SLU Student Health Plan (UHP) W aive/Enroll Guide Undergrad/Graduate /Graduate Ass ts Fall 2024

SLU requires full-time, on-campus students to carry health coverage. If a student has other (non-UHP) health coverage that meets SLU waiver criteria, they may Waive the SLU health insurance 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 Fall 2024 deadline (Sept 30, 2024), they will be autoenrolled in Fall 2024 SLU Student Health Plan (UHP) coverage and responsible for related charges.

After class registration, please allow 2-3 business days for student data to load to the Aetna website.

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 Of direq0.00000rn69ETQD.0000092 0 612 27 reW*nE/F1

*	Click	on	Login	to	continue:
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* Click on Waive:

NOTE: If you receive an error indicating that you are not eligible or not required to waive/enroll, call the UHP Office at 314-977-5666 or email uhp@health.slu.edu for further assistance.

^{*} Click on Yes to continue with waiver entry:

^{*} Read Message and review Waiver Policy Terms . Check box at bottom to accept term

Enrollment Directions

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

Go to:

* Confirm/complete	(and dependent's) gender, name, phone,	local address	, and <mark>SL</mark> l	U (@slu.edu)
email info.				

- * Once info. is confirmed, click on Continue:
- * Select Plan Term of coverage desired:

Annual 08/15/24 08/14/25

Fall (Only) 08/15/24 - 12/31/24

Early 2 Fall/Spring 08/01/24 - 12/31/24 (Early Arrival option for Fall Semester)

Fall/Spring 08/15/24 05/17/25

Medical Student s: First Year - M1 students: should elect effective dates of 08/01/24 06/30/25

Returning - M2, M3, M4: should elect effective dates of 07/01/24 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 are elected but not covered by appointment contracts. Cost of dependent coverage is not supported/covered by appointment contracts.

Click Contin ue:

- * Carefully Review data for accuracy.
- * Click Submit to complete your enrollment.

After hitting Submit, a Confirmation/ Transaction Number: should display on screen. This number validates successful filing. Save the Transaction #. Confirmation email will also be sent to email address provided.

^{*} Check terms and conditions after review: