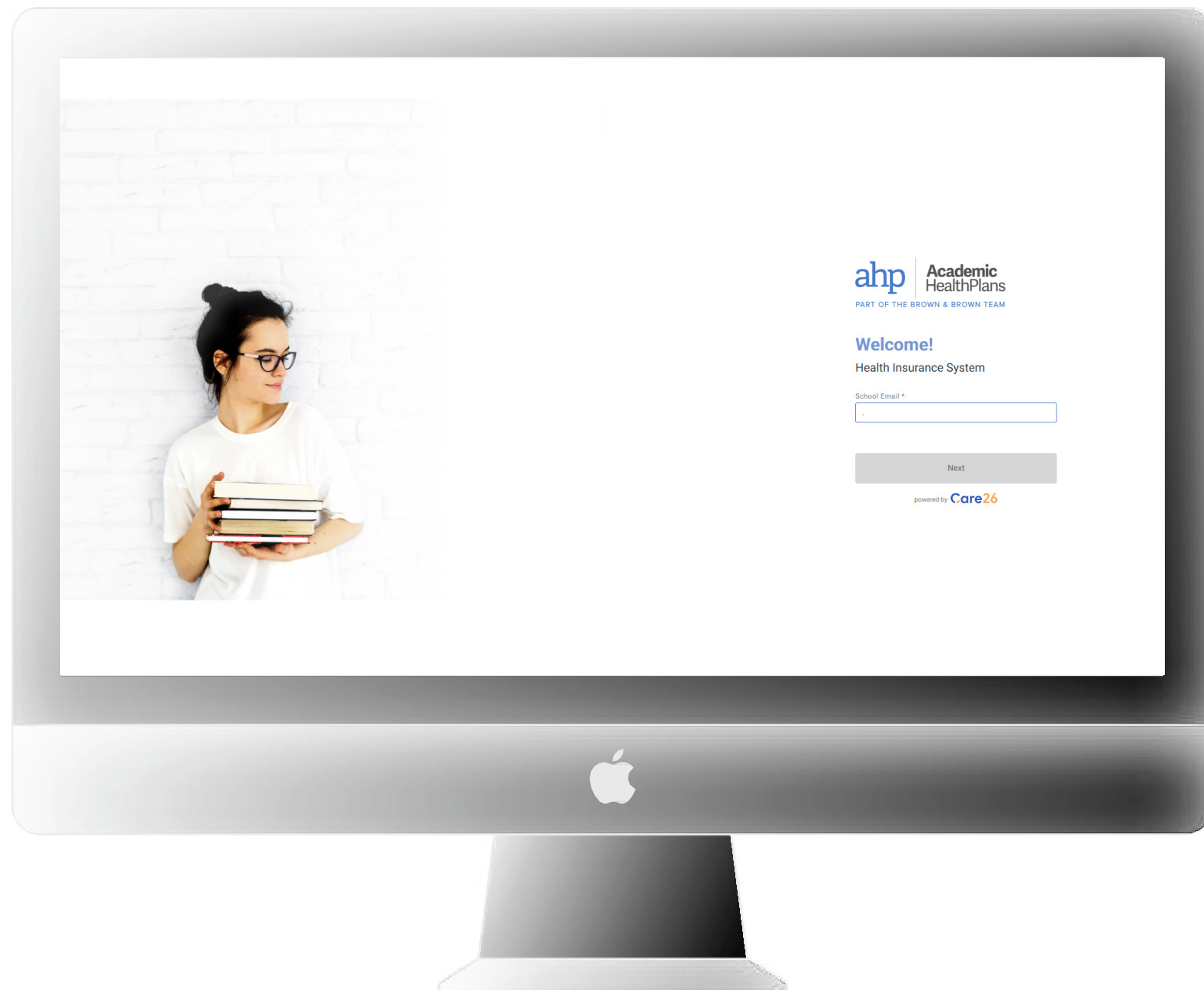


Student User Guide





Student Experience

Manage your health insurance quickly and easily.

1. Creating an account
2. Opt-out of coverage (Waive)
3. My Insurance

1. Creating an account

If you have received an email from us to confirm your email, use the link inside to finish creating your account.

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

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Academic HealthPlans

PART OF THE BROWN & BROWN TEAM

Welcome!

Health Insurance System

School Email *

test@wvu.edu

1

Next

powered by

Care26

ahp

Academic HealthPlans

PART OF THE BROWN & BROWN TEAM

[← Change the email](#)

Welcome!

Health Insurance System

School Email *

test@wvu.edu

School *

West Virginia University

2

Log in using my wvu Account

powered by

Care26

West Virginia University

Sign In

✔

Sign in with Okta FastPass

OR

Username

3

☐ Keep me signed in

Next

[Unlock account?](#)

[Help](#)

Welcome to Care26!

When you land on the login page, enter your email address, click login using my WVU account, and use your WVU credentials to login.

- 1 Enter your email address
- 2 Click “Log in using my WVU account”
- 3 Log in using your WVU credentials

2. Opt-out of coverage (Waive)

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.

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

Dashboard

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Academic HealthPlans

Welcome, John Doe.

Let's get started.

I want to Enroll

I need a plan for myself.

I want to Waive

I already have health insurance.

We have you classified as a "School Name + Student Category" student. If you feel this is incorrect, [let us know](#).

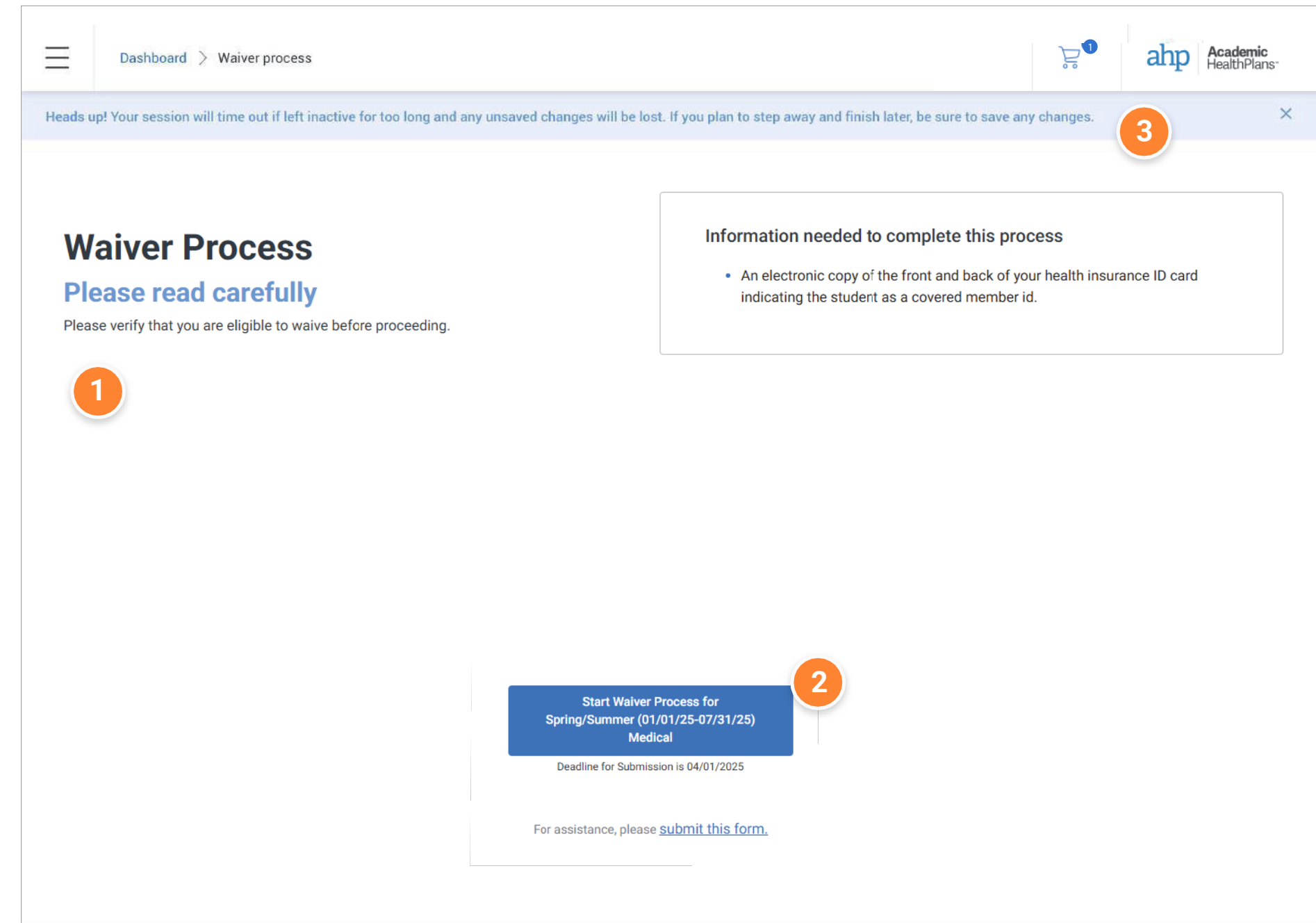
How to Waive Coverage

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

1 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.

3 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.

Dashboard

Let's get some coverage!

Please select the option that best applies to you.

1

I want to Enroll

I need a plan for myself

Open Enrollment Period:
11/06/2024 07:00 PM - 02/06/2025 11:59 PM

Current coverage

You currently have no active coverage.

Pending coverage

2

3

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

! Action is required regarding your waiver. Please submit the requested information in your waiver form.

Pending

Waiver

Spring/Summer (01/06/25-08/10/25)

W

Person

 Yourself

Clock

 Valid from 1/6/25 - 8/10/25

Medical

 Medical

Cancel Waiver

Started

Start process

Submitted

Submit Waiver Form

In Progress

Waiver Form Evaluation

Pending

Confirmation

Pending

Waiver

Fall (All Students) (08/11/24-01/05/25)

W

Person

 Yourself

Clock

 Valid from 8/11/24 - 1/5/25

Medical

 Medical

Go to Waiver Form

Go to form | Cancel Waiver

4

Waiver Submitted

After you have successfully submitted your waiver, your dashboard will automatically change to show you your status. Your information may be reviewed by our representatives, or approved manually.

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

1 Current Status

2 Pending Coverage

The pending coverage will show where you are in the process.

3 Status Summary

A brief explanation of the current status of your waiver will be provided on the main dashboard.

4 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.

Dashboard > Waiver process > Form

Waiver Request Form

Purpose of Waiver Form

Eligible students are enrolled in 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 your plan meets the waiver requirements. The insurance premium 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 [help.ahpcare.com](#).

Documentation of Alternate Health Insurance

Attach a copy of the front and back of your medical insurance card.

All documents must be in English and U.S. currency. Please allow 5-7 business days to receive your waiver submission results.

1

Attach Supporting Documentation (DO NOT use special characters in attachment name. Give each attachment a unique name. Your attachment(s) size cannot exceed 25 Mb)

Attach File 1 *

Choose File

jane doe test.docx

Attach File 2

Choose File

No file chosen

Attach File 3

Choose File

No file chosen

Attach File 4

Choose File

No file chosen

2

Student Information

First Name *

Test

Middle Name

Last Name *

AHPstudent

Gender *

Female

Date of Birth(MM/DD/YYYY) *

01/01/1990

Waiver Form

When you start a waiver process, you will go on with a waiver form like 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 "student agreement".

1 Attach Files

If required, choose the supporting documentation for your health insurance coverage.

2 Student Information

Complete all the fields with the requested information. Please don't forget to complete the required fields that have an asterisk (*).

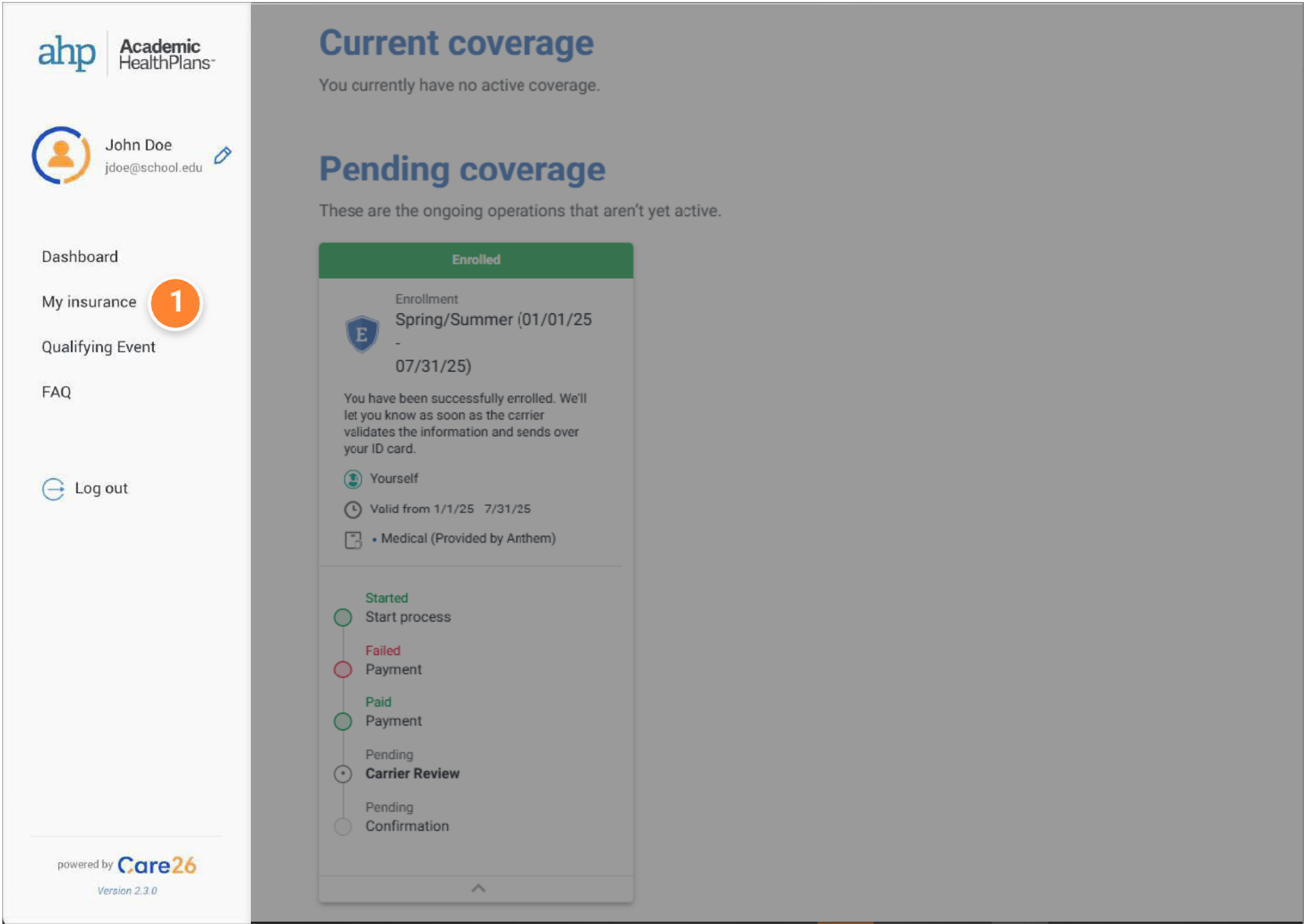
Waiver Form

2. WAIVE OUT OF COVERAGE

3. My Insurance

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

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



Go to My Insurance

- 1 Access from the Main Menu
- Click on "My Insurance" within the pull-out menu.

Dashboard > My Insurance

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Academic HealthPlans

Action taken	Member Coverage	Order	Coverage period	Carrier	Effective Date	Termination Date	School	Status	Actions
Enrollment (Online)	Student	001331	Summer	Health Care	01/01/2021	07/31/2021	Name	ACTIVE	
Waiver	Student	005423	Spring	Health Care	12/05/2020	02/12/2021	Name	ENROLLED	
Enrollment (Online)	Dependents	005412	Winter	Health Care	05/02/2020	07/28/2020	Name	MANUAL CHECK	
Waiver	Student	005308	Summer	Health Care	05/20/2020	07/30/2020	Name	SUBMITTED	
Waiver	Student	005209	Spring	Health Care	12/18/2020	02/25/2020	Name	APPROVED	
Enrollment (Online)	Dependents	005175	Winter	Health Care	05/11/2020	07/15/2020	Name	APPROVED	
Enrollment (Online)	Student	005123	Winter	Health Care	05/11/2020	07/15/2020	Name	APPROVED	
Enrollment (Online)	Student	005068	Fall	Health Care	06/24/2020	08/12/2020	Name	ENROLLED	
Waiver	Student	003486	Fall	Health Care	06/11/2020	08/23/2020	Name	APPROVED	

My Insurance

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

1 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.

Dashboard > My Insurance

ahp Academic HealthPlans

Action taken	Member Coverage
Enrollment (Online)	Student
Waiver	Student
Enrollment (Online)	Dependents
Waiver	Student
Waiver	Student
Enrollment (Online)	Dependents
Enrollment (Online)	Student
Enrollment (Online)	Student
Waiver	Student

2

Waiver has been approved

Approved

Last changed on 04/13/2021 04:23 PM

Order: 003486

WAIVER

1

School: School Name

Attachments

Covered period: Fall

Insurance Policy

Last updated 04/13/2021 04:21 PM

Student Category: Domestic (on-campus)

Effective date: 08/01/2020

Termination date: 12/31/2020

Tags:

Submissions

Form submission	Last modified	Attachments	Zirmed response
Form Submission #1	04/13/2021 12:51 PM by student (FirstName5536 Automation7114)	0	FAILED

Notifications

Sent on	Notification Name	Notification Category	Sent by	Sent to	Trigger
04/13/2021 04:23 PM	Waiver Approved	Waiver	System	1	
04/13/2021 12:51 PM	Waiver Submitted	Waiver	System	1	

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.

Care26