

## SLU Student Health Plan (UHP) Waive/Enroll Guide – Undergrad/Graduate/Graduate Assts – Fall 2024


SLU requires full-time, on-campus students to carry health coverage. If a student has other (non-UHP) health coverage that meets SLU waiver criteria, they may **Waive** the SLU health insurance coverage (and its charges). If a student does *not* have coverage, they must **Enroll** in the SLU Student Health Plan (UHP). If students do not take action (neither Waive nor Enroll) by **Fall 2024 deadline (Sept 30, 2024)**, they will be auto enrolled in **Fall 2024** SLU Student Health Plan (UHP) coverage and responsible for related charges. After class registration, please allow 2-3 business days for student data to be loaded to the Aetna website.

See pages 1 - 2 below for **Waiver** directions. See pages 3 - 5 for **Enrollment** directions.

### Waiver Directions

\* Open browser: Use of  Microsoft Edge or  Google Chrome is recommended.

Go to: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu) **OR** directly access site thru SLU website using:

scroll past Welcome and click on:  Enroll/Waive >

[Waive or Enroll Through Aetna Online](#)

[Waive](#)

\* Review Waiver Criteria info. on **Enroll/Waive** page, scroll down and click on:

[Secure Login](#)

\* On **Secure Login** screen, use pull down menu to indicate either **Domestic** or **International Student**. International selection indicates student is pursuing studies under a Visa:

Are you a domestic or an international student? \*

[Select Type]
Domestic
International


\* Use pull down menu to indicate **type of program**:


What type of program are you enrolled in? \*

[Please Select]
Undergraduate Student
Graduate & Professional Student
Medical Students

\* Enter: **Student Banner ID#:** **(enter 9 digit Banner ID# (including leading zeroes))**

Banner ID \*

Date of Birth \* 

MM-DD-YYYY

\* Enter: **Student Date of Birth:**

[Login](#)

\* Click on **Login** to continue:

## Plan Selection(s)

- \* Click on **Waive**:

Waive

**NOTE:** If you receive an error indicating that you are not eligible or not required to waive/enroll, call the UHP Office at 314-977-5666 or email [uhp@health.slu.edu](mailto:uhp@health.slu.edu) for further assistance.

- \* Click on **Yes** to continue with waiver entry:

Yes

- \* Read **Message** and review **Waiver Policy Terms**. Check box at bottom to accept terms.

- \* Click on Continue:

Continue

## Current Medical Insurance Information

- \* Students are *encouraged* to upload front and back images of Medical Insurance ID Card.

**IMPORTANT NOTE:** While uploading ID Cards is encouraged, ID Card uploads are *not* 100% required to submit a waiver request. When uploading ID Cards, please load images that are smallest file size possible. Photos taken on phones may generate large files saved in original, high-resolution format. Photo files sizes can also depend on phone settings. Transferring (sharing) photos to phone folders or PC may provide options to reduce photo (ID Card) file size. Also, some browser security settings restrict file uploads.

If your waiver submission fails with uploaded ID Card files, try to re-submit *without uploading ID Card files*.

- \* Respond to all required questions and enter data regarding your current (non-UHP) health insurance. Student's alternate health insurance must meet *all* SLU waiver criteria (minimum standards) to be accepted.
- \* Review Terms and Conditions and check box at bottom of page to indicate acceptance.

- \* Click on Continue:

Continue

## Waiver Summary

- \* Review the Waiver Summary. Edit & save any necessary changes to Waiver Summary data.
- \* Click **Submit** to complete your waiver submission.

Submit

After hitting Submit, a **Confirmation/Transaction Number:** should display on screen. This number validates successful filing. Save your Transaction #. Confirmation email will also be sent to email address provided. Approved waivers take 3 - 5 days *business days* to process/adjust student accounts.


If you do not receive a **Confirmation/Transaction Number:** *your submission may NOT have filed.* Please re-submit or contact the UHP Office at: (314) 977-5666 or [uhp@health.slu.edu](mailto:uhp@health.slu.edu) for assistance.

Aetna representatives may contact you if there are any questions or concerns with your waiver submission. Waivers are subject to verification by SLU, Aetna and/or their contractors/representatives.

# Enrollment Directions

\* Open browser: Use of  Microsoft Edge or  Google Chrome is recommended.

Go to: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu) **or** directly access site thru SLU website using:

scroll past Welcome and click on:  [Enroll/Waive >](#)

[Waive or Enroll Through Aetna Online](#)

[Enroll](#)

\* Review Waiver Criteria info. on [Enroll/Waive](#) page, scroll down and click on:

## Secure Login

\* At **Secure Login**, use pull down menu to select either **Domestic** or **International**. An International selection indicates that student is pursuing studies under a Visa.

Are you a domestic or an international student? \*

[Select Type]
Domestic
International

\* Next, use pull down menu to indicate **type of program**:

What type of program are you enrolled in? \*

[Please Select]
Undergraduate Student
Graduate & Professional Student
Medical Students

\* Enter: **Student Banner ID#** (enter **9 digit Banner ID# (including leading zeroes)**)

Banner ID \*

\* Enter: **Student Date of Birth:**

Date of Birth \* (?)



MM-DD-YYYY

\* Click on **Login** to continue:

[Login](#)

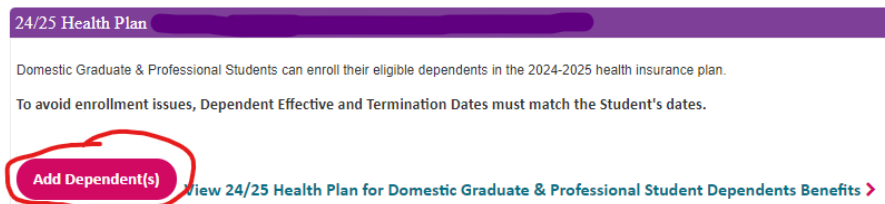
# Plan Selection(s)

\* To enroll **Yourself**, click **Select Plan** under **24/25 Health Plan**:

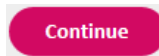


**NOTE:** If you receive an error indicating that you are not eligible nor required to waive/enroll, you may call the Student Health Plan (UHP) office at 314-977-5666 or email [uhp@health.slu.edu](mailto:uhp@health.slu.edu) for further assistance.

If you want to enroll **Dependents**, click **Add Dependents(s)**:



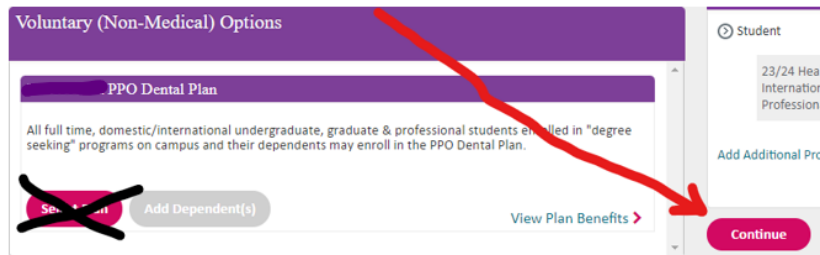
\* Once selections are complete, click on **Continue**:



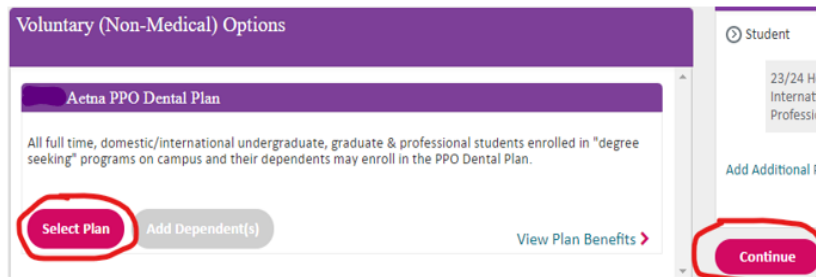
\* For FY 24/25, Aetna is offering an **Optional/Voluntary Dental PPO plan**. The Aetna dental plan is completely separate from the medical plan. Students may elect dental coverage but it is **not required**.

**Payment for dental coverage will be requested upon check-out.** Charges for medical coverage will continue to be billed to SLU student accounts.

**Decline Dental:** To **decline** dental coverage, just click **Continue** to bypass / skip the page.



**Enroll Dental:** To elect optional dental coverage, 1) click **Select Plan**  
2) **Add Dependent(s)** if needed  
3) click **Continue**



## Student Information

\* Confirm/complete **Student's** (and dependent's) gender, name, phone, **local address**, and **SLU (@slu.edu) email** info.

Continue

\* Once info. is confirmed, click on **Continue**:

## Plan Effective/Termination date(s)

\* Select **Plan Term** of coverage desired:

Annual	08/15/24 – 08/14/25
Fall (Only)	08/15/24 - 12/31/24
Early 2 Fall/Spring	08/01/24 - 12/31/24 (Early Arrival option for Fall Semester)
Fall/Spring	08/15/24 – 05/17/25

**Medical Students: First Year - M1 students:** should elect effective dates of **08/01/24 – 06/30/25**

**Returning - M2, M3, M4:** should elect effective dates of **07/01/24 – 06/30/25**

**Graduate Assistants:** Select coverage Effective/Termination Date options that correlate to their dates of “paid health insurance” noted in appointment contracts. If the Effective/Termination Dates do **not** correlate to your “paid health insurance” dates, contact the Student Health Plan (UHP) office at **314-977-5666** or email **uhp@health.slu.edu** to have the Effective/Start dates updated to match your “paid health insurance”.

Graduate Assistants will be responsible for costs of insurance coverage that is elected but not covered by appointment contracts. Cost of dependent coverage is not supported/covered by appointment contracts.

\* Check terms and conditions after review:

By selecting this box I agree to these [terms and conditions](#) for the above plan

Continue

Click **Continue**:

## Enrollment Application Summary

\* Carefully **Review** data for accuracy.

Submit

\* Click **Submit** to complete your enrollment.

After hitting Submit, a **Confirmation/Transaction Number:** should display on screen. This number validates successful filing. Save the Transaction #. Confirmation email will also be sent to email address provided. Approved waivers take 3 - 5 days *business* days to process/adjust student accounts.

If you do not receive a **Confirmation/Transaction Number:** *your submission may NOT have filed.* Please re-submit or contact the UHP Office at: **(314) 977-5666** or [uhp@health.slu.edu](mailto:uhp@health.slu.edu) for assistance.