

SAINT LOUIS UNIVERSITY™

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

Summer 2025 health insurance coverage is *required* for International students with on-campus classes. Summer 2025 enrollment is *optional* for domestic students.

If student has alternate (non-UHP) health insurance that meets SLU waiver criteria, student may **Waive** the SLU Student Health Plan (UHP) insurance (and its charges). If a student does *not* have alternate coverage, they must **Enroll** in the SLU plan. **Summer 2025 on-line enroll/waive tools will be available until May 31, 2025. After May 31, 2025, students can email the SLU Student Health Insurance (UHP) office to submit requests. Final deadline for Summer 2025 Open Enrollment Period is: June 30, 2025 (06/30/2025)**

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 **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 *

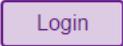
Date of Birth * 

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 does not match list of students, please confirm entry of nine (9) digit Banner ID (including any leading zeroes). If you are registered in classes and still 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 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. 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 **OR** directly access site thru SLU website using:

scroll past Welcome and click on:  [Enroll/Waive >](#)

[Waive or Enroll Through Aetna Online](#)

* Review Waiver Criteria info. on [Enroll/Waive](#) page, scroll down and click on:

[Enroll](#)

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:

[Login](#)

Plan Selection(s)

Medical Plan Enrollment Options

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

24/25 Health Plan

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

[Select Plan](#)

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.**

Select for Dependent(s)

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

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

Continue

Additional (Non-Medical) Plan Selection

* Aetna may offer 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.

24/25 Dental PPO MO

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 Benefits >>

24/25 Health Plan for Graduate & Professional Students

Add Additional Product

Continue

Enroll Dental: To **elect** optional dental coverage, 1) click **Select Plan**
2) **Add Dependent(s)** as needed
3) click **Continue**

24/25 Dental PPO MO

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 Benefits >>

24/25 Health Plan for Graduate & Professional Students

Add Additional Product

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:

Summer 2025 Plan Terms

Summer 05/18/25 - 08/14/25

Grad Students will have additional options seen below. Grad Assts should select Plan Terms based on their "paid health insurance" dates

Session 4	05/18/25 – 08/14/25	Summer
Session 5	05/18/25 – 06/30/25	Early Summer
Session 6	07/01/25 – 08/14/25	Late Summer
Session 7	06/01/25 – 06/30/25	June Only
Session 9	07/01/25 – 07/31/25	July Only

Medical Students: N/A

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 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. 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.

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.