SAINT LOUIS UNIVERSITY™

SLU Student Health Plan (UHP) - Waive/Enroll Guide – Spring 2026

SLU requires full-time students with on-campus classes to carry health coverage. If student has alternate health insurance that meets SLU waiver criteria, student may **Waive** the SLU Student Health Plan (UHP) plan (and its related charges). If student does *not* have coverage, they must **Enroll** in the SLU Student Health (UHP) plan. If students do not take action (neither Waive nor Enroll) by **Spring 2026 deadline** (**Feb 10, 2026**), they will be auto-enrolled in the **Spring 2026** SLU Student Health Plan (UHP) plan and responsible for related charges.　　　**PCs/laptops are recommended for Waiver/Enrollment submissions.**

NOTE: The Aetna website has been refreshed with a new look for Spring 2026.

See page 1 - 2 below for WAIVER directions. See page 3 - 5 for ENROLLMENT directions.

<u>Waiver Directions</u>

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

　　Go to:　　　　　　　　　　**www.aetnastudenthealth.com/slu**

　　Scroll past **Welcome** and click on link:　　**Enroll now or waive coverage >**

Waive coverage

* 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] ⌄
- [Please Select]
- Undergraduate Student
- Graduate Assistants ⟵ New
- Graduate & Professional Student
- Medical Students

* Enter: **Student Banner ID#**:　**(enter 9 digit Banner ID# (*including any leading zeroes*))**

Banner ID *

Date of Birth * ⑦

* Enter: **Student Date of Birth**:　MM-DD-YYYY　　　　Enter Student DOB in **MM / DD / YYYY** format.

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

Plan Selection(s)

* Click on **Waive** to continue with waiver entry: [Waive]

NOTE: *If you receive an error indicating that your information does not match list of students, please confirm entry of nine (9) digit Banner ID (including any leading zeroes). If you continue to receive the error message, 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 details regarding your alternate health insurance/policy:

Alternate health insurance must meet ** ALL ** SLU waiver criteria (standards) 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. Confirmation email will also be sent to email address provided. Waiver approval takes 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**

  Scroll past Welcome and click on link: **Enroll now or waive coverage >**

* Scroll down and click on:

Enroll now

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]

[Please Select]
Undergraduate Student
Graduate Assistants   ← *New*
Graduate & Professional Student
Medical Students

* Enter: **Student Banner ID#**: **(enter 9 digit Banner ID# (*including any leading zeroes*))**

Banner ID *

Date of Birth * ⑦

* Enter: **Student Date of Birth**:   MM-DD-YYYY   Enter Student DOB in **MM / DD / YYYY** format.

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

Plan Selection(s)

Medical Plan Enrollment Options

* To enroll **Yourself,** click **Select Plan** under **25/26 Health Plan**:

25/26 Health Plan
SLU requires all full-time domestic and international Undergraduate, Graduate & Professional, Graduate Assistants ...

Select Plan

To enroll **Dependents**, click **Select for Dependents(s):**

25/26 International Graduate Assistant Dependent Plan

Domestic/International Students can enroll their eligible dependents in the 2025-2026 health insurance plan.

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

Select for Dependent(s)

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

Continue

* 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 account.

Decline Dental: To **decline** dental, just click **Continue** to bypass / skip the page.

25/26 Aetna PPO Dental Plan

All full time, domestic/international undergraduate, graduate & professional students enrolled in "degree seeking" programs on campus and their dependents may enroll in the PPO Dental Plan.

Select Plan   Select for Dependent(s)   View Plan Details > >

Student

25/26 Health Plan for Domestic Undergraduate Students

Add Additional Products > >

Continue

Enroll Dental: To **elect** optional dental coverage, 1) click **Select Plan** to elect your coverage
2) click **Select for Dependent(s)** (if desired / needed)
3) click **Continue**

25/26 Aetna PPO Dental Plan

All full time, domestic/international undergraduate, graduate & professional students enrolled in "degree seeking" programs on campus and their dependents may enroll in the PPO Dental Plan.

Select Plan   Select for Dependent(s)   View Plan Details > >

Student

25/26 Health Plan for Domestic Undergraduate Students

Add Additional Products > >

Continue

Student Information

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

NOTE: Entry of an accurate local mailing address is critical to ensure proper ID Card delivery.

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

Continue

Plan Effective/Termination date(s)

* Select the coverage period desired from options presented in the **Plan Term drop down box.**

Plan Terms – Spring 2026

Standard	Spring (Only)	01/01/26 – 05/16/26		
	Spring/Summer	01/01/26 – 08/14/26		
Medical Students	Spring	01/01/26 – 06/30/26		
Grad / Grad Assts	Session 1	01/01/26 – 05/16/26	Spring (Only)	
	Session 2	01/01/26 – 06/30/26		
	Session 3	01/01/26 – 08/14/26	Spring / Summer	
	Session 8	01/01/26 – 05/31/26		

Graduate Assistants: Select coverage dates/plan term options that match your "paid health insurance" start date noted in appointment contract. If the coverage dates/plan term options that appear do **not** match your "paid health insurance" start date, contact the SLU Student Health Plan (UHP) office at **314-977-5666** or email **uhp@health.slu.edu** to have the coverage dates/plan term options updated.

Graduate Assistants will be responsible for costs of insurance coverage that is elected but not covered by appointment contracts (including dependent coverage).

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

* 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.

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.