

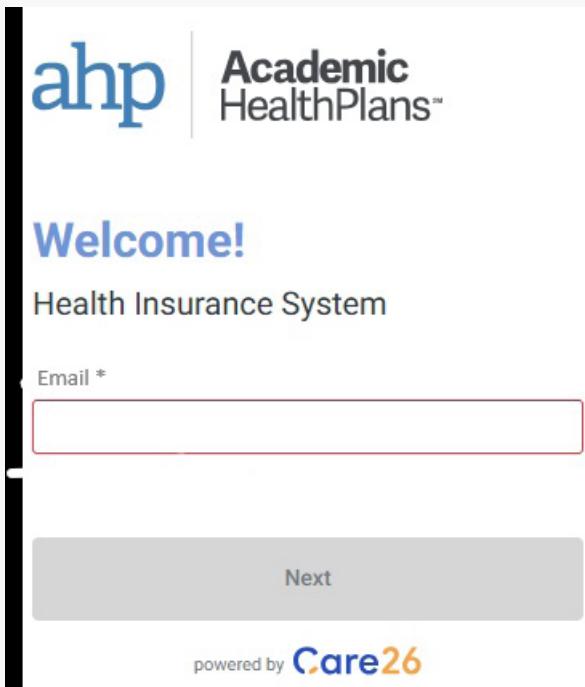
# Care26 - Visiting Scholars Guide

Care26™

This guide will teach Michigan State University Visiting Scholars how to navigate Care26 in order to enroll online.

## How to Sign In

- 1 Navigate to [students.care26.com/login](http://students.care26.com/login) and enter your email address. If you have an @msu.edu email account, please use that email address here. If not, please enter your personal email address.



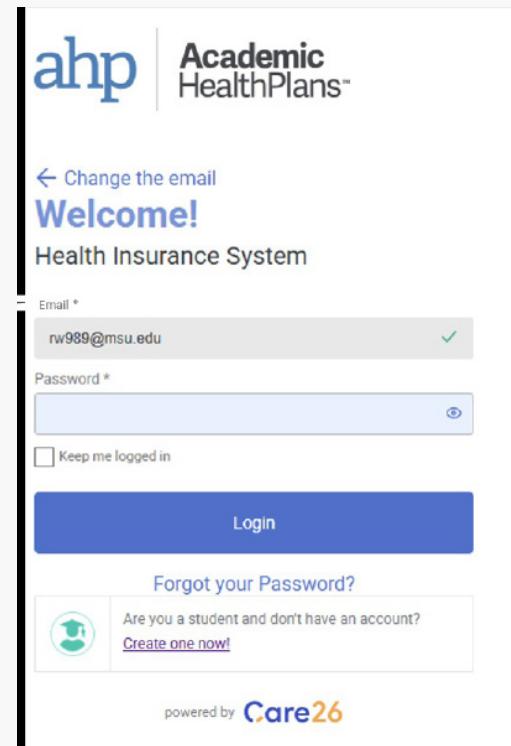
Welcome!  
Health Insurance System

Email \*

Next

powered by Care26

- 2 Login or create a new account if you do not already have one.



ahp Academic HealthPlans™

← Change the email  
**Welcome!**  
Health Insurance System

Email \*  
rw989@msu.edu

Password \*

Keep me logged in

Login

Forgot your Password?

 Are you a student and don't have an account?  
[Create one now!](#)

powered by Care26

# How to Enroll

**3** Fill out the information fields and create your account. When selecting "Student Category": if you will stay here two or more semesters and would like the option to pay on a monthly basis, choose "Coverage Periods". If you have a short program or one that starts/ends in the middle of the semester, "Daily" is the most flexible option. Please note: you will need to provide your MSU-issued ID or TEMPID from OISS (TEMPXXXXXX).

## Sign Up

**1 Student Information**

Email \*  This is your primary email account

School \*

Student Category \*  Not sure?

Student ID \*

**2 Personal Information**

First Name \*  Middle Name

Gender \*  Marital Status

Last name \*  Date of birth \*

Social Security Number (SSN) \*  9 digits number

I do not have a Social Security Number

**3 Contact Information**

Personal Email  Primary Phone  Address Line 1 \*

Parent Email  Secondary Phone  Address Line 2

**Send notifications to alternate emails**  Your alternate emails include the Personal and Parent email

**Allow Text Messages**  By selecting this option, you agree to receive SMS text messages to the primary phone. The number must be a cell phone and you must be the owner. You may opt-out at any time. Carrier rates may apply.

Include secondary phone

City \*

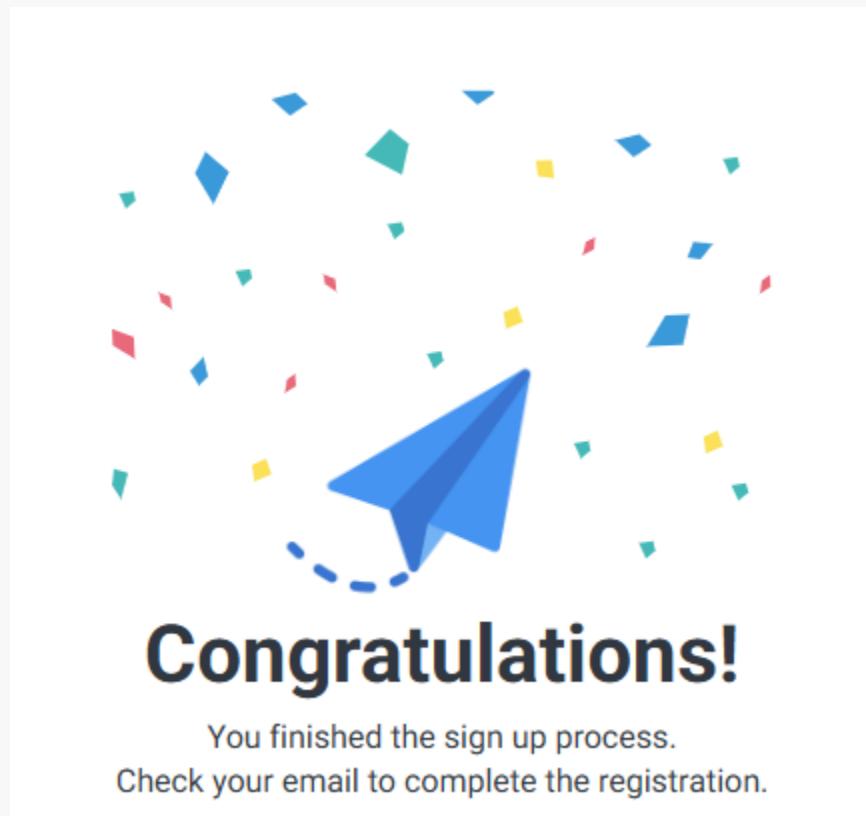
State \*  Zip code \*

## How to Enroll

**4**

Once you agree to the terms and select the "Create Account" button, you will receive an email to complete your Care26 registration. Navigate to this email in order to set up a new password and log in.

Please note: creating a Care26 account does NOT automatically enroll you in coverage. You will be able to submit your enrollment request once you have completed registration and logged in.



# How to Enroll

**5** Create and confirm your new password. From there, continue to log in to Care26.

**ahp** Academic HealthPlans™

**Student**

Set your password

Password \*  Hide 

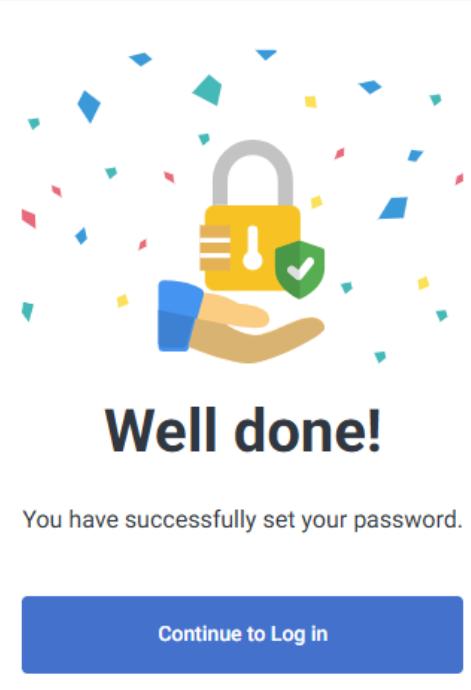
*Please enter your password*

- At least 8 characters
- At least **one** character from **three** of the following categories:
  - Lowercase letter (a-z)
  - Uppercase letter (A-Z)
  - Digit (0-9)
  - Special character (~`!@#\$%^&\*()+=\_-{}|\;:,?<>,.)

Retype Password \*  Hide 

*Please enter your password again*

Confirm New Password



**6** Click "I want to Enroll"

Dashboard

Welcome, Becca M Test.

⌚ Times and dates are using your school's time zone EST (UTC-05:00)

**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  
09/09/2024 07:00 AM - 10/09/2024 11:59 PM

**Current coverage**

You currently have no active coverage.

**Pending coverage**

You currently have no pending or ongoing coverage operations.

We have you classified as a Michigan State University student. This student category applies to Visiting Scholars Self Enroll (Daily). If you feel this is incorrect, let us know.

# How to Enroll

**7** Read the below information carefully and verify before proceeding. If you believe it is incorrect, click "let us know" before continuing to enroll.

## MSU Enrollment

### Please read carefully

Please verify the following information before proceeding. If you feel this is incorrect, [let us know](#).

School

Michigan State University

Student Category

Visiting Scholars Self Enroll (Daily)

I have read and agree to the [Terms & Conditions](#).

**8** Select your plan and who it's for. Care26 will select your primary coverage by default. You may request coverage for dependents as well.

The screenshot shows the 'Plan Configuration' section of the Care26 enrollment process. At the top, a breadcrumb navigation shows 'Dashboard > Enrollment > Plan Configuration'. The main heading is 'Who is it for?'. Below it, a sub-instruction says 'Select any dependents you would like to add to this plan. Your primary coverage is selected by default.' Two options are listed: 'New dependent Spouse or Child' (with a plus sign icon) and 'Ahp Test Yourself' (with a graduation cap icon). The 'Ahp Test' option is selected. Below this, the 'Dates of Coverage' section is shown, with fields for 'Period dates' (MM/DD/YYYY to MM/DD/YYYY) and 'Number of days' (set to 0). A note says 'Coverage begins at 12:00 a.m. EST and ends at 11:59 p.m. EST'. To the right, there's a 'Supporting documentation' section with a 'DRAG AND DROP YOUR FILE' area (with a 100 MB limit) and a 'Browse file' button. At the bottom, there are three buttons: 'Cancel Enrollment', 'Add to Cart', and 'Confirm'.

# How to Enroll

**9** Enter the start and end dates for your coverage, and upload your offer or invitation letter as supporting documentation.

Dashboard > Enrollment > Plan Configuration

**Who is it for?**  
Select any dependents you would like to add to this plan. Your primary coverage is selected by default.

**New dependent**  
Spouse or Child

**Ahp Test**  
Yourself

**Dates of Coverage**  
Indicate the start and end dates for your coverage and upload any necessary supporting documentation.

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 days

0

Auto-calculated from period dates

Supporting documentation

DRAG AND DROP YOUR FILE  
Max. file size 100 MB

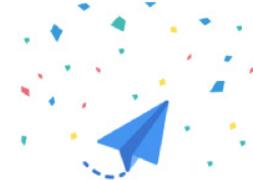
Browse file

Requirement: Most Recent Appointment Letter / I94 / Visa

Cancel Enrollment Add to Cart Confirm

**10** Select "Confirm" to submit your enrollment request. This does NOT mean your enrollment has been approved.

Dashboard > Enrollment > Plan Configuration



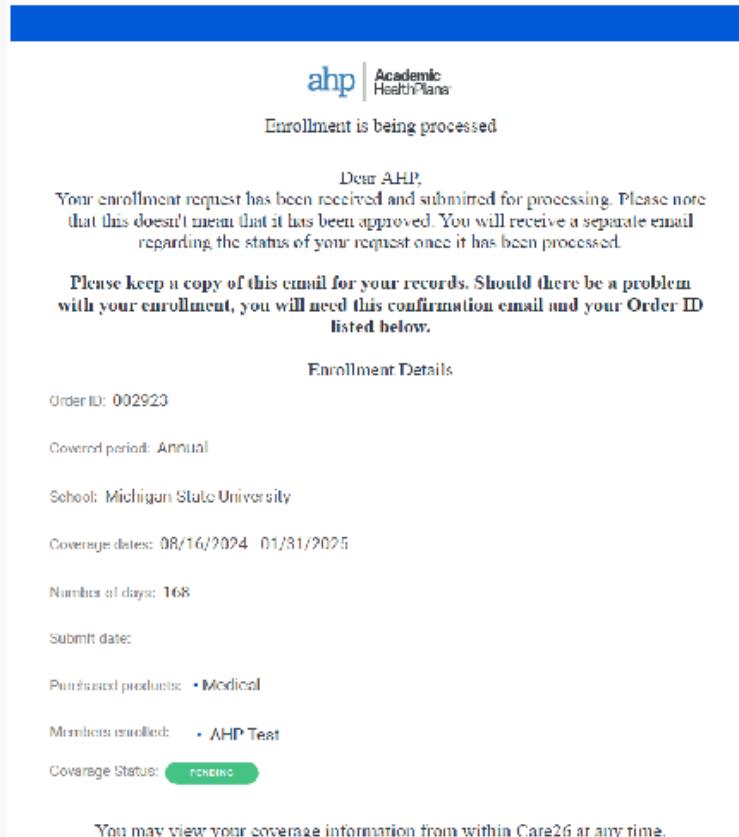
**Submitted!**

Your enrollment has been submitted successfully and will need to be reviewed for approval. Once approved, you will need to complete the payment process in order to finalize your enrollment.

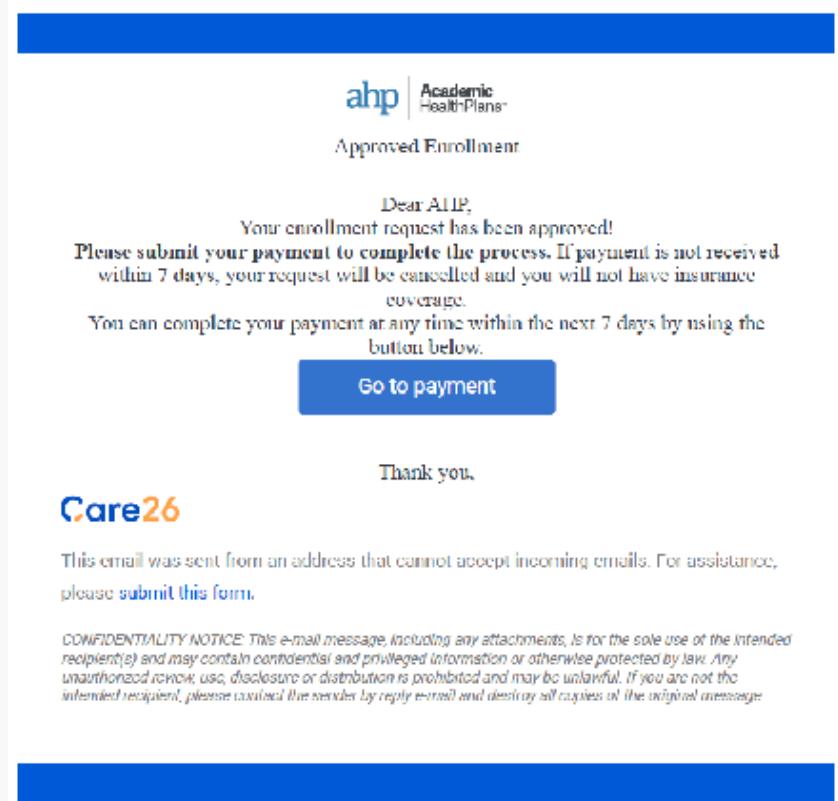
Go to the Dashboard

## How to Enroll

**11** Academic HealthPlans will review your enrollment request after it has been submitted.

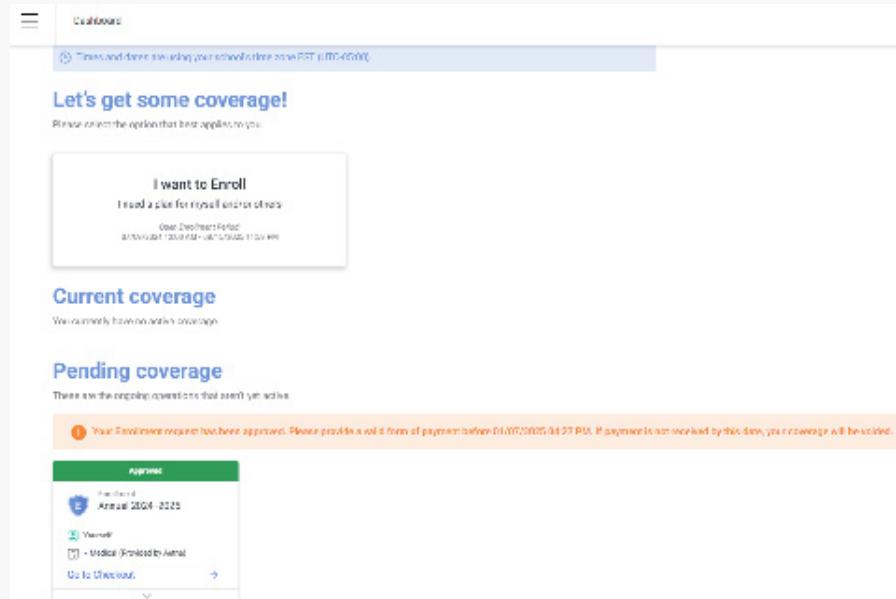


**12** If your enrollment is approved, you will receive an email. After you receive this email, log in to Care26 to complete your payment within seven (7) days.

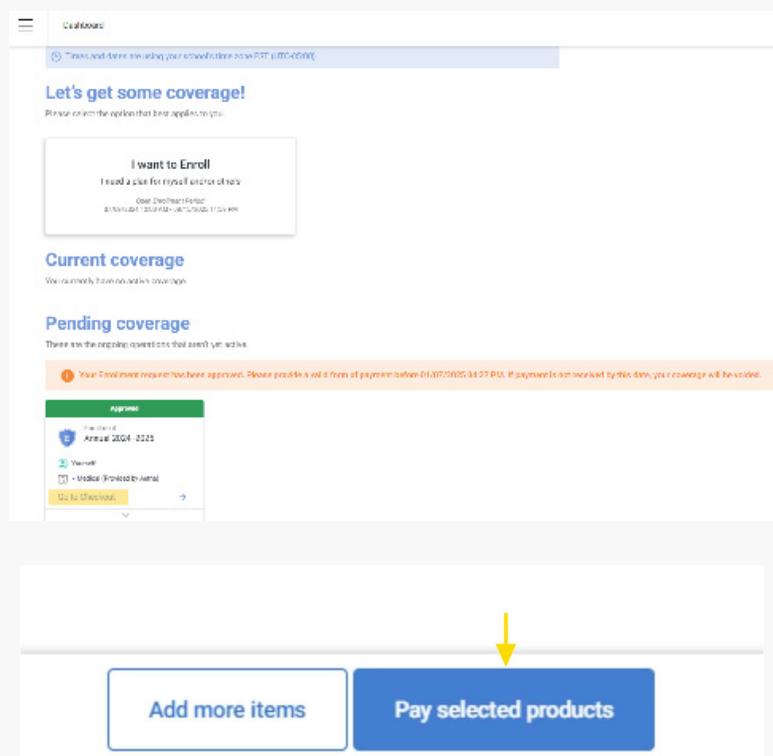


# How to Checkout

**13** Login to your account, view your pending coverage and click "Go to Checkout"



**14** Select the plans you want to confirm and the payment method. Click "Pay selected products".



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.

# How to Add Dependents

1 To add a dependent to your coverage, select your plan and then select "New dependent".

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

**Annual Medical**  
Primary  
Coverage starts: August 16, 2025  
Coverage ends: August 15, 2026  
Requires Approval  
Premium Cost Breakout  
\$9.00/day  
Price per member

**Who is it for?**  
Select any dependents you would like to add to this plan. Your primary coverage is selected by default.

**New dependent**  
Spouse or Child

**Becca M Test**  
Yourself

2 Fill out the below information fields for your New Dependent and click "Next". Select a dependent type.

Add New Dependent X

Type \*  
Select a dependent type

First Name \*  
[Input field]

Middle Name  
[Input field]

Last Name \*  
[Input field]

Gender \*  
Select a gender

Date of birth \*  
MM/DD/YYYY [Calendar icon]

Social Security Number (SSN)  
[Input field]

Cancel Next

Type \*  
Select a dependent type

Spouse

Child

# How to Add Depedents

**3** Read and complete the Dependent Attestation and ensure your Depedent meets the listed criteria.

**Dependent Attestation**

Any dependents enrolled in the Medical Insurance Plan must be eligible for coverage. The carrier may audit dependents to verify their eligibility. If your dependent(s) is(are) selected for audit, the carrier will email you with instructions to submit the documents needed to verify your dependent(s) eligibility.

**Dependent is defined as:**

- an Insured's lawful spouse; or other eligible individual (OEI)
- an Insured's child(ren), including natural child(ren), stepchild(ren), foster child(ren), and/or adopted child(ren) under 26 years of age.

**By Continuing Dependent Enrollment**

- You confirm that you have read the eligibility requirements for dependents. (as noted above)
- You confirm that your dependent(s) is(are) eligible for coverage.
- You confirm that you will submit documentation required to verify your dependent(s) eligibility if audited by the carrier.

[Previous](#) [Confirm and Save](#)

**4** Add to cart and repeat the process if you would like to enroll another Dependent. Otherwise, select "Proceed to checkout".

[Cancel Enrollment](#) [Add to Cart](#) [Proceed to checkout](#)

You have now added a Dependent to your coverage!