Follow these steps to purchase health insurance under the IU International Students & Scholar Plan, administered by Anthem Blue Cross Blue Shield:

1. Academic HealthPlans will process your enrollment in the health insurance plan.

Go to <u>https://iuintl.myahpcare.com/</u>. Click on **Enrollment**.



2. Scroll down to the Visiting Scholar Enrollment section. Click on Visiting Scholars – Enroll Online Here.



 If you are purchasing health insurance online for the <u>first time</u>, you'll need to **Create a New Account** on the right side of the screen. Choose a username and password that you'll remember, enter your IU email address or another email address you check regularly, your IU ID number, and your Date of Birth.

If you are renewing your coverage, do not create a new account. Log into your **Existing Account** by entering your username and password on the left side of the screen. Click "Forgot Username/ Password" if you have forgotten that information.

Indiana l	Jniversity Enrollmen	t		Need help? Contact Us
Getting Start	ed-			
Previous				Next >
		Getting Started	1	
		Account		
	Please	sign in or create an account to o	continue.	
	Sign into Existing Account		Create a New Account	
Username	Username	Username	Usemame	
Password	Password	Password	Password	۲
	ogin Forgot Username/Password	Email Address	Email Address	
		Student ID	Student ID	
		Date of Birth	mm/dd/yyyy	
			Create Account	

4. For permission to enroll in the plan online, you must enter a valid **Promo Code**. Enter vs2019 in the Promo Code box. Click "Apply" and "Next."

Indiana University E	nrollment	Need help? Contact U
Getting Started -		
CPseulous		Real 3
	Getting Started	
	Account	
	Start a new Enrollment Session	
	Promo Code: Apply	

- 5. Read the Terms and Conditions, and check the box: "I understand and agree to the above conditions." Click "Next."
- 6. For Campus Select, select "Visiting Scholars 2019-20." Click "Next."

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Getting Started - Coverage Details -	
Previous	Next >
Coverage Details	
Campus Select	
Please select your Campus/Program or proper coverage option:	
Select Visiting Scholars - 2019-20	

7. Choose your **Plan Type** by first selecting to correct **Classification**, listed by campus.

Getting Starte	ed- Coverage Details	3*	
Previous			Next >
		Coverage Details	
		Please select your Student or Plan type:	
	Classification: Effective Date: Termination Date:	Visiting Scholars – Bloomington Visiting Scholars – Indianapolis Visiting Scholars – All other Regions	

# IU Visiting Scholar Enrollment Guide

 Using the calendar, select your Effective Date, which is when your plan will begin providing coverage. This date must be the same date you entered the U.S. or the day after your previous insurance plan expired if you are renewing coverage.

Your Termination Date should be the date you are leaving the U.S. or July 31, whichever is earliest.

	Next >
Coverage Details	
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Plan Type	
Please select your Student or Plan type	
Visiting Scholars – Bloomington 🔹	
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September 2015 + r + r	
Sun Man Tue Wed Thu Fri Sat	
1 2 3 4 5 6 7	
8 9 10 11 12 13 14 95 96 17 10 99 36 39	
20 21 24 26 34 27 30	
	Coverage Details Plan Type Please select your Bludent or Plan type: Visiting Scholars – Bloarnington

9. You have two choices for your **Payment Options.** Make your choice first to see how much the plan will cost.

Pay the full amount by choosing "One Time Payment."

Pay in monthly installments by choosing "Installment Plan."

Indiana University Enrollment	Need help? Contact Us
Getting Started - Coverage Details - Pricing Details	
< Previous	Next >
Pricing Details	
Payment Options	
Select a payment option tab to see pricing.	
One Time Payment Installment Plan	

### Example of One Time Payment

			Pricing Detai	ls				
	Payment Options							
Select a pay One Tim	ment option tab to see pric te Payment Installm	ing. ient Plan One	e Time Payment Op	itions:				
	Coverage Length	Effective Date	Termination Date	Period Type	Daily Rate			
Select	0 - 366 Days	10/01/2019	02/29/2020	Medical & Dental (Single Pay)	\$			

## Example of Installment Plan Payment

One Th	me Payment Ins	tallment Pl	lan									
			_	Payment	Plan O	ptions:						
	"Period Type	Plan Details	Covered Dates	First Payment	Student Initial Charge	Student Daily Rate	Spouse Initial Charge	Spouse Daily Rate	Each Child Initial Charge	Each Child Daily Rate	All Children Initial Charge	All Children Daily Rate
Select	Medical & Dental (Monthly Installment Pymt)	5 Payments Paid Monthly	10/01/2019 - 02/29/2020	11/01/2019	5	\$	5	5	5	3	N/A	N/A

## IU Visiting Scholar Enrollment Guide

10. After you review your Payment Options and Pricing Details, you can add your dependents if you have any. Your dependents must have the same health insurance coverage as you and should be added at the same time.

Click the **Add Dependent** tab, and choose either Spouse or Child. Enter their information. If they do not have a U.S. Social Security Number (SSN), leave that box empty. Click "Submit Dependent."

Follow the above instructions to add additional dependents.

Add Dependent	×
Dependent Type: Spouse  First Name: Middle Name: Last Name: Date of Birth: mm/dd/yyyy Gender: Male SSN:	
Submit Dependent Close	

## 11. Demographics:

Enter information about yourself here. Please be sure to enter your name the way it is listed in your passport.

If you do not have Social Security Number click in the box that says you do not have one. If you receive a SSN later, notify Academic HealthPlans to submit it.

Enter your U.S. home/local address. If you do not know that information, you can use your host department's address or the address of your international office at IU.

Enter your IU email address and any other email address you check regularly.

Click '	"Submit	Demog	graphics.'	v

	Student Information		
Student	Bludent Details		
First Name":	Gender*:		
Middle Name:	Marital Status*:	Single	*
	Social Security Nu	nber (SSN)*:	
Last Name :	I do welling a first of		
Maling address (ID Card will be mailed here) Address 1°:	(Chen bei and save t	eart; Norter (35%) (In lavel)	
Mailing address (ID Card will be mailed here) Address 1": Address 2: Cny": State": Zip":	Chest becard taset	exatly Mether (2016). (In loant.)	
Address (ID Card will be mailed here) Address 1": Address 2: Cny": State": Zip": Contact Information		exatly Mether (2006). (In loads)	
Mailing address (ID Card will be mailed here) Address 1': Address 2: Grey': State': Zip': Contact Information Phone':	Cherric and taken  Cherric and taken  Preferred Email*:	exet, Merter (30%) (h (set)	

12. Review the **Coverage Dates** and **Total Due** on the **Confirm Order** page. Check the other information you submitted by clicking on the other tabs at the top. If everything is correct, click "Submit Order" to make your payment.

Getting Started-	Coverage Details-	Pricing Details	Order Details	Demographics	Confirm Order	
Previous						Next >
		Cor	nfirm Orde	er		
	Pleas	e review the Coverag	e Dates and Total Du	ue listed on this page.		
	Click on the	Tabs above to review Click on the "Subm	further details of the o it Order" button below	coverage you have sele v to continue.	ected.	
	Coverage Dates				Total Due	

### 13. Payment Submission

You have two options to make your payment:

You can use a credit card by choosing **Single Credit Card.** If you choose this option, you will be charged a 3% processing fee.

You can draw money directly from your bank's checking account by choosing **Bank Draft (ACH).** There is not an additional fee for this option.

If you chose to pay in installments, be aware that your credit card will be charged each month, or money will be drawn from your checking account until your full payment is made.

Payment Submission					
		Amount Due:	\$ 1,216.00		
		Processing Fee	\$ 36.48		
Payment Options: Single Credit Card Bank Draft (ACH)					
Enter Credit Card number below					
Card number				MM / YY CVC	
Amount to be Charged: \$ 1252.48		1252.48	Submit Payment		
Processing Fees Information					
Payment Method	Credit Card	Fee Amount	3.00 %	Estimated Fee Amount:	\$ 36.48
Payment Method	ACH	Fee Amount	\$ 0.00	Estimated Fee Amount:	\$ 0.00

**Note on Failed Transactions**: It is common for banks to limit the amount of money you can charge in one transaction for one day. If your payment fails, call your bank to see if there is a transaction or daily limit on your account. You can request to increase your daily limit in order to complete your purchase.

14. When your payment is received by Academic HealthPlans, you will receive an email confirmation of your purchase. Keep the email for your records, and submit a copy to your international office as proof of your enrollment in the IU International Plan.