How to Enroll in or Waive out of the University Health Plan

Content:
1) The Enrollment Process
2) The Waiver Process
1) The Enrollment Process
Do a Google Search “Aetna Student Health” and open the first website from the top.
Welcome to Aetna Student Health

Select “Saint Louis University” in the drop-down.

Helpful links
Welcome to the Saint Louis University student health insurance plan

Aetna Student Health℠ gives you access to care by working closely with your school and with a network of doctors, hospitals, pharmacies and specialists throughout the country. For more information, contact customer service at 877-381-3544.

Select Enroll/Waive

You can enroll in the medical plan or waive the medical plan coverage.

Find a doctor, hospital or pharmacy

Use this convenient tool to easily locate Aetna participating network providers.

Print your ID card

Do you need a temporary ID card?

View your insurance plan details

Find information about your coverage, benefits, deductibles and more.

Helpful Links
Need coverage or do you want to waive your school coverage?

If you are a student looking for coverage, Aetna Student Health™ has a plan for you. Aetna Student Health™ gives you access to care by working closely with your school and with a network of doctors, hospitals, pharmacies and specialists throughout the country.

WE ARE CURRENTLY PROCESSING ENROLLMENTS FOR THE ** SUMMER COVERAGE PERIOD ONLY **.

IF YOU ARE A NEW OR CURRENTLY ENROLLED STUDENT, YOU CAN ENROLL FOR SUMMER COVERAGE PERIODS DURING THE SUMMER OPEN ENROLLMENT (ENDS JUNE 5, 2017).

COVERAGE PERIODS OPTIONS FOR THE 17/18 ACADEMIC YEAR WILL BE AVAILABLE IN MID-JUNE.

IF YOU ENROLL IN THE HEALTH PLAN, PLEASE SELECT THE STUDENT ENROLLMENT OPTION; IF YOU HAVE DEPENDENTS SELECT STUDENT ENROLLMENT FIRST, THEN CLICK SELECT PLAN UNDER THE DEPENDENT OPTION AND CLICK ADD DEPENDENTS.

If you have a Qualifying Life Event (i.e. marriage, birth, adoption), please note that you must complete the application and supporting documentation within 31 days. Please reach out to the UHP office at (314) 977-5666 or the Student Health Center at (314) 977-2323 for questions or to obtain the application.
University's Student Health Insurance Plan (University Health Plan) or demonstrate you have health insurance coverage that meets Saint Louis University's waiver requirements. Medical students are automatically charged for the health insurance on their student accounts, but will receive a full refund if waived by the end of the open enrollment period (September 30, 2016). If you take no action and do not either enroll or waive coverage by the end of the open enrollment period, you will be automatically enrolled in the plan.

**Saint Louis University Medical Residents**
All non-military medical residents are required to enroll in Saint Louis University's sponsored Health Insurance (University Health Plan). Coverage is provided as part of the benefits offered to trainees in Graduate Medical Education post-graduate programs.

**Saint Louis University Medical Residents January 1, 2017 Group Plan**
If you are a Medical Resident that is covered under this January 1, 2017 group plan, you can call the UHP office at (314) 977-5666 for all questions and plan information or see the link below.

**Aquinas Students**
All Aquinas students in degree seeking programs are eligible to voluntarily enroll in the Student Health Insurance Plan (University Health Plan) and will be billed through the Student Health Center. Aquinas students interested in enrolling in the plan should email their name and banner ID to uhpslu@slu.edu to be added to the Eligibility list.

You can enroll in a medical plan and discount program. Or you can waive coverage. You’ll need your school-issued student ID number.

**Select Enroll/Waive again**
Enter “International” and “Undergraduate” or “Graduate & Professional Student”.

Enter your FULL 9 digit banner ID – INCLUDING the 000. Enter your Date of Birth (MM/DD/YYYY).
Select this plan for yourself.

Select this also if you are adding a spouse or children.

Select Continue
You will now see your selections here. Select Continue.
Make sure all information, including gender, is correct.

Make sure your information is correct. If you do not have a phone number, enter 000-000-0000.
Make sure you enter a **LOCAL** mailing address. This is the address for mailboxes at the Busch Student Center – just make sure you enter **YOUR MSC number**.
For students who are adding a **spouse or dependents** to the plan:

*(all others can ignore this message)*

- If you chose a spouse/ dependent option, you will be prompted to enter your dependent information after you enter your own and select “continue” in step 4.

- Please list all information, and make sure to select “save” before “continue”.

- If you have more than one dependent to enroll on your plan, select “Add Another Dependent” after you save your first dependent information and select “continue”.

Higher Purpose. Greater Good.
Both of these boxes should be checked.

Select how long you need coverage here.

You will not be able to change your selection after open enrollment ends.

- **Annual = 8/15/16-8/14/17**
- **Fall/Spring = 8/15/16-5/20/17**
- **Fall = 8/15/16-12/31/16**

Select Continue.
Make sure all information is correct and submit.
Your transaction is complete. Please see the confirmation below:

Confirmation! Your enrollment has been received.
Print this page as a confirmation of your transaction.
Please allow 3-5 business days for your application to complete processing and for a member identification number to be assigned.
Please go to www.aetnastudenthealth.com in 5 – 7 Days to print or download your ID card. You will receive a plastic ID card in the mail in 10 – 12 business days.
The insurance premium in the amount of $2,034.00 will be reflected on your next tuition bill. Please pay the school's Bursar.

Today's Date: 7/29/2016
Student ID Number: 000153003
Confirmation Number: 16211642236200
Email Address: mdunham2@slu.edu
Confirmation will be sent to this address.

Purchase Details
You enrolled in: 16/17 Health Plan for Domestic Graduate & Professional Students

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. The plan will pay benefits in accordance with any applicable state insurance law. If any discrepancy exists between this website and the Master Policy, the Master Policy will govern and control the payment of benefits. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company or its affiliates. Aetna does not provide healthcare or guarantee access to health services. Information is believed to be accurate as of the production date, however, it is subject to change.

Keep this confirmation page for your records.
2) The Waiver Process
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You can enroll in a medical plan and discount program. Or you can waive coverage. You’ll need your school-issued student ID number.

Select Enroll/Waive again
Enter “International” and “Undergraduate” or “Graduate & Professional Student”.

Enter your FULL 9 digit banner ID – **INCLUDING** the 000. Enter your Date of Birth (MM/DD/YYYY).
Select Waive.

Select Continue.
Select Yes.
Read and understand the message and terms, then check this box.

Select Continue.
Check if your insurance meets these standards. If it does, select “yes” for these 6 questions.

### Current Insurance Policy

Please provide your current policy information below. We need this information to properly process your waiver.

**Information about your existing insurance coverage**

Please complete the form below.

I wish to waive SLU’s school-sponsored health plan. I certify by this waiver that I have adequate health coverage.

Before making a decision on waiving SLU’s school-sponsored health plan, make sure to compare benefits, time covered, networks, plus find that SLU’s plan provides coverage that meets your unique needs while at school. For more information on SLU’s health plan please visit: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu)

### Tell us about your current insurance plan

I hereby affirm my understanding of the following and attest that I have health insurance that meets the following minimum standards:

<p>| | | |</p>
<table>
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<tbody>
<tr>
<td>1) My plan is currently active and if my current coverage is terminated or lost, I agree to maintain alternate health coverage for the remainder of the academic year.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2) My plan is provided by a company licensed to do business in the United States, with a U.S. claims payment office and a U.S. phone number.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3) My plan has an unlimited benefit for any illness or injury as per ACA guidelines.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4) My plan covers inpatient and outpatient medical care within the St. Louis area.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5) My plan covers inpatient and outpatient mental health and alcohol abuse care within the St. Louis area.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6) My plan provides coverage for prescription drugs.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Additional information about your current policy

**Insurance Company Name**

[Enter insurance company name]
Enter your insurance information. If you do not see your insurance in the list, select “Other”, and write the name of your coverage in the box.
If you do not have a phone number for your insurance, type 000-000-0000.

Select Continue.
Make sure your information is correct and submit.
Your waiver has been submitted.
Details of your waiver transaction are available below.

Your waiver application has been submitted. Please see the confirmation below.

Dear Michelle Renee,

We have ACCEPTED and APPROVED your waiver submission. Please print this screen as confirmation.

We have the right to verify the information you have provided. If you should lose your current coverage you are required to notify SLU as you are required to maintain coverage while a full-time student on campus. Specifically, if you are a Medical Student and lose coverage, contact the UHP Office at (314) 977-5666. If you are an Undergraduate, Graduate or Professional student and lose coverage, contact Kristine Schmidt at (314) 977-7368.

Please review your health needs each year to make an informed decision.

Keep this confirmation for your records.
Helpful Resources:

Aetna’s site has benefit summaries, costs and other useful information: www.aetnastudenthealth.com/slu

Aetna Customer Service: 1-877-381-3544 – they can assist with any issues or questions you have about the online waiver or enrollment process.

You may also email questions to uhp@slu.edu. Please include your banner ID for us to better assist you.

Student Health Center: http://www.slu.edu/student-health-center
   Main: 314-977-2323   Fax: 314-977-7165
   Kristine Schmidt: 314-977-7168

University Health Plan office: http://www.slu.edu/medicine/departments/university-health-plan-(uhp)
   Alfreda Robinson: 314-977-5666
   Adrian Jones: 314-977-9897