

## Student Health Plan (UHP) Waive/Enroll Guide – Undergrad/Graduate/Graduate Assts – Fall 2023

SLU requires full-time, on-campus students to carry health coverage. If a student has other (non-UHP) health coverage that meets SLU’s criteria, they may **Waive** the UHP coverage (and its charges). If a student does not have health coverage, they must **Enroll** in the SLU Student Health Plan (UHP). Fall 2023 deadline to waive or enroll is: **Sept 30, 2023**. If students take no action by the deadline, they will be auto-enrolled in UHP coverage and responsible for related charges.

This document provides guidance on how to submit a waiver request or enroll through the secure website provided by Aetna Student Health, the UHP’s administrative partner. After full-time class registration, please allow 2-3 business days for student data to load to the Aetna website.

**Waiver directions are below. Enrollment directions begin on page 3.**

### Waiver Directions

\* Open browser. **Google Chrome** is recommended: 

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



Enroll/Waive >



Scroll down to:



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



\* 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 **9 digit Banner ID#**. May including leading zeroes)

Banner ID \*

\* Type in: **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 nor required to waive/enroll, you may call the UHP coordinator 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 encouraged to upload front and back image of Medical Insurance ID Card.

**IMPORTANT NOTE:** When uploading ID Card images, please load images that are smallest file size possible. Also, some browser security settings can restrict file attachments. If waiver submission fails with uploaded ID Card files, try to re-submit *without uploading* ID Card files. While uploading ID Cards is encouraged, it is *not* 100% required to submit a waiver request.

\* 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.

Continue

\* Click on Continue:

## Waiver Summary

\* Review the Waiver Summary. Edit & save any necessary changes to Waiver Summary data.

Submit

\* Click **Submit** to complete your waiver submission.

Confirmation screen should appear after Submit and displays a **Transaction Number:** which validates successful waiver filing. Save the Transaction # in your files. Confirmation email will be sent to address provided. Approved waivers will take 3 - 5 days *business* days to process/adjust student accounts.

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. **Google Chrome** is recommended: 

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



Enroll/Waive >

Waive or Enroll Through Aetna Online

Scroll down to:

Enroll/Waive

\* Review info. presented on page and 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#**. May including leading zeroes)

Banner ID \*

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

Date of Birth \* ?



MM-DD-YYYY

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

Login

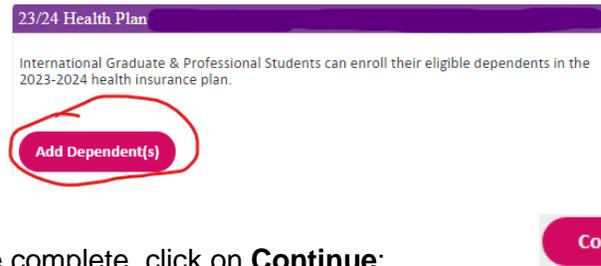
## Plan Selection(s)

\* To enroll **Yourself**, click **Select Plan** under **23/24 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)**:

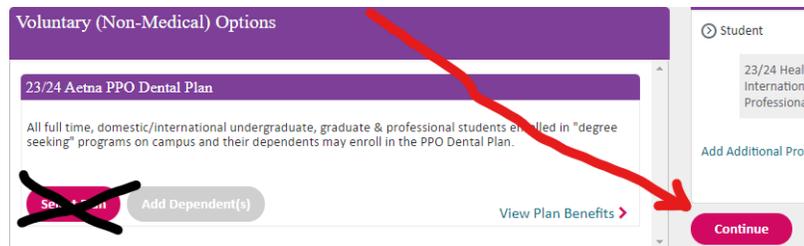


\* Once selections are complete, click on **Continue**:

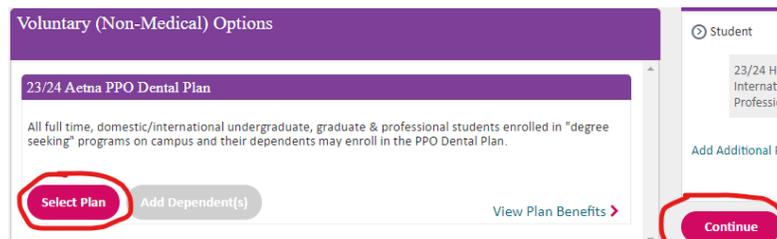
\* For FY 23/24, SLU Student Health Plan (UHP) and Aetna have partnered to offer an **Optional/Voluntary Dental PPO plan**. The Aetna dental plan is completely separate from the medical plan. Students may elect this coverage but it is **not required**.

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)** as needed  
3) click **Continue**



## Student Information

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

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

Continue

## Plan Effective/Termination date(s)

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

The default student coverage options are:

Fall 08/15 - 12/31

Fall/Spring 08/15 - 05/18

Annual 08/15 – 08/14

**Important: Graduate Assistants** with health insurance support should be presented coverage Effective/Start Dates options that correlate to the dates of “paid health insurance” as noted on their appointment contracts. If the Effective/Start 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 reviewed/updated to match your “paid health insurance” dates.

\* Check terms and conditions after review:

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

Click **Continue**:

Continue

## Enrollment Application Summary

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

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

Submit

Confirmation screen should appear after Submit and displays a **Transaction Number**: which validates successful enrollment filing. Save the Transaction # in your files. Confirmation email will be sent to address provided.