UVA Department of Student Health and Wellness
Resource Guide: Insurance Verification 2021-22 SIS To-Do
(updated June 30, 2021)

Introduction:
In order to meet UVA requirements, students who see "Insurance Verification 2021-22" 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)
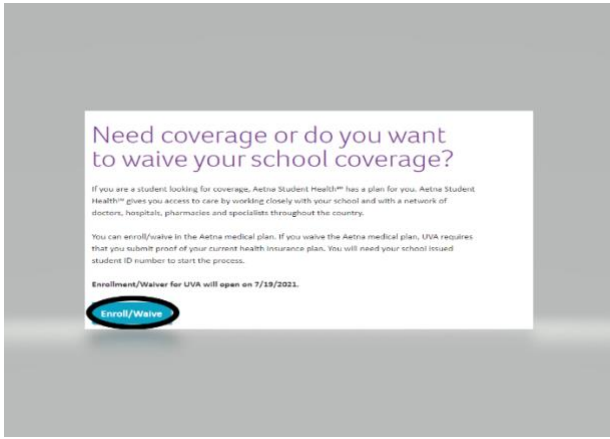
STEP 3: On the next page, enter your information in each of the two fields shown:

- UVA Email Address→ You'll need to enter **the address comprised of letters and numbers @virginia.edu** here. Note: this is not your Darden email if you are a Darden student. Example: abc3xy@virginia.edu
- 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).

Please find your available Medical Plan options listed below. Additional coverage options and information are listed on the next page. If you do NOT wish to enroll in the Medical Plan made available to you please proceed to the next page by clicking "Continue."

21/22 Annual Medical Plan Insurance Verification (Waiver)

All full time International and Domestic students must waive the student health insurance coverage before the waiver deadline of August 31, 2021.

Waive   View Waiver Details ❯

Medical Plan Enrollment Options

21/22 UVA Student Medical Insurance Plan - RETURNING Domestic Students

All RETURNING Domestic students are eligible to enroll the student health insurance plan. THIS OPTION IS FOR STUDENTS PREVIOUSLY ENROLLED IN THE 20/21 PLAN ONLY.

Select Plan   View Plan Details ❯

21/22 UVA Student Medical Insurance Plan - NEW Domestic Students

All NEW Domestic students are eligible to enroll the student health insurance plan. THIS PLAN IS FOR NEW DOMESTIC STUDENTS (DO NOT USE IF YOU WERE ENROLLED IN THE PRIOR 20/21 PLAN).

Select Plan   View Plan Details ❯

21/22 UVA Student Medical Insurance Plan - RETURNING International Students

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

Waive Coverage

You will need your current insurance policy information, carrier information.

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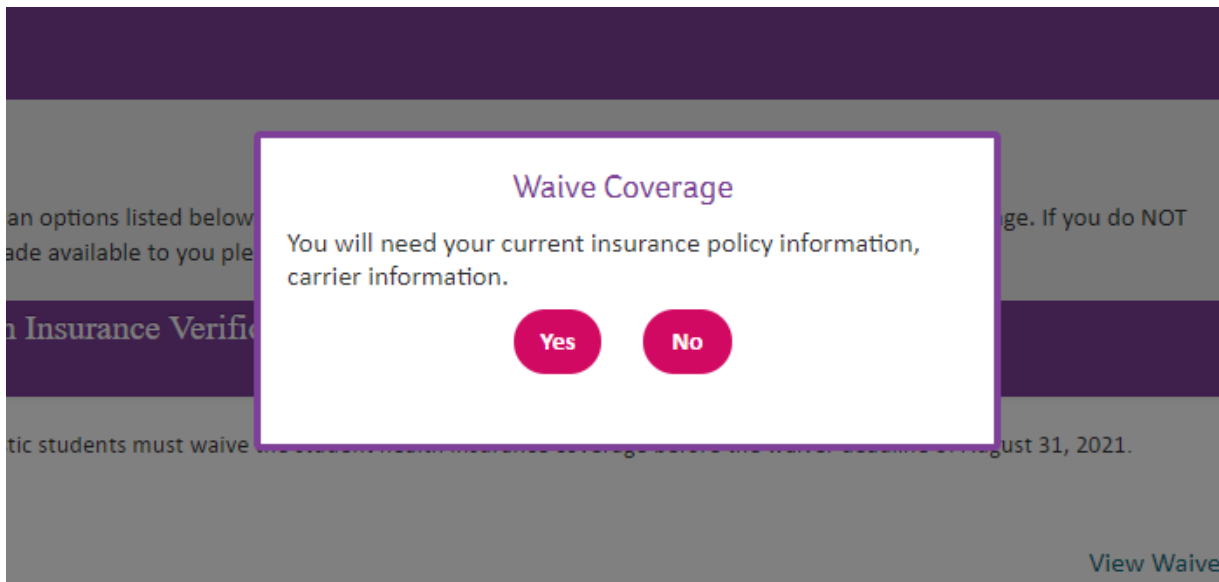
STEP 5: If you select **Yes**, you will receive the below screen. If you select No, you will remain on the previous screen and you will have not completed the waiver.

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.

All Enrollment or Waiver selections must be completed by August 31, 2021.

Important!

- The school reserves the right to make the final decision regarding eligibility for initial and continued enrollment in this insurance plan.
- The enrollment/insurance verification process is an annual one. You must make a selection at the beginning of the first semester of each academic year in which you are registered.

☑ By checking this box, you understand and agree to all the terms listed above.*

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

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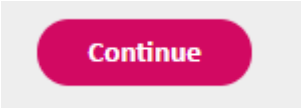
IMPORTANT: You do not need to upload an image of your Medical Insurance ID card, as this step is optional – please skip this step! This "upload" step has caused some of our users to exit out of the system without successfully completing the waiver process.

Below you have the <mark>option</mark> *of uploading your medical insurance ID card image (Photo, Scan, or downloaded electronic card) to ensure timely completion of waiver review.*

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)

Insurance Card Image (Back)

Choose File | No file chosen

Choose File | 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 asterisk (*) are mandatory

I understand the following:

- The 2021-2022 Academic Year insurance verification (waiver) request must be completed by August 31, 2021. Students will automatically be enrolled in the plan and billed if the waiver is not received by that date.
- The 2021-2022 Academic Year insurance verification (waiver) will be in effect for August 1, 2021 to July 31, 2022.
- 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.

☑ "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. University of Virginia reserves 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:
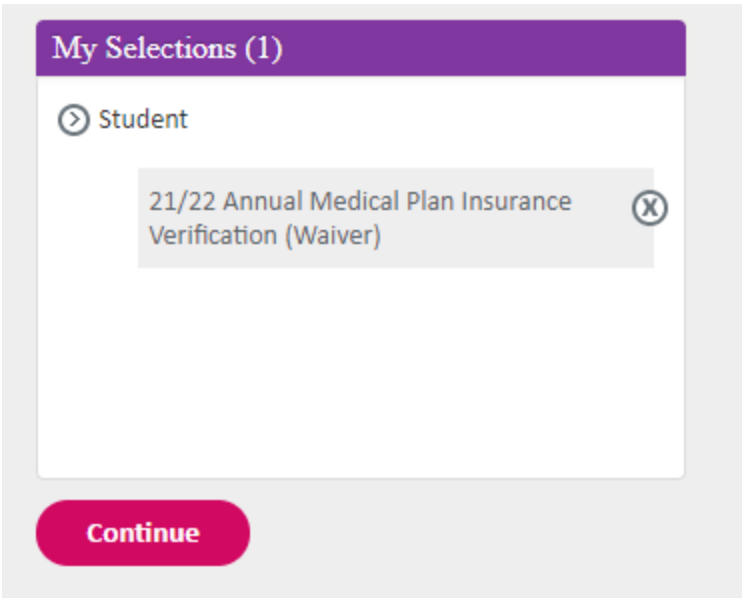
STEP 9: *(Optional)* You will be provided a Waiver Summary where you can make edits, if necessary, by clicking "Edit this Information"
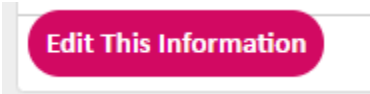
STEP 10: If all information is accurate, you will select "Submit"

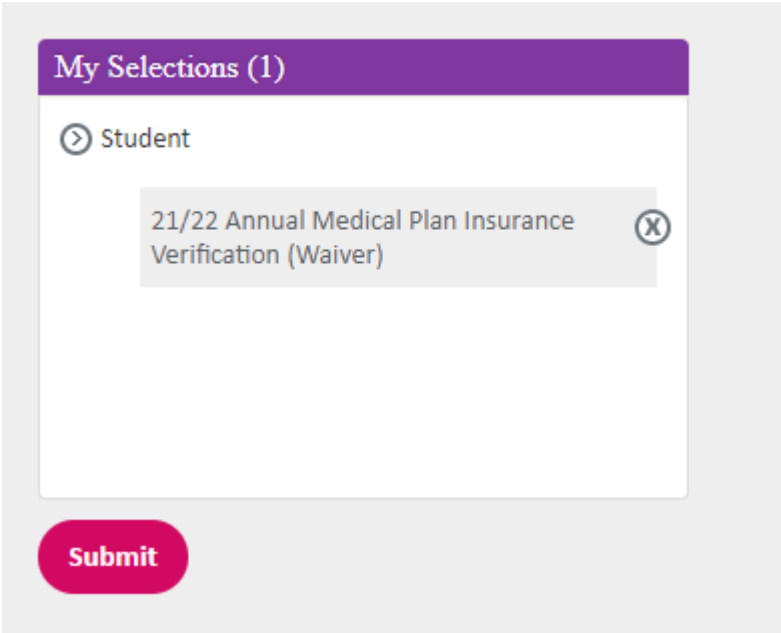You will see a **"Transaction Confirmation" page** if you have successfully completed the waiver process. You will be able to print your confirmation. You will also receive a confirmation number on this screen.

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 Laudator,

We have received your request for a waiver. We will verify the information you have provided. If your plan does not meet the insurance verification requirements, you'll be notified by the University of Virginia of the denial. If your plan meets the requirements, your waiver will be approved and you will NOT be billed for the Aetna Student Health Plan. 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 2343930.
Your transaction date is 6/29/2021.

Please use this information if you contact 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!**