

Student User Guide







Student Experience

Manage your health insurance quickly and easily.

- 1. Accessing my Account (SSO)
- 2. Get coverage (Enroll)
- 3. Waive out of coverage
- 4. My Insurance



1 Accessing my Account (SSO)

(!) Care26 is in continuous development and system enhancements will continue to be applied. Screens shown are subject to change







Welcome to Care26!

The user enters their school email address.

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- The system detects the user belongs to a school using SSO and presents them with the SSO button "Log in using my (School Abbreviation) Account"
- The user is taken to the school's login page where the user will login.
- The user is authenticated and taken to the Care26 dashboard.



2. Get Coverage (Enroll)

Follow these steps to take advantage of the Student Health Insurance Plan offered by your school.

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Ξ	Tashboard	ahp Acateric Heatphares	Ongoir
	Welcome, John Doe.		
8	Status Activation Pending		When the status of and your dashboard
	Thank you for purchasing coverage with ust You have been successfully enrolled and this means you now have temporary coverage and can use it if needed. We'll let you know as soon as the carrier validates the information and sends over your ID card.		You will not be able
	Coverage details:		the coverage effect
	Effective date: 01/01/2021 Teenisation date: 07/01/2021		
	Purchannel prinductiv + Medical (Provided by United Healthcase) Amount, \$817.50		

Ongoing Enrollment

When the status of your enrollment changes, you will be notified by email and your dashboard will automatically update.

You will not be able to use your coverage until it has been activated and the coverage effective date begins.

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3. Waive out of coverage

If you have proof of comparable health insurance coverage and you do not wish to take advantage of the Student Health Insurance Plan, follow these steps to submit a waiver.

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How to Waive Coverage

NOTE: the option to waive is not available to all students.

Starting a Waiver

If you do not wish to take advantage of the Student Health Insurance Plan offered by your school, and you have comparable health insurance coverage, click on this button to begin the process of submitting your information to waive.

We will need to verify your existing insurance meets the criteria set by your school in order to approve your waiver request.





Waiver Criteria

1 Waiver Criteria

The requirements your insurance coverage need to meet will be outlined here. Be sure to read through the criteria to know what you'll need to submit on the following screens.

2 Start!

When you are ready to provide the required information, click on the blue button to go to the form.

Saving a Draft

Keep in mind your session will be automatically closed if left inactive for an extended period of time. Be sure to save a draft if you need to wait to finish later.





Waiver Submitted

After you have successfully submitted your waiver, your dashboard will automatically change to show you your status. One of our representatives will review your information and you will be provided a response.

When the status of your waiver changes, you will be notified by email and your dashboard will automatically update.



Timeline 2

This timeline will show you were you are at in the process.

3 Status Summary

A brief explanation of the current status of your waiver will be provided here.

Cancel Waiver

If you change your mind at any point, you can cancel your waiver by clicking this button. This will discard any information you have already submitted.

Date of Birth (MW/DD/YYYY)



Ξ Dashboard > Waiver process > Form ahp Academic College Name Waiver Request Information Form International Students Annual 2021-2022 Waiver Form Purpose of Waiver Form All students must purchase the Student Health Insurance Plan (SHIP) unless they are eligible to waive the coverage based on evidence of alternate insurance coverage. This form allows you to apply for a waiver of the SHIP if you meet the eligibility requirements. The Student Health When you start a waiver process, you will go on with a waiver form like is automatically charged to student accounts. Students may request a waiver of SHIP and must provide evidence of alternate insurance coverage. For assistance please contact Academic HealthPlans Customer Service at 855-856-2388. DEADLINE FOR SUBMISSION: July 25, 2021 this where you will need to attach some file (1), and fill all the fields with the student information (2), policy information, as well as, accepting the Attach Supporting Documentation of alternative health insurance coverage "student agreement". 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 Attach Files (DO NOT use special characters in attachment name. Give each attachment a unique name) Freet ID Card Choose the supporting documentation for your healt insurance coverage. Choose File No file choses Front copy of your medical insurance card Back ID Card 2 Student Information Choose File No file chooses Bark oncy of your medical insurance cars Complete all the fields with the requested information, please don't insurance Policy Choose File No file choses forget to complete the required fields that have an asterik (*). This document is a multigage document that provides a detailed description of the plans deductible amounts, separationissurance amounts and percentages, baspital benefits, surgery benefits, mental health benefits, etc. Healthcare Sharing Plans is year alternate healthcare coverage provided through a healthcare shoring program (ex Liberty Healthchare Sameritan Ministrice MediShare or Christian Healthcare w 2 Student Information First Name* Marva Middle Name 0 Last Name * Anderson Student ID * 100011526 Gender * Permale

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4. My Insurance

This section will provide a full history of all your enrollment and waiver submissions with us.

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Go to My Insurance



Access from the Main Menu

Click on "My Insurance" within the pull-out menu.



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O Naver	Blacket	005209	Spring	Hoalth Calie	12/18/2023	10/25/2020	Nerve	-	
Caroliner (Online)	Dependients	006775	Motor	Health Care	06/11/2028	67/15/2020	Name	-	
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O tradest (Dans)	Student	005958	Fall	Health Care	08/24/2028	68/12/2020	Name	(
O mer	Chadaet	003485	Eall	Health Care	06/11/2028	09/29/2020	Nama	-	

My Insurance

This is where you will find a complete list of all your enrollment and waiver submissions that we have on record.

Open Detailed Information

Click on the blue link for any order to see detailed information that that submission.

2 Actions

Additional actions may be available by clicking on the three dots at the end of any row.



Action taken	Member Coverage	Waiver has been approved		Approved		Last changed a	sn 04/12/00	21 04:22
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1 Waiver	Budent	Effective date: 08/01	Effective date: 08/01/2020			21 PM		
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				Notifications				
		Sent on	Notification Name		Hotification	Category Swit	ay Savetso	Trigger
		04/13/2021 04:23 PM	Waiver Approved		Tataiver	Syste	m 💽	\odot

Order Details

After clicking on the blue link for any submission, detailed information will be displayed.

1 Actions

You can still perform actions by clicking on the three dots from the order details window.

Click on the X to close the window.

2 Form Submissions

If there are form submissions associated with the order, you can find a complete historical list down below.

Click on the blue link for any form submission to see the information that was entered.

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