

# SLU Student Health Plan (UHP) - Waive/Enroll Guide – Spring 2025



SLU requires full-time students with on-campus classes to carry health coverage. If a student has other (non-UHP) health coverage that meets SLU waiver criteria, student may **Waive** the SLU Student Health Plan (UHP) coverage (and its charges). If a student does *not* have coverage, they must **Enroll** in the SLU Student Health Plan (UHP). If students do not take action (neither Waive nor Enroll) by **Spring 2025 deadline (Feb 14, 2025)**, they will be auto-enrolled in **Spring 2025** SLU Student Health Plan (UHP) coverage and responsible for related charges. After class registration, please allow 2-3 business days for student data to be loaded to the Aetna website. **PCs/laptops with updated browsers are recommended for Waiver/Enrollment submissions.**


See pages 1 - 2 below for **waiver** directions. See pages 3 - 5 for **enrollment** directions.

## Waiver Directions

\* Open browser: Use of Microsoft Edge  or Google Chrome  is recommended.

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

scroll past Welcome and click on:  



\* Review Waiver Criteria info. on **Enroll/Waive** page, scroll down and click on:

## Secure Login

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

\* 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# (including any leading zeroes))**

Banner ID \*

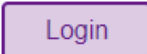
Date of Birth \*

MM-DD-YYYY

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

Enter Student DOB in **MM / DD / YYYY** format.

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



## Plan Selection(s)

\* Click on **Waive** to continue with waiver entry:

Waive

**NOTE:** If you receive an error indicating that your information entered does not match list of full-time students, please check your data entry. Please confirm entry of the full nine (9) digit Banner ID (including any leading zeroes). If you are registered in classes and still receive the error message, please contact the SLU Student Health Insurance (UHP) office at: **314-977-5666** or email: **uhp@health.slu.edu** for assistance.

\* Click on **Yes** to continue with waiver entry:

Yes

## Waiver Policy

\* Read **Message** and **Waiver Policy Terms**. Check **Acknowledgement** box at bottom to accept terms.

\* Click on Continue:

Continue

## Current Medical Insurance Information

\* **ID Card:** Students are *encouraged* to upload front and back images of Medical Insurance ID Card.

**IMPORTANT NOTE:** When uploading ID Cards, please load images that are smallest file size possible. Photos taken on phones may generate large, high-resolution files that exceed browser free space and can disrupt waiver submission. Transferring (sharing) photos to phone folders or to a PC may provide options to reduce photo (ID Card) file size. Also, some browser security settings restrict file uploads.

While uploading ID Cards is encouraged, **ID Card uploads are not 100% required to submit a waiver.** If your waiver submission fails with uploaded ID Card files, try to re-submit *without uploading* ID Card files.

\* Respond to all required questions and enter data regarding your current (non-UHP) health insurance/policy:

**Alternate health insurance must meet \*\* ALL \*\* SLU waiver criteria to be accepted.**

\* Review **Terms and Conditions** and check box at bottom of page to indicate acceptance.

\* Click on Continue:

Continue

## Waiver Summary



\* Review the **Student Contact Information, insurance policy & policy details**. Edit & save any necessary changes to Waiver Summary data.

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


Submit

**Important Note:** After hitting Submit, a **Confirmation/Transaction Number:** should display on screen. This number validates successful filing. Save your Transaction #. Confirmation email will also be sent to email address provided. Approved waivers take 3 - 5 days *business days* to process/adjust student accounts. If you do not receive a **Confirmation/Transaction Number:** *your submission DID NOT file.* Please re-submit or contact the UHP Office at: **(314) 977-5666** or **uhp@health.slu.edu** for assistance.

# Enrollment Directions

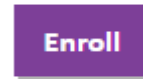
\* Open browser: Use of Microsoft Edge  or Google Chrome  is recommended.

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

scroll past Welcome and click on:  Enroll/Waive



\* Review Waiver Criteria info. on **Enroll/Waive** page, scroll down and click on:



## Secure Login

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

\* 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# (including any leading zeroes))

Banner ID \*

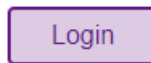
Date of Birth \*

  
MM-DD-YYYY

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

Enter Student DOB in **MM / DD / YYYY** format.

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



## Plan Selection(s)

### Medical Plan Enrollment Options

\* To enroll **Yourself**, click **Select Plan** under **24/25 Health Plan**:

24/25 Health Plan

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SLU requires all full-time domestic and international Undergraduate, Graduate & Professional and Medical Students to enroll or waive

<b>Select Plan</b>
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**NOTE:** If you receive an error indicating that your information entered does not match list of full-time students, please check your data entry. Confirm that you entered the full nine (9) digit Banner ID (including any leading zeroes). If you are registered in classes and still receive the error message, please contact the SLU Student Health Insurance (UHP) office at: **314-977-5666** or email: **uhp@health.slu.edu** for assistance.

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

### 24/25 Health Plan

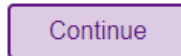
Domestic Graduate & Professional Students can enroll their eligible dependents in the 2024-2025 health insurance plan.

To avoid enrollment issues, **Dependent Effective and Termination Dates must match the Student's dates.**



NOTE: Dependent Effective and Termination Dates must match the Student's dates (exception: QLE Events).

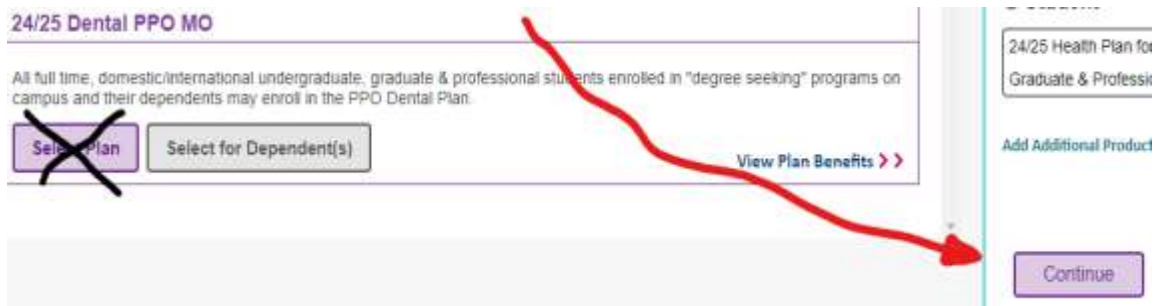
\* Once selections are complete, click on **Continue**:



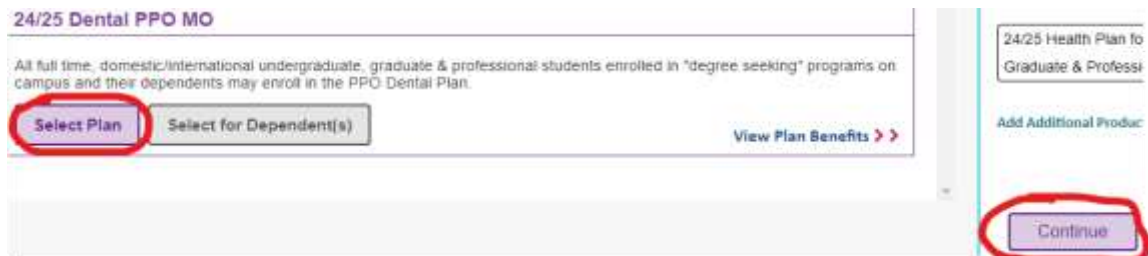
### Additional (Non-Medical) Plan Selection

\* Aetna offers a **Voluntary (non-medical) Dental PPO plan**. The Aetna dental plan is separate from the medical plan. Students *may* elect dental coverage but it is **not required**. **Payment for dental coverage will be requested at check-out**. Charges for medical coverage are 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 Details** (and dependent's) including gender, name, phone, **current local address**, and **SLU (@slu.edu) email** info.

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

Continue

## Plan Effective/Termination date(s)

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

### **24/25 Spring/Summer Plan Terms**

Spring: 01/01/25 - 05/17/25

Spring/Summer: 01/01/25 - 08/14/25

### **Grad Assts select Plan Terms based on their "paid health insurance" dates**

Session 1: 01/01/25 - 05/17/25

Session 2: 01/01/25 - 06/30/25

Session 3: 01/01/25 - 08/14/25

Session 8: 01/01/25 - 05/31/25

### **Medical Students:**

Spring: 01/01/25 - 06/30/25

**Graduate Assistants:** Select coverage Effective/Termination Date options that correlate to their dates of "paid health insurance" noted in appointment contracts. If the Effective/Termination 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 updated to match your "paid health insurance".

Graduate Assistants will be responsible for costs of insurance coverage that is elected but not covered by appointment contracts. Cost of dependent coverage is not supported/covered by appointment contracts.

\* Check terms and conditions box in indicate acceptance:  I agree to the terms and conditions.

\* Click **Continue**:

Continue

## Enrollment Application Summary

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

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

Submit

**IMPORTANT NOTE:** After hitting Submit, a **Confirmation/Transaction Number:** should display on screen. This number validates successful filing. Save your Transaction #. Confirmation email will also be sent to email address provided. Approved waivers take 3 - 5 days *business* days to process/adjust student accounts.

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Revised: 12/02/2024