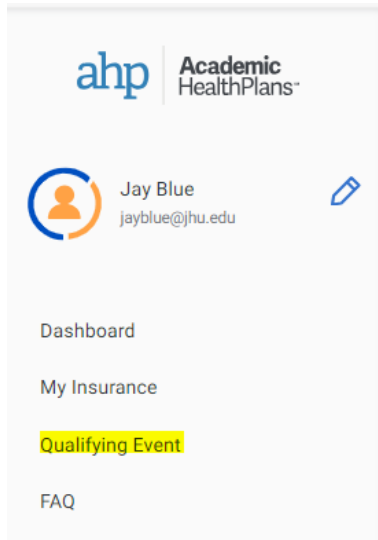
Step 1: Go to <https://students.care26.com/login> and enter your JHU email address



Step 2: Click the menu button on the top left-hand corner of the screen next to the Dashboard



Step 3: Click on “Qualifying Event”



Step 4: Click “Start Qualifying Event” on the bottom of the screen

### Qualifying Event request

**Please read carefully**

A Qualifying Life Event is a major life change that may affect your health insurance needs. Qualifying Life Events may make you eligible for a special enrollment period outside of the school's scheduled Open Enrollment Period. Enrollment is typically required within 30 days of the Qualifying Event and supporting documentation is required.

Examples of Qualifying Life Events are:

- Loss of health coverage
  - Turning 26 and losing coverage through a parent's plan
  - Losing existing health coverage under another plan including job-based, individual, and student plans
  - Losing eligibility for Medicare, Medicaid, or CHIP
  - Losing existing health coverage as a dependent on a family member's plan through divorce, death, job loss
  - Eligible student actively enrolled arriving to the US from another country mid-semester

If dependents are covered by your school's health insurance plan, other examples are:

- Changes in household which impact a dependent being able to enroll under your coverage
  - Getting married
  - Having a baby or adopting a child
  - Spouse and/or dependents arriving to the US from another country
  - Spouse and/or dependents losing other health coverage due to aging off parents' plan, loss of employee benefits, losing eligibility under Medicare, Medicaid, or CHIP

Documentation that verifies your Qualifying Event

Examples may include:


- Certificate of coverage from previous insurance carrier. This must include the student's name and Date that coverage terminated
- Drivers License or State ID can be used only if turning 26 and aging off of parents insurance. Coverage cannot be prorated. To avoid being charged for additional premium when possible provide Certificate of Coverage as this is a no cancel, no refund policy
- Marriage Certificate
- Birth Certificate or Birth Record from Hospital
- etc.

**Start Qualifying Event**

Step 5: Enter in the required information. Reason for the qle, detail, and date of the QLE. You will also need to upload proof of your QLE (marriage certificate, birth certificate, letter stating the date you lost other coverage, ect).

## Qualifying Event

Please provide the following information so that we may review your enrollment request.

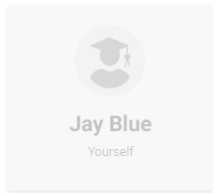
Main reason *	Proof *
<input type="text" value="Please select an option"/>	<div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <b>DRAG AND DROP YOUR FILE</b> Max. file size 20 MB <a href="#">Browse file</a></div>
Detail *	
<input type="text" value=""/>	
Date of the Qualifying Event *	
<input type="text" value="MM/DD/YYYY"/>	

## Select your plan

Pick the coverage that's right for you!

## Who is it for?

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



[Cancel Qualifying Event](#) [Submit Request](#)

Step 6: You will now be able to select the plan you want to enroll in based on the date of your QLE. Please note: you will need to process a QLE if you wish to enroll yourself or a dependent into more than one plan (ex. If you want to enroll a dependent into medical and dental coverage you will need to process a QLE for each plan).

## Select your plan

Pick the coverage that's right for you!

<p><b>Annual Learner (07/01/23-06/30/24) Medical</b></p> <p>Primary</p> <p>Coverage starts: January 2, 2024</p> <p>Coverage ends: June 30, 2024</p> <p><b>\$0.00</b> Starting from</p>	<p><b>Annual Learner (07/01/23-06/30/24) Dental</b></p> <p>Primary</p> <p>Coverage starts: January 2, 2024</p> <p>Coverage ends: June 30, 2024</p> <p><b>\$0.00</b> Starting from</p>	<p><b>Annual Learner (07/01/23-06/30/24) Vision</b></p> <p>Primary</p> <p>Coverage starts: January 2, 2024</p> <p>Coverage ends: June 30, 2024</p> <p><b>\$0.00</b> Starting from</p>
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Step 7: Once you chose your plan and who the coverage is for, click “Submit Request”

Step 8: You will see the following screen when your QLE has been submitted. **Please note: you will be required to login and submit payment / confirm enrollment once your QLE has been approved.**

AHP will send you an email once your QLE has been approved (or if they need additional information to review your request). You will need to login and submit payment / confirm enrollment within 3 days of receiving that email. **If you do not log back in and submit payment / confirm enrollment – your newly elected coverage will not be active.**



## Thanks!

The Qualifying Event request has been received and will be reviewed for approval. You may be asked for additional information.


Payment will be requested at time of approval and you will have 3 days to submit your payment.


[Go to the Dashboard](#)







Step 8: ONCE YOUR QLE is APPROVED and you receive an email from AHP letting you know your QLE has been approved. Login to your account: <https://students.care26.com/login> and view your pending coverage:

## Pending coverage

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

 Your QE request has been approved! You must submit payment before 01/12/2024 03:03 PM to avoid automatic cancellation.

 Your Enrollment request has been approved. Please provide a valid form of payment before 2024-01-12T15:03:06.S249525. If payment is not received by this date, your coverage will be voided.

Pending	Pending	Approved
<p>Enrollment Annual Learner 2023 - 2024</p> <p>You have been successfully enrolled. We'll let you know as soon as the carrier validates the information and sends over your ID card.</p> <p> Yourself</p> <p> Dental (Provided by Delta Dental)</p>	<p>Enrollment Annual Learner 2023 - 2024</p> <p>You have been successfully enrolled. We'll let you know as soon as the carrier validates the information and sends over your ID card.</p> <p> Yourself</p> <p> Vision (Provided by Eyemed)</p>	<p>Qualifying Event Annual Learner 2023 - 2024</p> <p>Your Qualifying Event request has been approved! Please submit your payment to complete the process. If payment is not received within 3 days, your request will be cancelled and you will not have insurance coverage.</p> <p>Notes: Having a baby or adopting a child</p> <p> Robin Blue</p> <p> Medical (Provided by Wellfleet)</p> <p><a href="#">Go to Checkout</a></p> <p><a href="#">Go to Checkout</a> →</p>


Step 9: Click "Go to Checkout"

**Approved**

Qualifying Event  
Annual Learner 2023 - 2024

Your Qualifying Event request has been approved! Please submit your payment to complete the process. If payment is not received within 3 days, your request will be cancelled and you will not have insurance coverage.

Notes:  
Having a baby or adopting a child

 Robin Blue

 Medical (Provided by Wellfleet)

[Go to Checkout](#)

**Go to Checkout** →

Step 10: Select the plans you want to confirm/pay for and the payment method

## Checkout

Please select a product to see the payment methods available.

**Annual Learner Medical**

Primary


Coverage starts: January 1, 2024

Coverage ends: June 30, 2024

Robin Blue (Child)

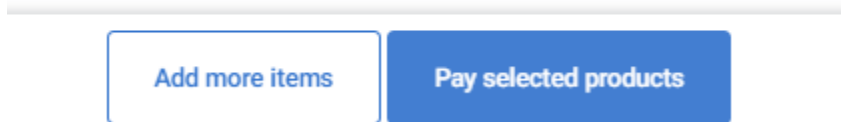
## Payment method

Please pick how you want to pay.

 **Charge through School**

Total: \$0.00

Step 11: Click “Pay selected products” on the bottom of the screen:



Step 12: Follow the prompts based on your payment method. Once you’ve completed these steps, your elected coverage will be active and sent to the carriers on the next file.

**QLE to REMOVE Coverage:**

Step 1: Go to <https://jhu.mycare26.com/>

Step 2: Chose your affiliation







2023-2024

# Johns Hopkins University

Please select your affiliation below:

Postdoctoral Fellows	House Staff	Visiting Students & Trainees
Bloomberg School of Public Health	Carey Business School	
Krieger School of Arts & Sciences	Whiting School of Engineering	
School of Advanced International Studies	School of Education	
School of Medicine	School of Nursing	Peabody Institute

Step 3: Click on "Enroll/Cost"

 <b>Benefits</b> <a href="#">Click Here for plan details</a>	 <b>Enroll/Cost</b> <a href="#">Click Here for plan costs and to enroll dependents in the plan</a>	 <b>Find a Provider</b> <a href="#">Click Here to find a provider</a>	 <b>Additional Resources</b> <a href="#">Click Here to access account information, ID card and other resources</a>
 <b>Claims</b> <a href="#">Click Here to submit a claim</a>	 <b>Contact Information</b> <a href="#">Click Here for contact information</a>		

Step 3: Click on "Qualifying Event"

## Postdocs with a Qualifying Event

[Am I Eligible for a Qualifying Event?](#)

[Click Here to Enroll](#)

[Medical Qualifying Event Cost Sheet](#)

[Dental and Vision Qualifying Event Cost Sheet](#)

### **To Remove yourself or your dependent from coverage due to a Qualified Life Event:**

**Click the button below** to request cancellation of coverage for one of the following reasons:

- You experienced a Qualified Life Event\*
- Dependent experienced a Qualified Life Event\*
- Cancel Waiver\*\* – You previously waived coverage but changed your mind

\*All requests to remove coverage due to a QLEs must be submitted within 31 days of the event date.

\*\*All requests to cancel a waiver must be submitted within your 31 day enrollment period.

[Click Here to Request Cancellation of Coverage](#)

Step 4: Click on the blue button on the bottom “Click Here to Request Cancellation of Coverage”

### **To Remove yourself or your dependent from coverage due to a Qualified Life Event:**

**Click the button below** to request cancellation of coverage for one of the following reasons:

- You experienced a Qualified Life Event\*
- Dependent experienced a Qualified Life Event\*
- Cancel Waiver\*\* – You previously waived coverage but changed your mind

\*All requests to remove coverage due to a QLEs must be submitted within 31 days of the event date.

\*\*All requests to cancel a waiver must be submitted within your 31 day enrollment period.

[Click Here to Request Cancellation of Coverage](#)



Step 5: Complete the form with the requested information and then click submit:

## Submit a request

Your email address \*

Student Name \*

First & Last Name

Student ID \*

Please enter "n/a" if you don't know

Date of Qualifying Event \*

Qualifying Life Event \*

Attachments

Submit

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Step 6: AHP will reach out to you via email if additional information is needed. If no additional information is needed to remove coverage based on your request, you will receive an email from AHP confirming that the requested coverage has been terminated.