

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

Saint Louis University 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 criteria, 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). 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.

Once registered full-time, allow 2-3 business days for student data to load to the Aetna website.

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

Waiver Directions

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

Go to: www.aetnastudenthealth.com/slu **or** directly access site thru SLU website using:



Scroll down to: [Enroll/Waive >](#)



* 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 all nine digits 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 nor required to waive/enroll, you may call the UHP coordinator at 314-977-5666 or email 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 strongly encouraged to load front and 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

* For accepted waivers, removal of default health insurance charge from student's account will take 3 - 4 days *business days*. Aetna representatives may contact you if there are any questions or concerns with your waiver submission.

Enrollment Directions

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

Go to: www.aetnastudenthealth.com/slu **or** directly access site thru SLU website using:



Scroll down to: [Enroll/Waive >](#)

Waive or Enroll Through Aetna Online

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

Enroll/Waive

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 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

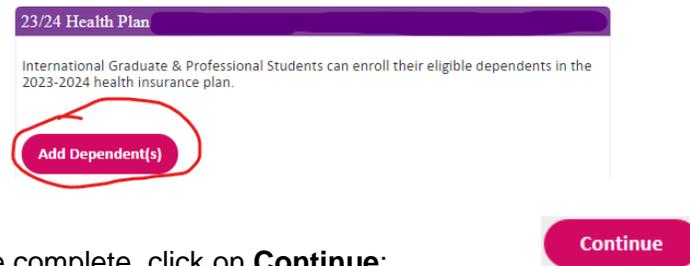
Plan Selection(s)

* To enroll **Yourself**, click **Select Plan** under **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 for further assistance.

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

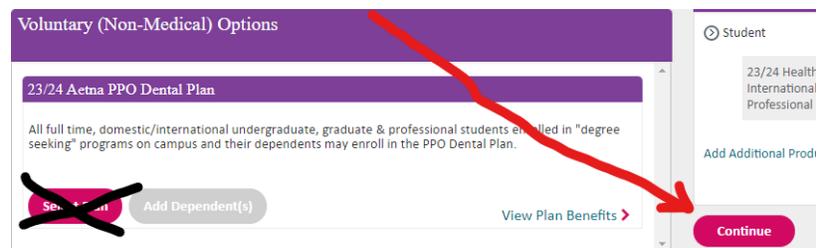


* Once selections are complete, click on **Continue**:

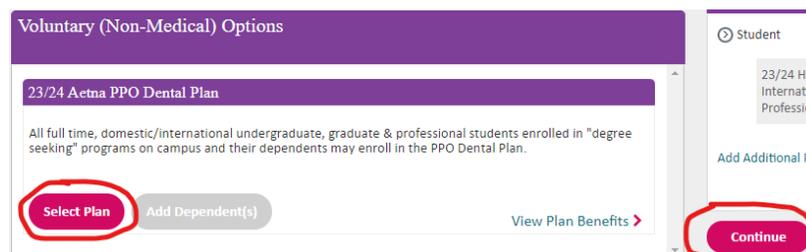
* For FY 23/24, SLU Student Health Plan (UHP) and Aetna have partnered to offer an **Optional/Voluntary Dental PPO plan**. The Aetna dental plan is completely separate from the medical plan. Students may elect this coverage but it is **not required**.

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 Dependents(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