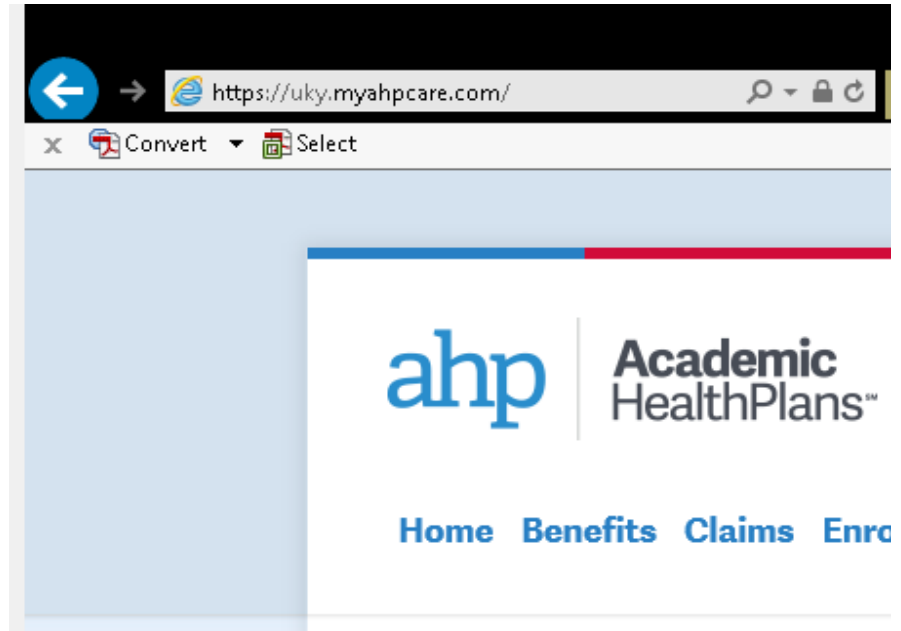


# **HOW TO ENROLL IN THE STUDENT HEALTH PLAN AS A VISITING SCHOLAR**

- **Purchased periods cannot be refunded once purchased**
- **You must always have a promo code when purchasing coverage**
- **The promo code changes on August 15<sup>th</sup> of every year**
- **Please be sure to follow the steps of the instructions very carefully. If you are having issues with enrolling, it is usually due to a missing a step in the instructions.**

1. Begin at <https://uky.myahpcare.com/>.



2. Click on "Click Here", under the Visiting Scholar section.

### Visiting Scholars & Cohorts/Visiting Students

[Click Here](#) to enroll yourself and your dependents in the Student Health Insurance Plan. Payment will be paid directly to AHP for both students and dependents. Proof of eligibility is required to add dependents.

[Dependent Eligibility and Verification](#)

(Promo code is required to enroll, this is provided to you by your school)

[Important Information About Dependent Enrollment](#)

3. **If you are renewing your coverage or have already created an account**, log in using the left side of the screen. Do not create a new account! Log in, hover over "Coverage", select "Enroll in Coverage" and skip to step 5.

Getting Started

Account

Please sign in or create an account to continue.

Sign into Existing Account	Create a New Account
Username <input type="text" value="Username"/>	Username <input type="text" value="Username"/>
Password <input type="password" value="Password"/>	Password <input type="password" value="Password"/>
<input type="button" value="Login"/> <input type="button" value="Forgot Username/Password"/>	Email Address <input type="text" value="Email Address"/>
Student ID (8 digits, exclude leading 9)	Student ID <input type="text" value="Student ID"/>
Date of Birth	<input type="text" value="mm/dd/yyyy"/>
<input type="button" value="Create Account"/>	

4. If you are **new to SHP** and enrolling for the first time, create a username and password to use for this account and enter it in the “Create a New Account” section on the right side of the screen.

Enter your 8-digit UK ID number (do not enter the first “9”). If you do not have a UK ID number, enter your 8-digit date of birth (MMDDYYYY) in this field.

Choose a username and password that you will remember as you will need this information each time you purchase coverage!

Enter your date of birth.  
Click “Create Account”

5. Enter “vs2020” in the Promo Code field to gain access to the visiting scholar enrollment periods. Click “Apply”.

6. Review the terms and conditions of this purchase. If you agree to those conditions, click in the box above “I understand and agree to the above conditions”.

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Getting Started -

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### Getting Started

Terms and Conditions

- Coverage Purchase is final. **No cancellations or refunds will be issued.**
- Coverage will be effective the date the correct premium is received by the Company, or an authorized representative of the Company or the Effective Date of the coverage period, whichever is later, unless otherwise stated in the Master Policy.
- Rates are not pro-rated other than as listed on this website and in the Master Policy.
- Applicant must meet the eligibility requirements for this coverage as described in the Brochure. If it is later determined that the applicant is not eligible, coverage will be deemed to have not been in force and the premium will be returned.
- Applicant has read the Brochure and understands all eligibility requirements, benefit descriptions and exclusions explained in the Brochure.
- FRAUD NOTICE:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- I understand my information is protected by privacy laws and will be released only in accordance with these laws.
- AHP's website and services are only intended for, and directed to, applicants located in the United States.
- I understand that if I am over 65 years of age and qualify for Medicare, my Student Health Insurance will be considered secondary coverage for claims purposes.

I understand and agree to the above conditions.

7. Select “Visiting Scholar 2020-21”. Click “Next”.

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Getting Started - **Coverage Details -**

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### Coverage Details

Campus Select

**Important Enrollment Notice For Dependent Coverage:** Dependent coverage must be purchased during open enrollment for the exact same coverage period of the insured student; and therefore, will expire concurrently with that of the student. Dependents can only be added later in the case of a Qualifying Life Event (Loss of coverage, Marriage, Newborn, Adoption). The cost of the insurance is non-refundable except a pro-rated refund of cost, if the Dependent enters the United States armed forces while coverage is in effect.

**Proof of Dependent Eligibility:** You must submit documents needed to verify your dependent(s) eligibility. For details on eligible dependents and required documentation refer to the Enrollment TAB under [Dependent Eligibility and Verification](#).

Note: be sure to have the required Dependent's documentation ready before proceeding.

Please select your Campus/Program or proper coverage option:

[Select](#) **Visiting Scholar 2020-21**

8. You must read and agree to each statement by clicking the checkbox next to each statement. You will not be able to proceed without agreeing that you understand each statement. If you have questions, please ask prior to purchasing coverage.

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Getting Started - Coverage Details -

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### Coverage Details

Plan Type

Please select your Student or Plan type:

Type: Visiting Scholar

This enrollment process is for Visiting scholars enrolling in the UKY Student Health Insurance plan. You will also have the option to enroll your dependents at this time for the same coverage period. If you choose not to add dependents at this time, the only other option would be through a qualifying event.

Dependents must be eligible dependents and supporting documentation will be required as an attachment during this online process. For details on eligible dependents and required documentation refer to the Enrollment TAB under [Dependent Eligibility and Verification](#).

**Note: be sure to have the required Dependent's documentation ready before proceeding.**

**Terms for Eligibility Requirements**

- I understand that I must hold a F-1 VISA, J-1 Visa, or J-2 VISA to qualify for this coverage
- I understand that I received prior approval from my department or scholar advisor with the PROMO code allowing me to enroll.
- I understand that my eligibility status will be audited and verified with school records.
- I understand that if I do not meet the eligibility requirements for the current semester, my health plan coverage will be terminated retroactively to the start of the current semester.
- I understand that if I am not eligible to be enrolled in the University of Kentucky Student health Plan, I will be refunded the premium paid for any months paid beyond my retroactive termination date, and I will be responsible for any claims incurred under the plan after my coverage stop date.
- I understand that it is my responsibility to renew my coverage, as applicable, in order to ensure that I am insured during my entire stay at the University.
- I understand that this plan does not offer refunds except in the case of termination as previously mentioned in the terms and conditions.

9. Select the period that you wish to purchase.

You will NOT be automatically enrolled in future periods. It is your responsibility to renew your coverage.

You are permitted to purchase coverage periods for the entire amount of time that you are planning to be in the U.S., however, keep in mind that you cannot be refunded for any unused coverage periods. \*Each period will be a separate transaction.

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Getting Started - Coverage Details - Pricing Details

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### Pricing Details

Payment Options

**All premium is paid directly to AHP.**

Select a payment option tab to see pricing.

One Time Payment

One Time Payment Options:

	*Period Type	Covered Dates	Student Rate	Spouse Rate	1st Child Rate	2+ Children Rate
<span style="background-color: #0070C0; color: white; padding: 2px;">Select</span>	1st Special	8/15/2020 - 10/14/2020	\$463.00	\$463.00	\$463.00	\$926.00
<span style="background-color: #0070C0; color: white; padding: 2px;">Select</span>	2nd Special	10/15/2020 - 12/14/2020	\$463.00	\$463.00	\$463.00	\$926.00
<span style="background-color: #0070C0; color: white; padding: 2px;">Select</span>	3rd Special	12/15/2020 - 2/14/2021	\$463.00	\$463.00	\$463.00	\$926.00
<span style="background-color: #0070C0; color: white; padding: 2px;">Select</span>	4th Special	2/15/2021 - 4/14/2021	\$463.00	\$463.00	\$463.00	\$926.00
<span style="background-color: #0070C0; color: white; padding: 2px;">Select</span>	5th Special	4/15/2021 - 6/14/2021	\$463.00	\$463.00	\$463.00	\$926.00
<span style="background-color: #0070C0; color: white; padding: 2px;">Select</span>	6th Special	6/15/2021 - 8/14/2021	\$463.00	\$463.00	\$463.00	\$926.00

NOTE: Coverage periods online cannot be adjusted to match your arrival and departure dates. You must pay for the whole period, even if you only plan to use it for a few days. As a Visiting Scholar, you are required by the US State Department and University of Kentucky to have insurance during your entire stay in the United States.

10. If you are purchasing coverage for just yourself, you may click “Next” on the “Details/Pricing” page.

**Details/Pricing**

Current Coverage Selection

Name	Coverage Amount
Student: Student Demographic information is filled out in the next screen!	\$463.00

Total: \$ 463.00

[Add dependent](#)

If you need to add a spouse or dependent to your plan, click on “Add Dependent” and enter their information and click “Submit Dependent”.

You will be required to submit verification of dependent eligibility. Acceptable documentation types can be reviewed on the Enrollment homepage of the AHP website.

**Add Dependent**

Dependent Type: Spouse

First Name:

Middle Name:

Last Name:

Date of Birth:

Gender: Male

SSN:

[Submit Dependent](#) [Close](#)

11. Enter your local contact information. If you need to update this information later, call AHP at 1-855-856-2385.

If you do not have a UK email address, you may use any email address you check regularly.

If you do not have Social Security Number, click in the box that says you do not have one. If you one at a later time, you may call AHP at 1-855-856-2385 and have it updated.

Click “Submit Demographics”.

**Demographics**

Student Information

**Student**

First Name\*:

Middle Name\*:

Last Name\*:

**Student Details**

Gender\*: Male

Marital Status\*: Single

Social Security Number (SSN)\*:

I do not have a Social Security Number (SSN). (Check box and leave SSN blank.)

**Address at School (ID Card will be mailed here)**

Address 1\*:

Address 2\*:

City\*: Lexington

State\*: KY - Kentucky

Zip\*:

**Permanent (or Home) Address**

Address 1\*:

Address 2\*:

City\*:

State\*:

Zip\*:

**Contact Information**

Phone\*:  Preferred Email\*:

Phone Alternate:  University Email\*:

[Submit Demographics](#)

12. Double check to ensure that your order is correct.

If it is correct, click on “Submit Order”.

Coverage Dates	Total Due
08/15/2019 to 10/14/2019	\$ 463.00

13. Select whether you will be paying with a Credit/Debit Card or a Bank Draft (ACH) payment.

Amount Due: \$ 463.00

Payment Options:

Enter Credit Card number below

Card number  MM / YY CVC

Amount to be Charged: \$ 463.00

Provide your payment type information and complete your order.

Click “Submit Payment”

If you have difficulty with processing your payment, contact AHP for assistance at 1-855-247- 2273.

NOTE: It is common for banks to limit the amount of money you can charge in one transaction for one day. If your payment does not go through, call your bank to see if there is a transaction or daily limit causing your payment to fail. You can request that the bank allow your limit to be raised in order to complete this purchase.

**When the payment is received by the company, you are finished!**  
**Forward the email confirmation from AHP to your advisor as proof of your purchase.**

### RECEIVING YOUR INSURANCE ID CARD

Information about how to print/download your insurance card will be forthcoming at a later date. In the meantime, you will want to print the temporary coverage letter and use that as your proof of insurance any time that you receive medical services.

### LEARN ABOUT YOUR PLAN

If you have any questions about this plan, consult the Plan Document at [uky.myahpcare.com](http://uky.myahpcare.com), or customer service at 1-855-856-2385. You also have access to the on-campus SHP office via [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu).