

# SLU Student Health Plan (UHP) Waiver/Enrollment Guide – Undergraduate/Graduate Students

Saint Louis University (SLU) requires full-time, on-campus students to carry adequate health insurance. If a student has other (non-UHP) health insurance coverage that meets SLU's coverage requirements, they may **WAIVE** the UHP coverage (and its charges). If a student does not have health insurance, they must **ENROLL** in the SLU Student Health Plan (UHP). If students take no action, students will be auto-enrolled and charged for the UHP coverage.

This document provides guidance on how to submit an on-line waiver or enroll through the secure Aetna Student Health website. Aetna Student Health is the UHP's administrative partner. **Waiver directions begin below. Enrollment directions begin on page 3.**

## WAIVER DIRECTIONS

\* Open a web browser. Use Of **Google Chrome** is highly recommended:



\* Go to: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu)



\* Scroll down to and click on: [Enroll/Waive >](#)

Enroll/Waive

\* Review info. presented on page and **scroll down** and click on:

Secure Login

\* On **Secure Login** screen, use pull down menu to indicate if a **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

\* 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 all nine characters including any leading zeroes)

Banner ID \*

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

Date of Birth 

  
MM-DD-YYYY

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

Login

## 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, you may 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.

Continue

\* Click on Continue:

## Current Medical Insurance Information

\* Students are **strongly encouraged** to load front & back image of Medical Insurance ID Card.

\* Respond to all questions and enter data regarding your current (non-UHP) health insurance.

\* 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

You **MUST** Click  to file your waiver and generate a Transaction Confirmation.

\* For accepted waivers, removal of health insurance charge from student's account may take 4 - 5 days *business days*. **Also, Aetna representatives may contact you via phone or email if there are any questions or concerns with your waiver submission.**

# ENROLLMENT DIRECTIONS

\* Open a web browser. Use of **Google Chrome** is highly recommended:



\* Go to: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu)



Enroll/Waive >

\* Scroll down to and click on:

Enroll/Waive

\* Review info. presented on page and Scroll down and click on:

\* 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 all nine characters including any 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 **22/23 Health Plan**:

22/23 Health Plan for Domestic Graduate & Professional Students

SLU requires all full-time domestic and international Undergraduate, Graduate & Professional and Medical Students to enroll or waive the school-sponsored student health insurance plan.

**Select Plan** View Plan Details >

**NOTE:** *If you receive an error indicating that you are not eligible nor required to waive/enroll, you may call the 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)**:

22/23 Health Plan for Domestic Graduate & Professional Student Dependents

Domestic Graduate & Professional Students can enroll their eligible dependents in the 2022-2023 health insurance plan.

**Add Dependents(s)** View Plan Details >

\* For FY 22/23, SLU Student Health Plan (UHP) and Aetna have partnered to offer an **OPTIONAL/VOLUNTARY Dental PPO plan**. The dental plan is completely separate from the medical plan and is underwritten and administered by Aetna Life Insurance Company (Aetna). Students may elect the 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 student accounts.

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

Voluntary (Non-Medical) Options

22/23 Aetna Dental® PPO Plan

All full time, domestic/international undergraduate, graduate & professional students enrolled in "degree seeking" programs on campus and their dependents may enroll in the PPO Dental Plan.

~~Select Plan~~ Add Dependents(s) View Plan Benefits > **Continue**

Student

22/23 Health for Domestic Undergrad Students

Add Additional Pro

**Enroll Dental:** To elect optional dental coverage, 1) click **Select Plan** and then

2) click **Continue**

Voluntary (Non-Medical) Options

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**Select Plan** Add Dependents(s) View Plan Benefits > **Continue**

Student

22/23 Health for Domestic Undergrad Students

Add Additional Pro

## Student Information

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

Continue

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

## Plan Effective/Termination date(s)

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

The default student coverage options are:

Spring                    01/01 – 05/20

Spring/Summer    01/01 - 08/14

Graduate Assistants with health insurance support should be presented coverage Effective/Start Dates that correlate to their contract start / end dates.

**NOTE:** *If the Effective/Start Dates do **NOT** correlate to your Graduate Assistant contract start date, contact the UHP coordinator at 314-977-5666 or email [uhp@health.slu.edu](mailto:uhp@health.slu.edu) for further assistance.*

\* 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.

Submit

You **MUST** Click **Submit** to file your enrollment and generate a Transaction Confirmation.