

# Optional Dental Plan

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## Dental Insurance Cost Chart

Open Enrollment Dates:

**July 24, 2017 thru September 18, 2017**

	<u>Annual Cost</u>
<b>Student Only</b>	<b>\$365</b>
<b>Spouse Only</b>	<b>\$361</b>
<b>1 Child</b>	<b>\$266</b>
<b>2 or More Children</b>	<b>\$532</b>

- Annual In-Network Deductible **\$50** per person per policy year, not to exceed **\$150** per policy year per family
- Policy Year Maximum: **\$1,000**

	<u>Preventative</u>	<u>Basic</u>	<u>Major</u>
<b>Coinsurance</b>	Preferred: 100% Non-Preferred: 100%	Preferred: 80% Non-Preferred: 80%	Preferred: 60% Non-Preferred: 60%

### Student Medical Insurance

<http://risk.controller.vt.edu/studentmedicalinsurance.html>

Phone: (540)231-6226

Email: SMI@vt.edu

### Aetna

[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

Phone: (866)577-7027