Printing Your ESU Student Insurance Card

- 1. Go to www.uhcsr.com.
- 2. Type "Emporia State University" in the search box.





Emporia State University

Find Providers •

Helpful Links .

Welcome to your student health insurance plan page.

 If this is your first time on the site, click "Create Account" or "SACM Member Create Account"

5. Enter your personal information

Login to My Account to access and manage your policy.

Login to My Account
Enter your username and password to continue
Username*
Password* ⑦
Did you forget your <u>Username</u> or <u>Password?</u>
CREATE SACM MEMBER ACCOUNT CREATE ACCOUNT

Create an online account to access the best parts of your plan.

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NEXT

and also include your ESU ID here. (ex: E12345678)

First, Verify Your Credentials

First Name*

Last Name*

Last Name*

Date of Birth (MM/DD/YYY)*

B
Email, Student ID, SR ID*

Email, Student ID, SR ID*

BACK TO LOGIN 6. Create a username and password. *Password needs uppercase and lowercase letter, special character and only one number (ex: Emporiastate7.)

low let's create an accour	• • •
Username*	
Password*	⑦
Confirm Password*	⑦
ELECTRONIC DELIVERY CON UnitedHealthcare StudentRess Electronic Delivery. By logging you are electing to receive the electronically, including Expla Claim Letters, Coverage L important information.	SENT: iurces now provides in to your account, ese communications ination of Benefits, .etters, and other
We will communicate electro email or through this websit When we post communicatio you will be notified by email. I go Green, you can choose communications by mail at a Email Preferences to change y must have a valid mailing addre	nically with you by e when applicable. ns to your account, f you choose not to to receive paper uny time. Go to My your preference, you ass on file.
ACK	NEXT

Create an online account to access the best parts of your plan.

Create an online account to access the best parts of your plan.

Account creation complete Congratulations! Your account has been set up successfully. Login to manage your policy. Account Activated! LOGIN

Login to My Account to access and manage your policy.

I	ogin to My Account	
Enter your u	isername and password to c	ontinue
Username*		
Password*		?
Did you f	orget your <u>Username or Pass</u>	word?
CREATE	SACM MEMBER CREATE ACCOUNT	LOGIN

7. You'll see this screen and you can click "Login."

8. Type your username and password, then click "Login."

 The system may automatically log you out at this point, but just click the link to go to the home screen and log in once more.

You're Logged Out

You have been successfully logged out. Click Here to go back home.

10. You are FINALLY ready to print your insurance card! Click "ID Card."



11. You can now request a permanent card be mailed to your home address and/or view or print a temporary ID Card.

Home	My Coverage	My Claims	My Benefits	Care Options	Messages	Action Center	Need Assistance?	
ID CARD II	FORMATION							\otimes
				🕂 Medica	al			
Name		Relationship	Policy		View ID Card	ID Card PDF	😳 Mail ID Card	>

12. If you choose to request a permanent ID card, click in "Mail ID card"

ID CARD INFORMATION	1			\otimes
		- Madical		
		P Medical	\sim	
Name	Relationship Policy	View ID C	Card D Card PDF	D Card

a. This page will show up, to update and make sure your adress is correct, click "My Profile"

UnitedHealthcare StudentResources			COVID-19 Updates Stay informed on resources available to you.					
Home	My Coverage	My Claims	My Benefits	Care Options	Messages	Action Center	Need Assistance?	Account Settir
REQ	UEST PERMANENT ID	CARD						E Logout
MEME	BER INFORMATION							
Confir * Ind	m your U.S. mailing addres	s by clicking the ch	eckbox below. If you	ı need to add or updat	e your address, plea	ise go to My Profile > P	ersonal Info.	
Name			U.S. Mailing	Address				
			Confin	m U.S. Mailing Addres	*			
							🔗 Card Re	quest History
	Name	Relation	on Car	Policy				
				Cancel	Submit			How is your visi

UnitedHealthcare	StudentResources		COVI Stay informed on	D-19 Updates resources available to y	ou.		÷
Home	e My Coverage	My Claims My Benef	its Care Options	Messages Action	Center Need Assistance?		
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	Explore		Explore		Explore		
Ma Auth	anage Personal Represe horize another person to spea behalf.	ntative k on your	Tax Info Provide SSN/ITIN and 10 Preference.	95-B Delivery		How is	your visit?
c. Click on "	'Edit"						
PER	RSONAL INFO ()					\otimes	
			<u>A</u> Basic Ir	nfo			
SR II	D	Usemame	Last Login			/ Edit	
First	t Name l	Last Name	Middle Initial				

b. In the Personal Info section, click "Explore"

SR ID	Username	Last Login	C Edit
First Name	Last Name	Middle Initial	
Date Of Birth	Phone Number	Preferred Email	School Assigned Email
U.S. MAILING ADDRESS ⑦			
Street Address	City Emporia	State KS	Zip 66801

d.	Add/Change your address. Once you finished, click '	'Update"
		1

		A Basic Info		
SR ID	Username	Last Login		
		= 11		
IMPORTANT: Please inform	your school If any of your personal Infor	nation changes (e.g., Mailing Address, Phone	Number).	
* Indicates required field				
First Name	Last Name	Middle Initial		
Date Of Birth	Phone Number *	Preferred Email *	School Assigned Email	
	XXX-XXX-XXXX	·		
U.S. MAILING ADDRESS				
Street Address *	City*	State *	Zip*	
	Emporia	KS	✓ 66801	
			5 digits	
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e. You will see this screen, confirming that your address has been updated.

	Home	My Coverage	My Claims	My Benefits	Care Options	Messages	Action Center	Need Assistance?		
	PERSON	AL INFO							\otimes	
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				× 5	Succes	s!				
				Your Persor	hal Information has bee	n updated succes:	stully			
					Ok					
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D	ownload App		Quick Link	s	Lega	ı		Accessibility		

- 13. After you click "OK" Follow the next steps again.
 - a. Go back to the ID Card page

My Claims/Balances	My Benefits	Care Options
Claims Summary Summary of pending & completed claims	•	Find Medical Provider/Estimate Cost Locate a Healthcare Provider
Member Balances Deductible and Out-of-Pocket Balances	Medical	Find Mental Health Provider Locate a Mental Healthcare Provider or
Submit Claim Request Reimbursement for your claims	Additional Benefits	Student Health Center Your school's Student Health Center
	Need Assistance2	Pharmacy Locator Find a pharmacy nearby
Print, View, or Request ID card	How may we help you?	Not Sure Where To Go? Know your care options and cost

b. Click in "Mail ID card"

Home My Covera	ge My Claims	My Benefits	Care Options	Messages	Action Center	Need Assistance?
						_
ID CARD INFORMATION	N					\otimes
			🕂 Medical			
Name	Relationship	Policy	E Vi	ew ID Card	L ID Card PDF	Mail ID Card

c. Confirm your US mail address and click "Submit". Congratulations! Your ID Card will be mailed soon to you.

Healthcare' S	tudentResource	S		CO Stay informed of	VID-19 Updates n resources ava	ilable to you.			
Home	My Coverage	My Claims	My Benefits	Care Options	Messages	Action Center	Need Assistance?	Q My I	Profile
								G Log	iout
REQUE	ST PERMANENT ID (CARD						(>	
MEMBER	R INFORMATION								
Confirm y	your U.S. mailing address	by clicking the ch	eckbox below. If you	need to add or update	e your address, plea	ise go to My Profile > P	ersonal Info.		
* Indicat	tes required field								
Name			U.S. Mailing	Address					
			Confirm	n U.S. Mailing Address	s *	>			
							P Card Re	equest History	
	Name	Relatio	n	Policy					
				Cancel	Submit	>		Ho	w is your vit