



Skip School Insurance: Waiver Steps for Students with Alternate Coverage

Eligibility Requirements

Washington University in St. Louis requires all degree seeking full time registered students to carry personal health insurance. If you are currently covered by comparable health insurance coverage through the end of the academic year, you may be able to waive automatic enrollment in the school-sponsored plan. Just follow these three easy steps:



Have your school ID number
and current insurance
information available.



Go to
**[www.StudentCenter.
uhcsr.com/wustl](http://www.StudentCenter.uhcsr.com/wustl)**



Follow the simple
prompts and fill out your
information.

Your waiver results will be available to view once you have completed the process. If denied, you will get an email with additional information.

For more information

Contact studentinsurance@wustl.edu.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。請致電 1-866-260-2723。

United Healthcare®

WUSTL Insurance Waiver Process

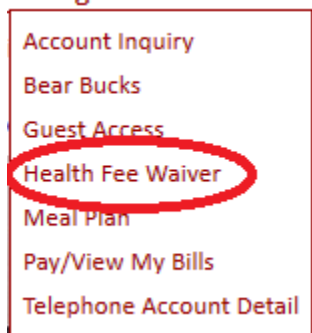
The Health Fee Waiver link is available in WebSTAC (WebSTAC | Billing & Bear Bucks | Health Fee Waiver).

- You will need your Washington University in St. Louis ID number, Date of Birth and an email address that you can be reached to verify your entry to the waiver site.
- Your waiver request must be completed in its entirety. You will be asked detailed information about your current coverage, so have the following available :
 - Insurance company name, policy/group number, insurance company contact information.
 - Policy holder's name
 - A copy of the Front and Back of your ID card
- You may not make changes or re-enter the waiver once it is submitted.
- The insurance information you are providing will be reviewed for approval upon submission of this waiver request.

If you are eligible to waive out of the health insurance plan, you will find the 'Health Fee Waiver' link under the 'Billing and Bear Bucks' heading in WebSTAC. Only fully registered, full time, degree seeking students in a day program on the Danforth Campus are eligible for a waiver.

Select 'Health Fee Waiver' and then 'Complete the Waiver Here'.

Billing & Bear Bucks ▼



Complete the Waiver Here

The waiver process is a two-step process. The first step involves providing adequate coverage. Once adequate coverage is determined, your insurance information must be verified. Only after these two steps have been completed will your waiver be approved.

Step 1: Adequate Coverage

- Students are eligible to waive out of the student health insurance plan if they meet the following criteria for adequate coverage through another plan. To complete the first phase of the waiver process, you will need to answer the questions.

Student Last Name:*

Student First Name:*

Student ID:*

Email:*

Campus Location:*

Gender:*

Student Date of Birth:* ex: mm/dd/yyyy

Please answer the following question to determine if your current coverage exempts you from purchasing the school's recommended insurance coverage.

Your insurance must meet the following requirements to waive the University Student Health Insurance coverage:

Questions Placeholder 1

1. Is your current plan provided by a company licensed to do business in the United States with a U.S. claims payment office and a U.S. phone number?	Yes <input type="radio"/>	No <input type="radio"/>
2. Does your current plan have an individual deductible of less than \$3,000 multiplied by the number of individuals covered under the plan?	Yes <input type="radio"/>	No <input type="radio"/>
3. Are both Washington University Physicians Network and Barnes Jewish Hospital in-network providers on your current plan?	Yes <input type="radio"/>	No <input type="radio"/>
4. Does your plan allow you to obtain ROUTINE (non-emergent/urgent) care with Washington University Physicians Network and Barnes Jewish Hospital (most HMO plans do not include this coverage)?	Yes <input type="radio"/>	No <input type="radio"/>
5. Is your plan a Medicare or Medicaid plan?	Yes <input type="radio"/>	No <input type="radio"/>
6. Is your Plan an international travel plan only?	Yes <input type="radio"/>	No <input type="radio"/>
7. Is your plan a Healthcare Ministry or Health share Ministry plan?	Yes <input type="radio"/>	No <input type="radio"/>
8. Does your plan have a monetary limit to its annual or lifetime benefits?	Yes <input type="radio"/>	No <input type="radio"/>
9. Does your current plan have a maximum 40% coinsurance (meaning the plan pays AT LEAST 60% of all costs after deductible is met)?	Yes <input type="radio"/>	No <input type="radio"/>
10. Does your current plan include coverage for inpatient care, emergency care, urgent care, specialty care, diagnostic imaging/testing, outpatient mental health care, and a prescription drug benefit (or do you have an additional prescription drug plan)?	Yes <input type="radio"/>	No <input type="radio"/>
11. Does your current plan provide preventative care covered at no cost to the patient when received in-network?	Yes <input type="radio"/>	No <input type="radio"/>
12. I understand the insurance information I am providing will be reviewed for approval upon submission of this waiver request. If my insurance cannot be verified or does not meet the listed requirements, my waiver request will be denied, and I will be charged and enrolled in the University Health Insurance Plan.	Yes <input type="radio"/>	No <input type="radio"/>

Step 2: Insurance Verification

- On the same screen, you will be asked to provide your insurance information including the following:
 - Insurance name (if your insurance carrier is not on our list, you will also need the insurance carrier's address and phone number)
 - You will need your Group Number and Policy Number/Member ID. This number is commonly found on the insurance card. If you cannot locate the number please type "unknown."
 - Subscriber information (including name, gender, date of birth, address, and relationship to subscriber) Please have the above information handy prior to completing the waiver forms.
- You must enter all required data and sign under the 'I am affirming...' section in order to submit the form. All required fields are marked with an asterisk.

Insurance Company
Name:*

#OtherInsuranceCompanyName:

Insurance Company Phone:*

ex: XXXXXXXXXXXX

Member ID or Policy Number (Please do not include any spaces, dashes, or special characters):*

Group Number (If none, type N/A):*

Policy Holder First Name:*

Policy Holder Last Name:*

Policy Holder Date of Birth:*

ex: mm/dd/yyyy

Policy Holder Relationship to Student:*

Policy Holder Gender:*

Policy Holder Address:*

Policy Holder City:*

State:*

Policy Holder Zip Code:*

Please Upload the Front and Back of your ID card or proof of coverage Please DO NOT use Airdrop to upload your information.

I am affirming that my insurance policy will provide the coverage as outlined above. I hereby release Washington University in St. Louis of any financial responsibility of my health care and I will assume all financial responsibility related to my health care while attending the Washington University in St. Louis.

acknowledge that by waiving the student health insurance plan that I will be responsible for any medical expenses I incur.

Signature:*

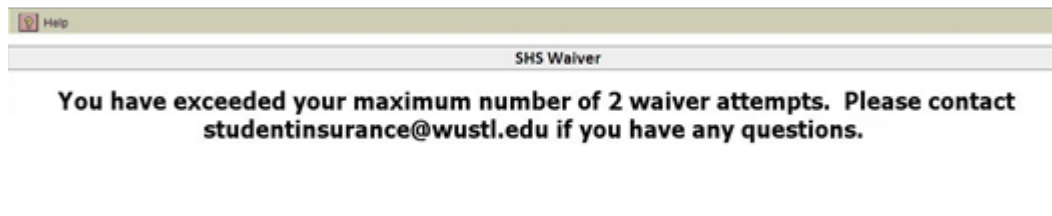
Signature Date:*

ex: mm/dd/yyyy

**** Please note, you will have a maximum of two attempts to waive out of the Student Insurance****

Your waiver will automatically enter a “pending” status once it is submitted. You should receive an email stating this. You will receive another email with either an approval or denial once your information is verified. This process can take up to 5 business days.

If your answers do not meet our criteria during the second and final submission, you will see the following screen:



Questions about the waiver process should be submitted via email to studentinsurance@wustl.edu.