

UVA Department of Student Health and Wellness

Resource Guide: Insurance Verification 2020-21 SIS To-Do

(updated Dec. 14, 2020)

Introduction:

In order to meet UVA requirements, students who see “Insurance Verification 2020-21” on their SIS to-do list (screenshot below) must either submit proof of coverage **or** enroll in the Aetna Student Health Insurance plan. This document provides a step-by-step visual guide on how to submit proof of current health insurance coverage in order to waive the UVA Aetna Student Health Insurance plan coverage. If you are interested in **enrolling** in the UVA Aetna plan, please follow steps 1 through 3 below. When you reach Step 4, instead of selecting “Waive,” begin selecting your coverage options and follow the enrollment process from there.

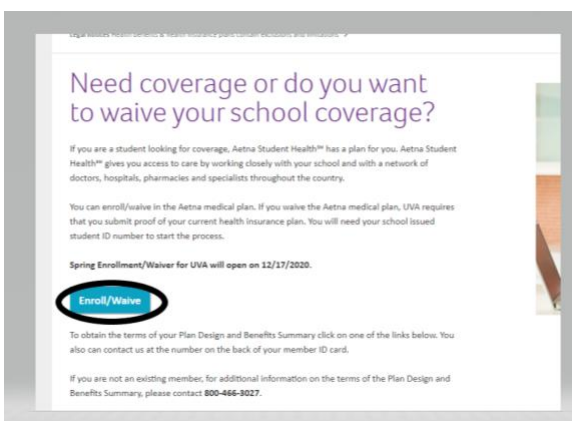


Ready to get started? Make sure you have your current insurance carrier and policy number on hand!

STEP 1: Go to www.uvastudentinsurance.com and select **Enroll/Waive** (circled)

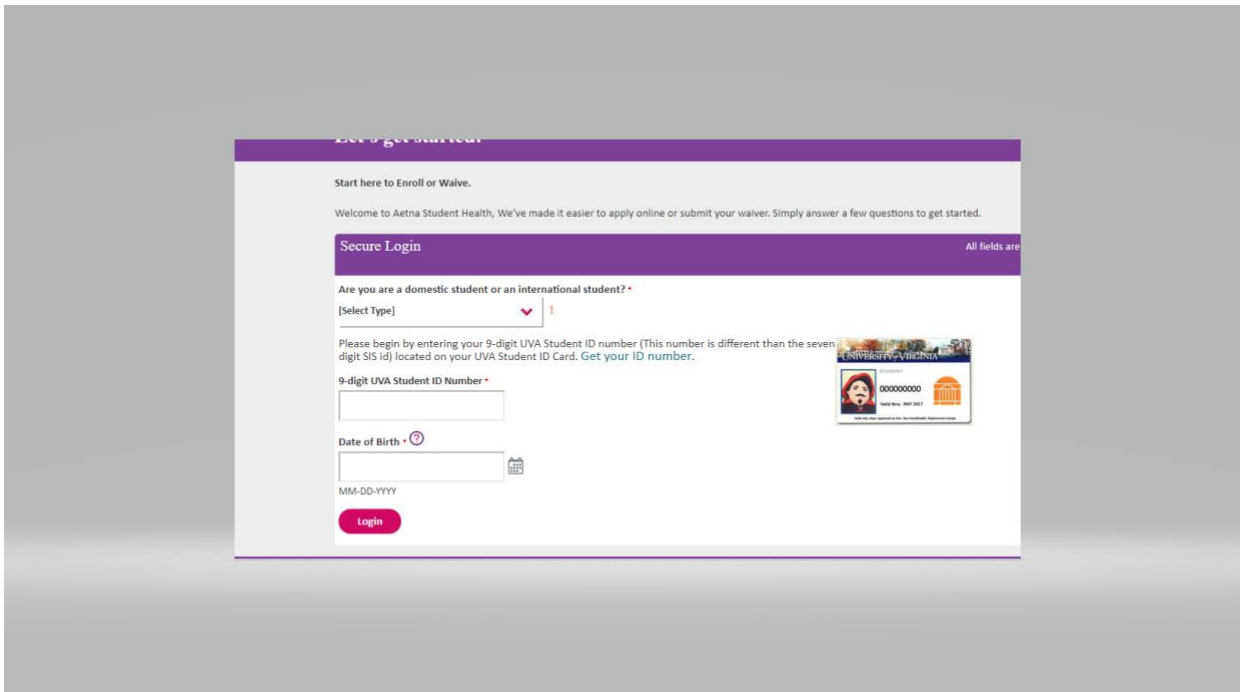


STEP 2: On the next page, select **Enroll/Waive** again (circled)

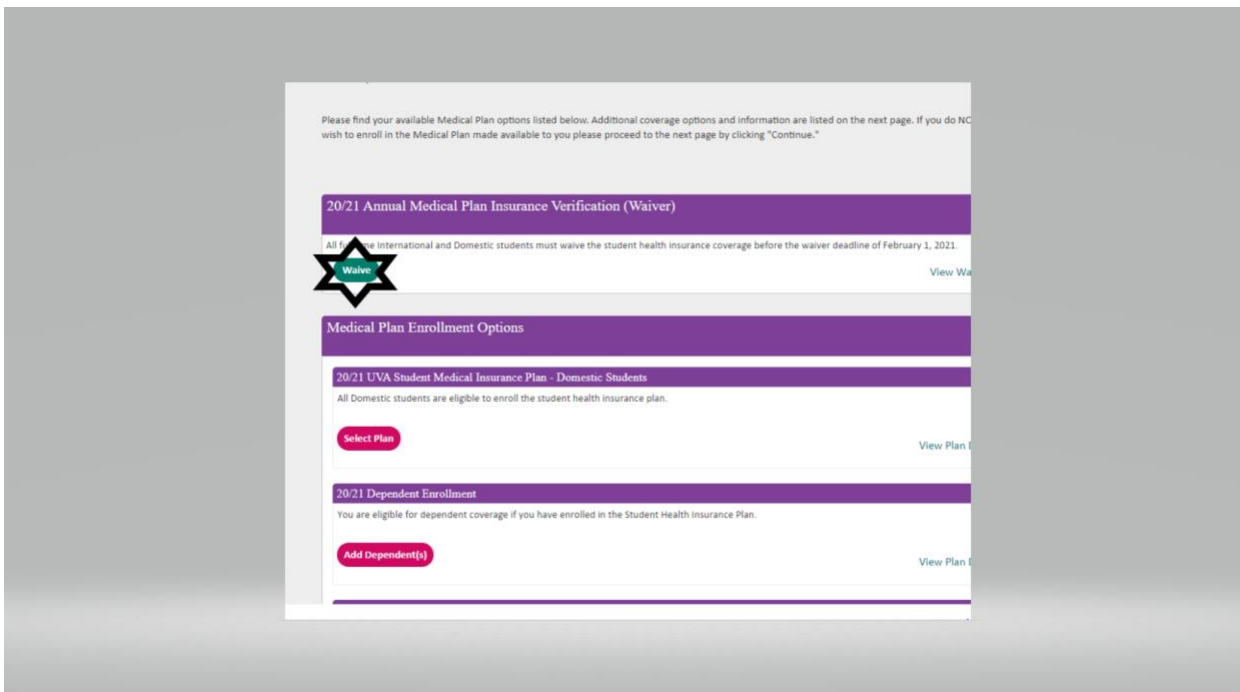


STEP 3: On the next page, enter your information in each of the three fields shown:

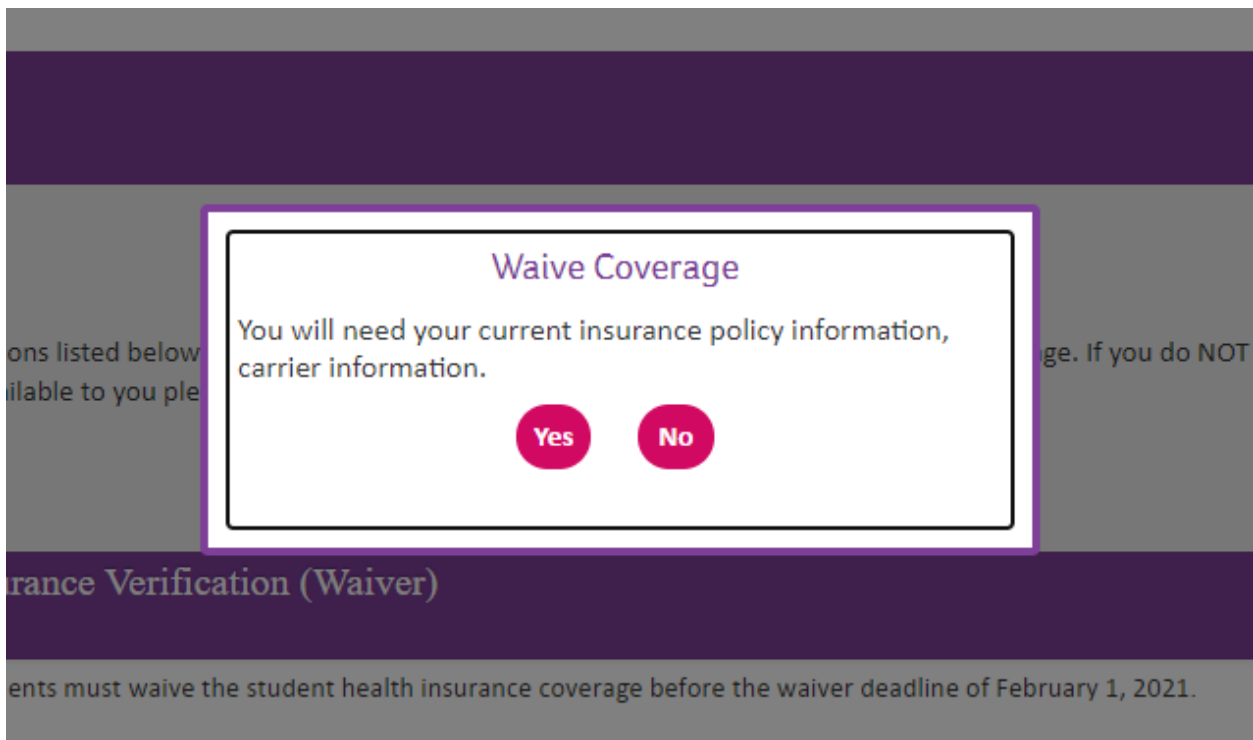
- Domestic or International student→ Choose the applicable field from the drop-down selection.
- Nine-digit student ID number→ You'll need to enter **9** digits here. If you don't know your student ID number, you can visit [this UVA ITS page](#) for help in locating it.
- Date of Birth→ Click the calendar icon to select your date of birth.



STEP 4: On the next page, select the green **Waive** button (starred).

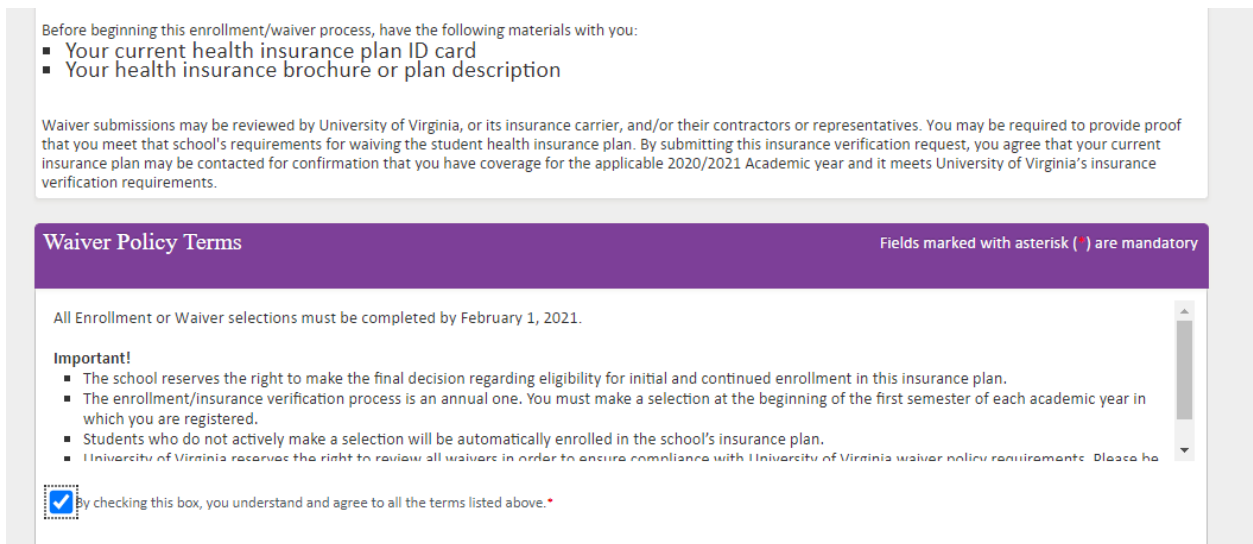


You will receive a pop-up window that mentions you will need to have your insurance information on hand.

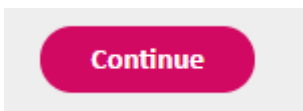


STEP 5: If you select **Yes**, you will receive the below screen. If you select **No**, you will remain on the previous screen and you will have not completed the waiver.

STEP 6: Selecting **Yes** takes you to the below screen to review information. Check the box at the bottom of the screen to agree to Waiver Policy Terms.



After checking the box, you will select the "Continue" button to proceed




IMPORTANT: You do not need to upload an image of your Medical Insurance ID card, as this step is optional – please skip this step! This “upload” step has caused some of our users to exit out of the system without successfully completing the waiver process.

Upload your Medical Insurance ID Card

Fields marked with asterisk (*) are mandatory


Images must be in .jpg, .jpeg, .gif, or .png format only.

Insurance Card Image (Front)



No file chosen

Insurance Card Image (Back)



No file chosen

Please upload your ID card Image (Photo, Scan, or downloaded electronic card) to ensure timely completion of waiver review.

STEP 7: The next two sections are **required** and must be updated with your insurance information.

Tell us about your current insurance plan

I hereby affirm my understanding of the following and attest that I have health insurance that meets the following minimum standards:

- 1) The plan is provided by a company licensed to do business in the U.S. with (a) a U.S. claims office, (b) a U.S. phone number, (c) plan literature available in English, and (d) benefits provided in accordance with the Affordable Care Act (ACA). The following programs do NOT qualify as comparable coverage: Travel insurance & Reimbursement programs of any kind. Yes No
- 2) The plan provides in-patient care and outpatient care (including visits for behavioral health care) within a 75-mile radius of the Charlottesville area. Coverage for emergency-only care does NOT satisfy this requirement. Yes No
- 3) The plan provides in-patient treatment and outpatient treatment for substance abuse (both alcohol and drug abuse) within a 75-mile radius of the Charlottesville area. Coverage for emergency only care does not satisfy this requirement. Yes No
- 4) The plan provides unlimited-medical benefits per sickness or injury. Insurance that fails to cover or limits coverage for pre-existing conditions is NOT acceptable. Yes No
- 5) My coverage will remain in effect for all semesters in which I am enrolled for the 2020-2021 academic year. Yes No
- 6) I will be held financially responsible for payment of all charges not covered by my health insurance plan. Yes No

Additional information about your current policy

Fields marked with asterisk (*) are mandatory

Insurance Company *
[Select Insurance Company] ▼

Policy or Group Number *

Policy Holder Last Name *

STEP 8: In addition, you will need to agree to the Terms and Conditions and check the box for an electronic signature.

Terms and Conditions Fields marked with *

I understand the following:

- The 2020-2021 Academic Year insurance verification (waiver) request must be completed by February 1, 2021. Students will automatically plan and billed if the waiver is not received by that date.
- The 2020-2021 Academic Year insurance verification (waiver) will be in effect for January 1, 2021 to August 14, 2021.
- If you elect to waive coverage, you are legally responsible for all medical expenses you may incur.
- University of Virginia and their contractors/representatives reserve the right to verify the insurance information you are providing.
- If you should lose your current coverage you are required to notify - Student Health at sth-ins@virginia.edu or (434) 243-2702 as you a maintain comparable coverage while a Student at University of Virginia.

"My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the insurance plan described above. U the right to complete a review of all student waivers." *

Required fields must have entries and you will not be able to proceed without answering the required questions/fields.

Once all is entered, select continue:

My Selections (1)

➤ Student

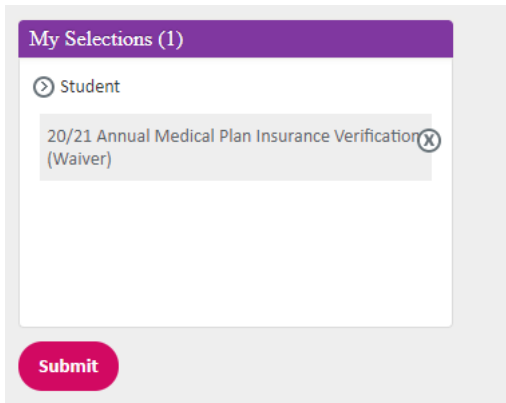
20/21 Annual Medical Plan Insurance Verification (Waiver)

Continue

STEP 9: (Optional) You will be provided a Waiver Summary where you can make edits, if necessary, by clicking "Edit this Information"

Edit This Information

STEP 10: If all information is accurate, you will select “Submit”



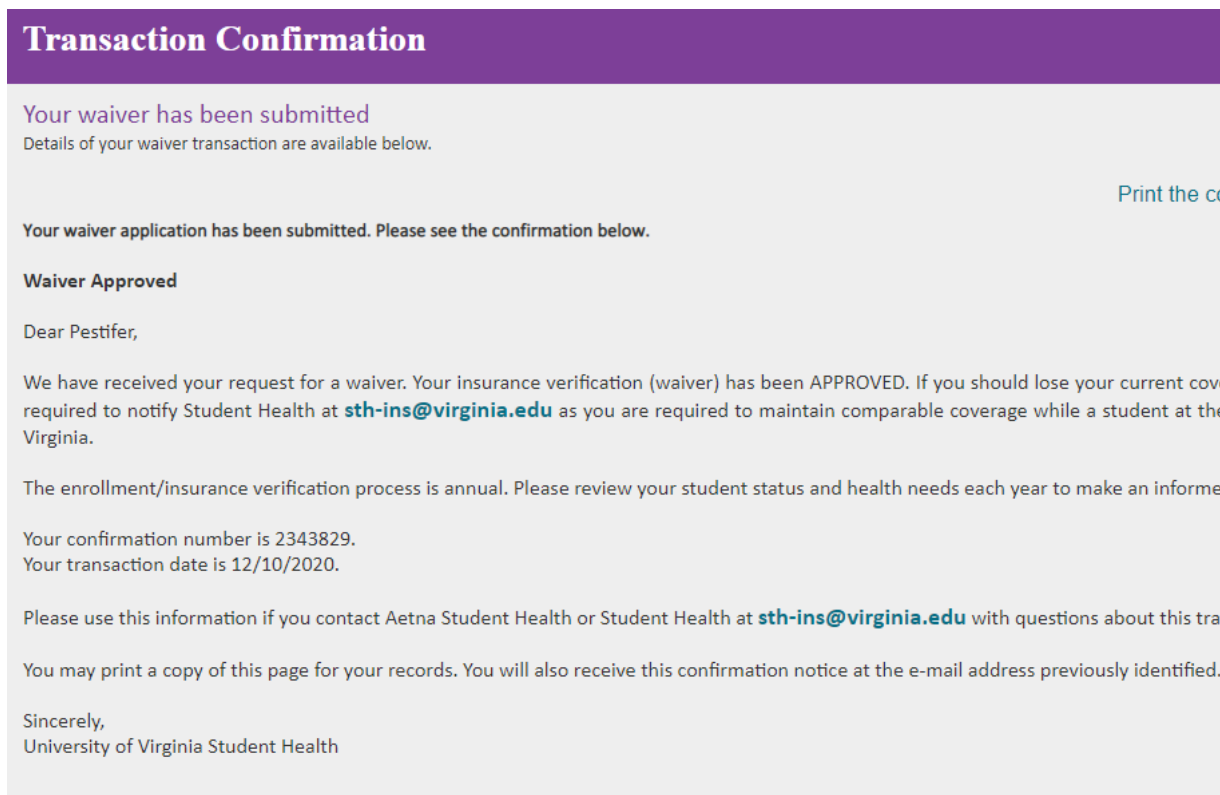
My Selections (1)

Student

20/21 Annual Medical Plan Insurance Verification (Waiver)

Submit

You will see a “**Transaction Confirmation**” page if you have successfully completed the waiver process. You will be able to print your confirmation. You will also receive a confirmation number on this screen.



Transaction Confirmation

Your waiver has been submitted
Details of your waiver transaction are available below.

[Print the confirmation](#)

Your waiver application has been submitted. Please see the confirmation below.

Waiver Approved

Dear Pestifer,

We have received your request for a waiver. Your insurance verification (waiver) has been APPROVED. If you should lose your current coverage, you are required to notify Student Health at sth-ins@virginia.edu as you are required to maintain comparable coverage while a student at the University of Virginia.

The enrollment/insurance verification process is annual. Please review your student status and health needs each year to make an informed decision.

Your confirmation number is 2343829.
Your transaction date is 12/10/2020.

Please use this information if you contact Aetna Student Health or Student Health at sth-ins@virginia.edu with questions about this transaction.

You may print a copy of this page for your records. You will also receive this confirmation notice at the e-mail address previously identified.

Sincerely,
University of Virginia Student Health

The Transaction Confirmation will state whether your waiver was approved or declined. Please note that UVA accepts certain types of insurance based on [comparable coverage requirements](#), and it may be that your health insurance waiver is initially declined. You may contact our insurance/billing office at sth-ins@virginia.edu or (434) 243-2702. We will address each inquiry in the order received. Sending multiple emails will not shorten the response time. **Thank you!**