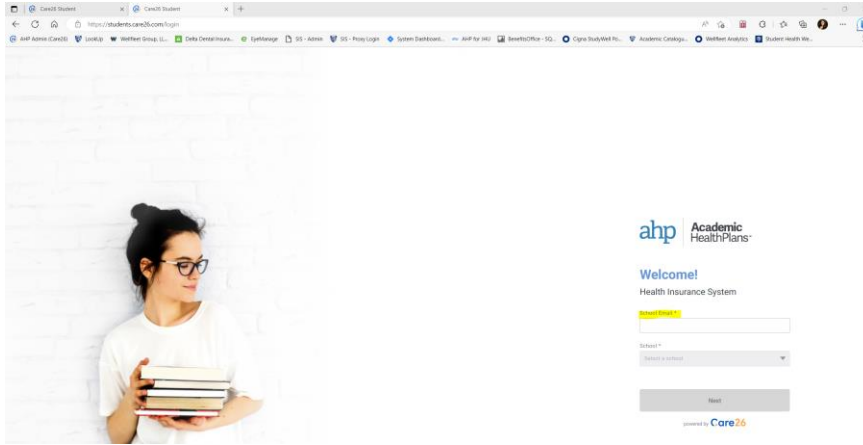


# How to Waive Coverage

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



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

**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><i>Open Enrollment Period:</i> 6/1/23 - 9/15/23</p>	<p><b>I want to Waive</b></p> <p>I already have health insurance.</p> <p><i>Waiver Period:</i> 6/1/23 - 9/15/23</p>
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3. Carefully review the waiver process and understand the requirements for a waiver to be accepted, once you have read the process, click on the button to “Start Waiver Process”. You will need the policy holder information and a copy of your insurance ID card to continue.

## Waiver Process

**Please read carefully**

Please verify that you are eligible to waive before proceeding.

SOM Salaried Postdoctoral Fellow attending Johns Hopkins University are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is furnished. In order to be approved for a waiver, your alternate health coverage must meet or exceed the requirements as set forth below and be submitted by the waiver deadline.

Criteria to submit a waiver request:

- Student is covered by an active medical policy.

*Please Note: travel plans, short term plans, healthcare sharing plans or plans that require you to pay for treatment yourself and then apply for reimbursement will NOT be acceptable for waiving the student health plan(s).*

If you meet one of the above criteria, then your alternative health insurance coverage must meet the following minimum requirements:

1. My current health insurance plan is NOT limited to emergency-only care and allows me to visit U.S. doctors, hospitals, laboratories, and other health care providers in the local area where I will be residing and studying for the academic year.
2. My plan covers me while in the state I will be residing in for the upcoming semester. (Note: if your current health insurance plan is a Medicaid plan, it must provide coverage for you in the state you will be residing in for the upcoming semester.

If your alternate coverage meets the above minimum requirements, it is recommended, but not required that you acquire the following scanned documents to submit a waiver request:

- The front and back of your health insurance ID card.

Information needed to complete this process

- Policyholder information
- Copy of your insurance ID card

**Start Waiver Process for Annual Learner (07/01/23-06/30/24) Medical**

Deadline for Submission is 09/15/2023

4. Upload a copy of the front and back of your ID card as well as a Letter of Coverage from your insurance carrier confirming your coverage is active:

### Attach Supporting Documentation of Alternative Health Insurance Coverage

Attach the following proof of insurance coverage. All documents must be in English and U.S. currency. Please allow 5-7 business days to receive your waiver submission results. FOR TIPS ON ATTACHING YOUR DOCUMENT copy this link to your browser: <https://goo.gl/vF9EHW>

Attach Files (DO NOT use special characters in attachment name. Give each attachment a unique name)

#### Front ID Card

 No file chosen

Front copy of your medical insurance card

#### Back ID Card

 No file chosen

Back copy of your medical insurance card

#### Letter of Coverage

 No file chosen

Proof of insurance for current coverage

5. Confirm your student information is correct:

### Student Information

First Name \*

Middle Name

Last Name \*

Student ID \*

Gender \*

Date of Birth (MM/DD/YYYY) \*

School Email \*

Personal Email

Parent/ Alternate Email

Phone Number

6. Complete all the required fields under "Policy Holder Information":

#### Policy Holder Information

Insurance Company \*

Insurance Company (Other)

Member ID \*

Type of Coverage \*

Member Service Phone \*

First Name (Policy holder) \*

Last Name (Policy holder) \*

Address (Policy holder) \*

City (Policy holder) \*

Zip (Policy holder) \*

State (Policy holder) \*

Or Network Health/Diagnostics Lab Provider (e.g. LabCorp, Quest, etc.)

7. Read the Student Agreement and fill in your name and click “Submit Waiver Form”

### Student Agreement

I request a waiver of participation for the Johns Hopkins University Student Health Benefits Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Johns Hopkins University, and that Johns Hopkins University will not be responsible for any medical expenses I may incur. By electronically submitting this form, I attest that the information provided about my health insurance coverage is true and correct. If this Health Insurance Waiver is approved, I will receive a credit, posted on my student account within the next 5 to 7 business days. If you do not receive a credit on your student account within this time period, please contact SEAM so that we can research this activity for you.

\*\* Student's Signature (or Parent's Signature if students is under Age 18) \*

Date

\*\* By typing my name in the Signature field, I hereby certify that the information entered into this form is true and correct to the best of my knowledge.

### \*\*\* IMPORTANT NOTE - PLEASE READ \*\*\*

Once you have successfully submitted your waiver request you will receive an automated email confirming receipt of your request. Please keep a copy of the confirmation email for your records. Should there be any problems with your waiver, you will need a copy of this confirmation email which includes a waiver request code. Please note that it is your responsibility to follow up on their waiver status, and to ensure that all information is received by AHP by the waiver deadline.

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Save Draft

Submit Waiver Form

8. When you see this message – you have successfully submitted a waiver. AHP will now review your waiver information to confirm the information provided is accurate. AHP will send you an email either approving your coverage or requesting additional information to further confirm your comparable health plan. Please note: Your coverage WILL NOT be waived and the charge WILL NOT be removed from your SIS account until AHP APPROVES your waiver.



### Congratulations!

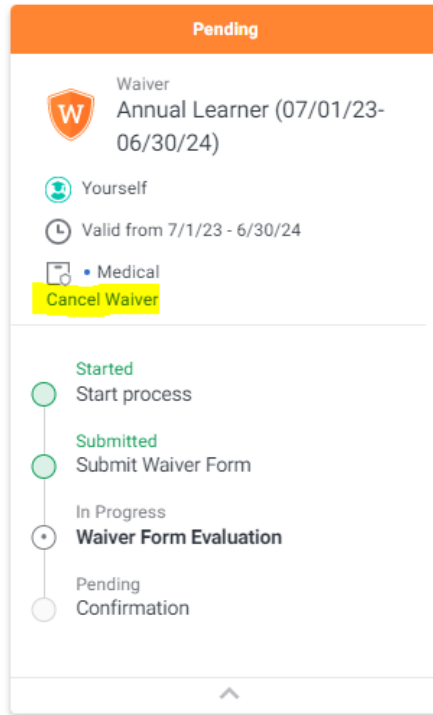
Your waiver has been successfully submitted.

You will receive a response once your waiver has been reviewed.

You can always check the status on the homepage.

Go to Homepage

9. If the waiver/enrollment period is still open and you change your mind and want to enroll into coverage, you can cancel your waiver. On your account dashboard, select “Cancel Waiver”



10. Once your waiver is approved and you receive an email from AHP confirming that your waiver has been approved, the charge for health insurance will be removed from your SIS account within 5-7 business days.

11. Questions? **Call AHP at (855) 423-1678**