

SAINT LOUIS  
UNIVERSITY™

## 2026-2027 Student Health Insurance



Saint Louis University (SLU) requires International and full-time Domestic students with on-campus classes to have health insurance throughout their academic year. Students have the option to **Enroll** in the SLU Student Health Insurance (UHP) or **Waive** the SLU coverage by providing proof of alternate health insurance that meets SLU waiver criteria.

Graduate Assistants accepting paid health insurance support offered with an appointment must enroll in the health insurance through the SLU Student Health Insurance (UHP) Aetna website, not through Workday.

Aetna website: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu)

SLU Student Health Insurance (UHP)		
Single Semester Rates (i.e., Fall or Spring only)		
Student Only (08/15/26-12/31/26)	4.5 months	\$1,914
Student Only (08/01/26-12/31/26)	5 months	\$2,120
Student Only (07/01/26-12/31/26)	6 months	\$2,532
Fall and Spring Rates		
Student Only (08/15/26-05/15/27)	9 months	\$3,828
Student Only (08/01/26-06/30/27)	11 months	\$4,652
Student Only (08/15/26-08/14/27)	12 months	\$5,064

NOTE: When coverage for both Fall and Spring is elected, the total charge for coverage will be split across the two semesters.

The student health insurance rates include coverage for medical, pharmacy, and vision benefits.

## SLU Waiver Criteria

International and full-time Domestic students with on-campus classes are assessed a default fee for the SLU Student Health Insurance (UHP). Students can waive the SLU plan (and related default fee) by submitting a waiver request that provides proof of alternate insurance that meets SLU waiver criteria. Waiver requests must be completed before applicable semester deadlines. If students take no action, they'll be enrolled in the SLU plan and responsible for related charges.

**Domestic** student health insurance must meet the following waiver criteria:

- ▶ Active coverage throughout the academic year
- ▶ Coverage with no policy maximum (i.e., no caps/limits on dollar amount the plan will pay in a policy year/period)
- ▶ Covers office, outpatient, and inpatient medical care within the St. Louis area
- ▶ Covers inpatient and outpatient mental health, drug, and alcohol abuse in St. Louis area
- ▶ Covers prescription drugs in the St. Louis area

**International** student health insurance waiver criteria include:

- ▶ Active coverage throughout the academic year
- ▶ Individual deductible of \$500 or less
- ▶ Provides at least \$25,000 in coverage for repatriation
- ▶ Provides at least \$50,000 in coverage for emergency medical evacuation
- ▶ Covers office, outpatient, and inpatient medical care within the St. Louis area
- ▶ Covers inpatient and outpatient mental health, drug, and alcohol abuse care in St. Louis area
- ▶ Covers prescription drugs in St. Louis area
- ▶ Provides U.S. mailing address for provider medical claims and a U.S. phone number for member/provider support

**Coverage under health insurance plans such as Aditya Birla, Carè, Carrot, Hanwha, HCFC, ICICI Lombard, TATA AIG, Zuno, etc., will NOT be accepted for waivers as these plans are not recognized by the vast majority of U.S. healthcare providers.**

## Benefit Changes for 2026-2027

For the 2026-2027 plan year, the following changes have been made to the medical plan:

Copay for office visits has increased to \$45.

Primary Care Visit	Increased to \$45
Specialist Visit	Increased to \$45
Rehabilitation Services	Increased to \$45
Habilitation Services	Increased to \$45

The out-of-pocket maximums for individual and family have been revised to the following limits:

	In-Network	Out-of-Network
Individual	\$10,600	\$31,800
Family	\$21,200	\$63,600

Copayments for generic and preferred brand prescriptions remain unchanged.

Specialty medications are now covered at 80% coinsurance. This means that students will be responsible for paying 20% of the specialty prescription price.

Specialty	20% coinsurance
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The coinsurance levels for most in-network and out-of-network coverage have been adjusted to the following:

	In-Network	Out-of-Network
Individual		50% coinsurance
Family		

One routine eye exam per year will be covered under the medical benefits of this plan.

# Student Health Insurance Benefit Summary

Saint Louis University (SLU) is committed to offering competitive and comprehensive health insurance benefits for students. The SLU sponsored coverage meets both the Affordable Care Act and J-1 visa requirements.

The SLU Student Health Insurance (UHP) is administered in collaboration with Aetna Student Health and utilizes the Aetna Student Health Open Choice PPO network. Below is a high-level snapshot of the medical and pharmacy benefits. This is only a summary. Your actual costs will depend on the care received and other factors.

Aetna Student Health Open Choice PPO		
	In-Network	Out-of-Network
Medical Benefit Maximum Per Member	Unlimited	
<b>Deductible</b>		
Per Member	\$500 <b>\$0 deductible at Student Health Center</b>	\$1,000
Family	\$1,000	\$2,000
<b>Out-of-Pocket Maximum (includes deductibles, copayments, and coinsurance)</b>		
Per Member	\$10,600	\$31,800
Family	\$21,200	\$63,600
<b>Coinsurance</b>		
Member Pays	20% coinsurance after deductible	50% coinsurance after deductible
<b>Office Visits</b>		
Preventive Care	100% covered	30% coinsurance after deductible
Primary Care/Specialist	\$45 copay <b>\$0 copay at Student Health Center</b>	30% coinsurance after deductible
Urgent Care	\$50 copay	\$75 copay
<b>Hospital Services</b>		
Inpatient	20% coinsurance after deductible	50% coinsurance after deductible
X-Ray/Imaging	20% coinsurance after deductible	50% coinsurance after deductible
Emergency Room	\$300 copay	\$300 copay
<b>Outpatient Services</b>		
Facility Fees	20% coinsurance after deductible	50% coinsurance after deductible
Physician/Surgeon Fees	20% coinsurance after deductible	50% coinsurance after deductible
<b>Prescription Drug Coverage</b>		
<b>Retail (30-day supply limit)</b>		
Generic	\$20 copay	\$20 copay
Preferred Brand	\$50 copay	\$50 copay
Non-Preferred Brand	\$100 copay	\$100 copay
Specialty	20% coinsurance	20% coinsurance
<b>Mail Order (31- to 90-day supply)</b>		
Generic	\$40 copay	Not covered
Preferred Brand	\$100 copay	Not covered
Non-Preferred Brand	\$200 copay	Not covered
Specialty	N/A	N/A

## Vision Benefit Summary

Saint Louis University provides vision coverage as a component of the SLU Student Health Insurance (UHP) plan. All students enrolled in the plan will automatically receive the below vision benefits.

	In-Network	Out-of-Network
<b>Exam</b>		
	\$20 copay	\$30 reimbursement
<b>Lenses</b>		
Standard Single Lenses	\$20 copay	\$15 reimbursement
Standard Bifocal Lenses	\$20 copay	\$30 reimbursement
Standard Trifocal Lenses	\$20 copay	\$60 reimbursement
Standard Progressive Lenses	\$85 copay	\$30 reimbursement
<b>Contacts</b>		
Conventional Contact Lenses	\$130 allowance + 15% off balance	\$104 reimbursement
<b>Frames</b>		
	\$130 allowance + 20% off balance	\$104 reimbursement
<b>Frequency</b>		
Exam	Once every calendar year	
Lenses	Once every calendar year	
Contacts	Once every calendar year	
Frames	Once every calendar year	

Guides with directions on how to Waive or Enroll can be found on the SLU Student Health Insurance (UHP) webpage: <https://www.slu.edu/life-at-slu/student-health/university-health-plan/index.php>. For additional plan documents and to submit your waiver or enrollment, please visit the Aetna website: [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu).

