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.

Waiver Directions

* Open browser:	Use of	Microsoft Edge	Microsoft Edge	or	Google	Chrome 🍱	is recommended.
Go to:			www.a	<u>etnast</u>	udenthe	alth.com/	<u>slu</u>
Scroll past Welc	ome and	click on link:	Enroll n	ow or	waive co	verage >	
* Scroll down and	click on:		Waive	e covera	ige		
Secure Log	gin						
* On Secure Log International sele		•					ternational Student
		Select Type Domestic International	c or an internation	nal student? +			
* Use pull down m	nenu to inc	licate type of p	rogram:				
		What type of program	n are you enrolled in	1?			
		[Please Select]			~		
		Undergraduate Stud		,	c		
		Graduate Assistants Graduate & Professi	_	ew			
		Medical Students	onal student				
* Enter: Student I	Banner ID	#: <mark>(enter 9 di</mark>	git Banı	ner ID#	(includir	ig any leadi	ing zeroes))
		Banner ID •					
		Date of Birth • ②					
* Enter: Student I	Date of Bi	rth: MM-DD-YYYY		Enter S	Student De	OB in MM /	DD / YYYY format.
* Click on Login t	o continue	Login					

Plan Selection(s)

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



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:



Waiver Policy

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

* Click on 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.



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: Microsoft Edge Use of

Google Chrome



is recommended.

Go to:

www.aetnastudenthealth.com/slu

Scroll past Welcome and click on link:

Enroll now or waive coverage >



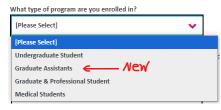
* Scroll down and click on:

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:



* Use pull down menu to indicate type of program:



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



* Enter: Student Date of Birth:

Enter Student DOB in MM / DD / YYYY format.

* Click on **Login** to continue:



Plan Selection(s)

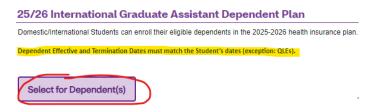
Medical Plan Enrollment Options

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



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.

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



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

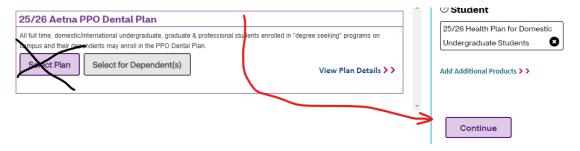
* Once selections are complete, click on **Continue**:



Additional (Non-Medical) Plan Selection

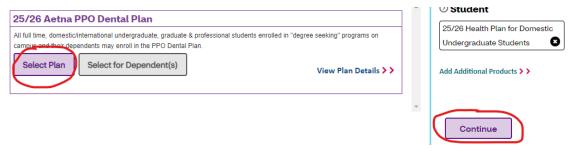
* Aetna offers a **Voluntary (non-medical) Dental PPO plan**. The Aetna dental plan is separate from the medical plan. Students *may* elect dental coverage but it is *not required*. **Payment for dental coverage will be requested at check-out.** Charges for medical coverage are billed to SLU student account.

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



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



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:



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) Spring/Summer	01/01/26 - 05/16/26 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.



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.