

SAINT LOUIS UNIVERSITY™

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

SLU requires all International and full-time Domestic students with on-campus classes to maintain health insurance. If student has alternate health insurance that meets SLU waiver criteria, student may **Waive** (i.e. opt out of) the SLU Student Health Plan (UHP) plan (and related charges). If 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 2026 deadline (Sept 25, 2026)**, they will be auto enrolled in **Fall 2026** SLU Student Health Plan (UHP) plan and responsible for related charges. **PCs/laptops are recommended to complete submissions.**

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

Waiver (Opt Out) 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 *past* Enroll Now option & click on: command button.

Secure Login

* On **Secure Login** screen, use pull down menu to indicate either **Domestic** or **International Student**:

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#:**

Banner ID

(enter 9 digit Banner ID# (including any leading zeroes))

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

Date of Birth
MM/DD/YYYY

Student DOB format **MM / DD / YYYY**

* 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, current 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.

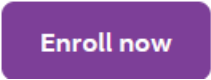
If you do not receive a **Confirmation/Transaction Number:** *your submission DID NOT file.* Please re-submit or contact the UHP Office at: **(314) 977-5666** or **uhp@health.slu.edu** for assistance.

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:

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 ← <i>New</i>
Graduate & Professional Student
Medical Students

Banner ID

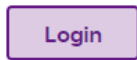
* Enter: **Student Banner ID#:**

(enter 9 digit Banner ID# (including any leading zeroes))

Date of Birth
MM/DD/YYYY

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

Student DOB format **MM / DD / YYYY**



* Click on **Login** to continue:

Plan Selection(s)

Medical Plan Enrollment Options

* To enroll **Yourself**, click **Select Plan** under **26/27 Health Plan**:

26/27 Health Plan
<small>SLU requires all full-time domestic and international Undergraduate, Graduate & Professional, Graduate Assistants</small>
Select 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).

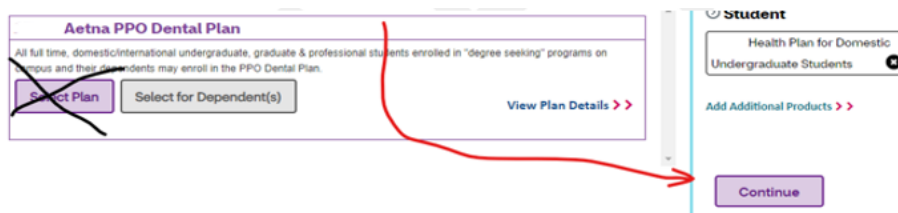
* Once selections are complete, click on **Continue**:



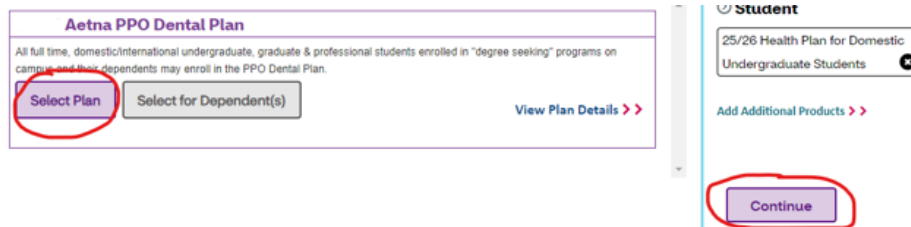
Additional (Non-Medical) Plan Selection

* 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, click **Continue** to bypass / skip the page.



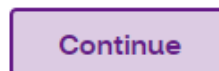
Enroll Dental: To elect optional dental coverage, 1) click **Select Plan** to elect your coverage
2) click **Select for Dependents(s)** (if desired / needed)
3) click **Continue**



Student Information

* Confirm/complete **Student's Details** (and dependent's) including gender, name, phone, **current local address**, and **SLU email** info. **NOTE:** Accurate local mailing address to ensure ID Card delivery via US mail.

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



Plan Effective/Termination date(s)

* Select the coverage period desired from options presented in the **Plan Term** dropdown box. **This step allows you to select specific Student Health Insurance (UHP) coverage dates.**

26/27 Plan Terms – Fall 2026

Standard	Annual	08/15/26 – 08/14/27
	Fall	08/15/26 – 12/31/26
	Early 2 Fall/Spring	08/01/26 – 12/31/26
	Fall/Spring	08/15/26 – 05/15/27
Medical Students	First Year – M1	08/01/26 – 06/30/27
	Returning – M2 M3 M4	07/01/26 – 06/30/27
Grad Assts	Early Annual	07/01/26 – 06/30/27
	Early Fall/Spring	07/01/26 – 05/31/27
	Session 11	07/01/26 – 12/31/26
	Early 2 Fall/Spring	08/01/26 – 12/31/26
	11 Months	08/01/26 – 06/30/27
	Other	08/15/26 – 06/30/27

Graduate Assistants: Select coverage dates/Plan Term options that match your “paid health insurance” dates in your 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. NOTE: For coverage that extends across the Fall and Spring semester, ½ of the total charge will be billed in the Fall semester and ½ will be billed in the Spring.

* 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:** *the submission DID NOT file.* Please re-submit or contact UHP Office at: **(314) 977-5666** or uhp@health.slu.edu for assistance.

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