Scholar Medical Coverage

Creating an Account

Welcome!

Health Insurance System

School Email *

test@gmail.com ✓

School *

California Polytechnic State University, San Luis Obispo ▼

1 To create an account enter your email address. Then select your school from the drop down menu.

School Email *

test@gmail.cm ✓

Password *

👁

☐ Keep me logged in

Login

Forgot your Password?

🎓 Are you a student and don't have an account?
Create one now!

2 On the next screen click on "Create One Now" to begin the registration process.

① **Student Information**

Select a Category

Optional Practical Training

Visiting Scholar

Academic Emergency Services (AES)

Student ID *

8 or 9 digits   *Student ID or Employee ID*

Enter 8 or 9 digits

3 In the "Student Information" section select your category from the drop down. Then enter your 8 or 9 digit student ID or employee ID in the "Student ID" field.

② **Personal Information**

Marital Status

Single

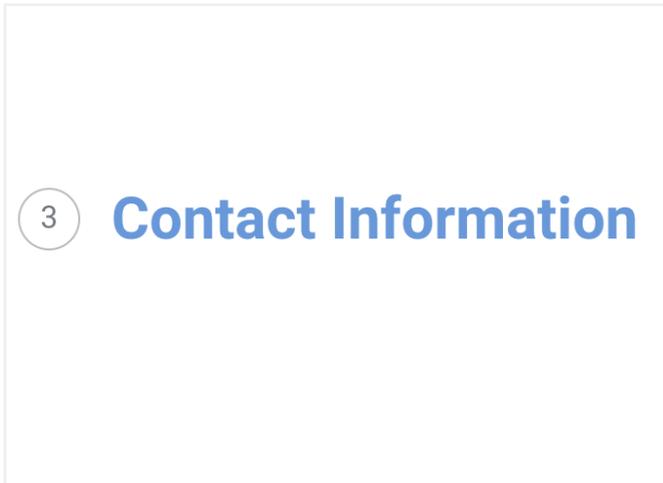Social Security Number (SSN) *

9 digits number

☐ I do not have a Social Security Number

4 In the "Personal Information" section, please enter your social security number OR click the box "I do not have a Social Security Number"
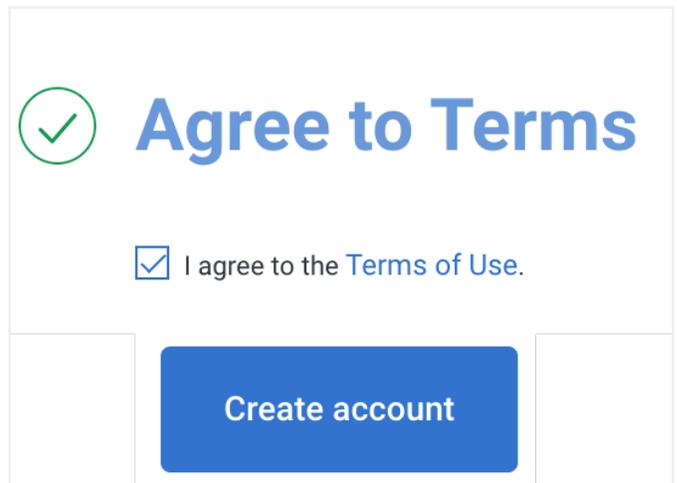
Scholar Medical Coverage
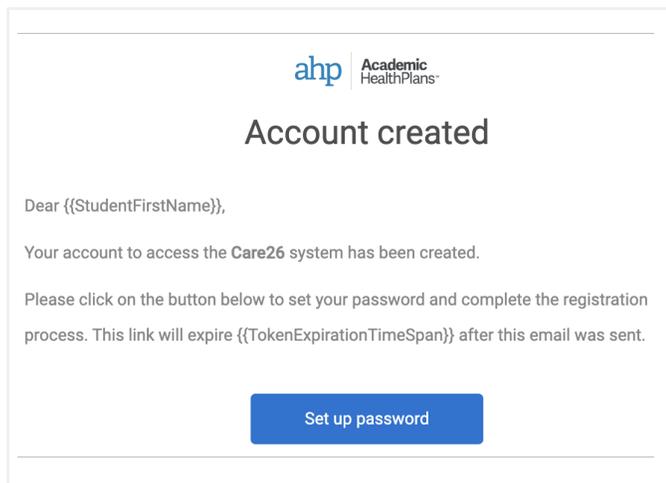
Creating an Account

3 **Contact Information**

5 Complete the "Contact Information" section

✓ **Agree to Terms**

☑ I agree to the Terms of Use.

Create account

6 Agree to the "Terms of Use" and then click "Create Account"

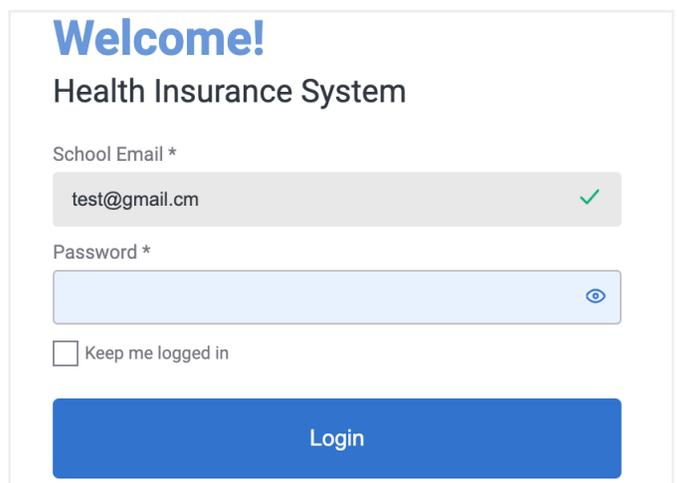ahp | Academic HealthPlans

Account created

Dear {{StudentFirstName}},

Your account to access the **Care26** system has been created.

Please click on the button below to set your password and complete the registration process. This link will expire {{TokenExpirationTimeSpan}} after this email was sent.

Set up password

7 **Welcome Email -** Look for a welcome email sent to the email used during the registration process. Click on "Set Up Password"

Welcome!
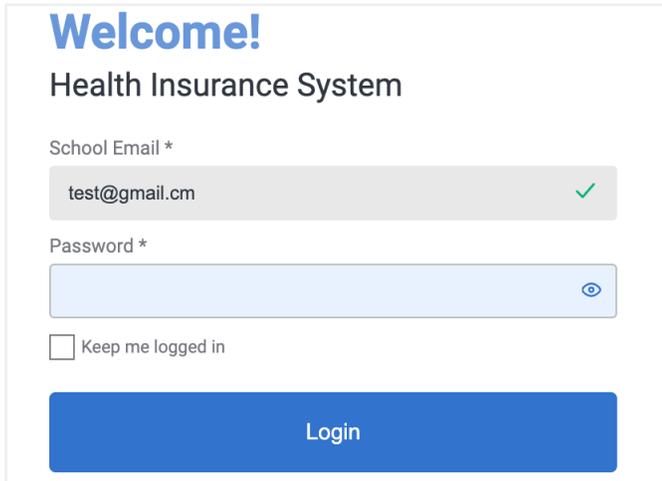Health Insurance System

School Email *

test@gmail.cm ✓

Password *

☐ Keep me logged in

Login

8 Login using the your new password.

Scholar Medical Coverage

Enrollment: Medical
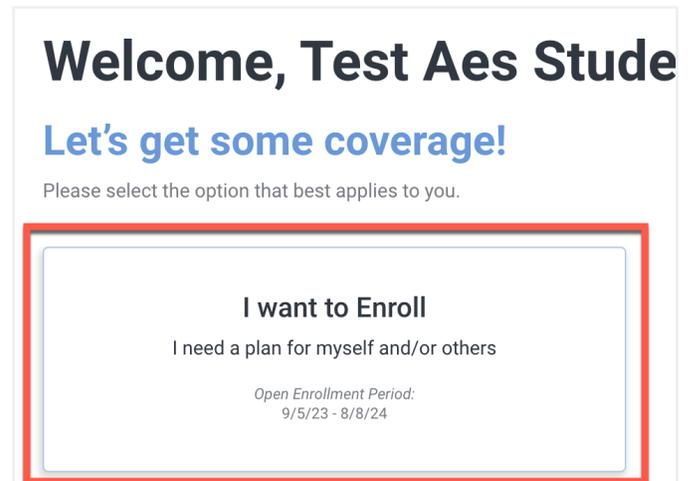
Welcome!
Health Insurance System

School Email *

test@gmail.cm ✓

Password *

👁

☐ Keep me logged in

Login

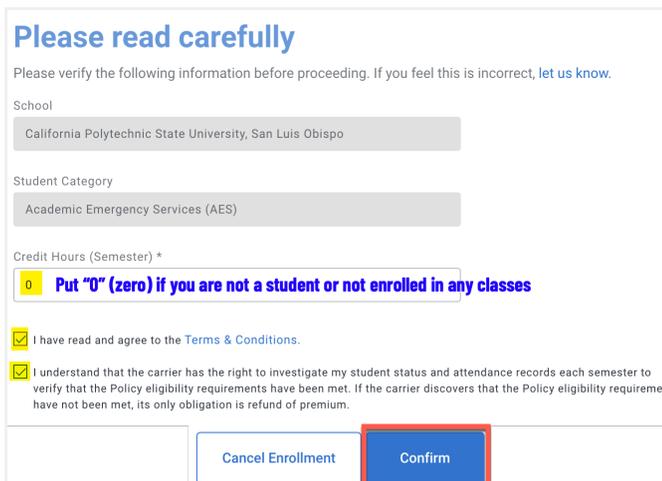**1** Log into the Care26 enrollment system using your email and password

Welcome, Test Aes Stude

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:
9/5/23 - 8/8/24

2 Click on the "I want to Enrolll" tile.

Please read carefully
Please verify the following information before proceeding. If you feel this is incorrect, let us know.

School

California Polytechnic State University, San Luis Obispo

Student Category
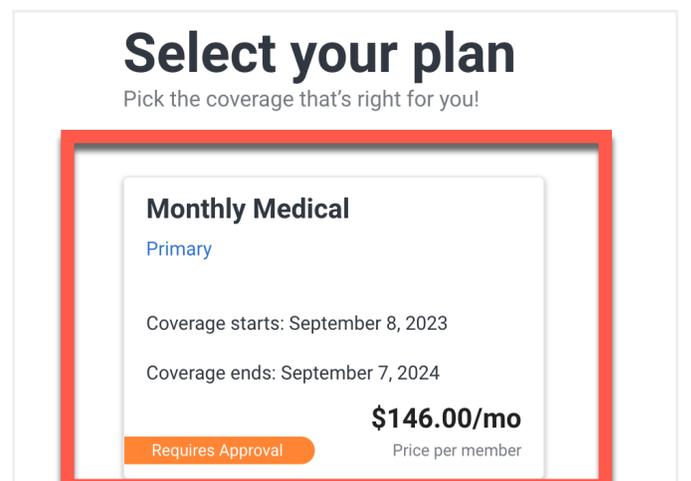
Academic Emergency Services (AES)

Credit Hours (Semester) *

0 **Put "0" (zero) if you are not a student or not enrolled in any classes**

☑ I have read and agree to the Terms & Conditions.

☑ I understand that the carrier has the right to investigate my student status and attendance records each semester to verify that the Policy eligibility requirements have been met. If the carrier discovers that the Policy eligibility requiremen have not been met, its only obligation is refund of premium.

Cancel Enrollment   **Confirm**

3 (A) Credit Hours: Put a "0" (zero) if you are not a student, or if you are not enrolled in any classes.
(B) Check both attestation boxes and then click confirm to continue.

Select your plan
Pick the coverage that's right for you!

Monthly Medical
Primary

Coverage starts: September 8, 2023

Coverage ends: September 7, 2024

$146.00/mo

Requires Approval   Price per member

4 Select the tile for "Monthly Medical"

Scholar Medical Coverage

Enrollment: Medical

Dates of Coverage

Indicate the start and end dates for you coverage

Period dates *

| MM/DD/YYYY | to | MM/DD/YYYY |

Coverage begins at 12:00 a.m EST and ends at 11:59 p.m EST

Number of months

0

Auto calculated from period dates

1 Enter your dates of coverage. *(*Please note that the number of full months will be automatically calculated.)*

Supporting documentation *

DRAG AND DROP YOUR FILE

Max. file size 20 MB

Browse file

•**Requirement:** Most Recent Appointment Letter / I94 / Visa

2 Upload a copy of your most recent:
- Appointment Letter
- i94
- Visa

Checkout

Please select a product to see the payment methods available.

Annual AES
Primary
Coverage starts: September 8, 2023
Coverage ends: September 7, 2024
Test Aes Student (You)

Payment method

Please pick how you want to pay.

Credit Card
Total: $96.00

ACH
Total: $96.00

Add more items   Pay selected products

3 (A) Select the coverage period tile.
(B) Select your payment method
(C) Click "Pay selected products)

Academic HealthPlans
Insurance coverage payment

testaes@gmail.com

Card number

MM / YY   CVC

Pay $96.00

4 (A) Enter your payment details
(B) Click "Pay"