

Optional Dental Plan

Dental Insurance Cost Chart

Open Enrollment Dates:

July 26, 2019 thru September 10, 2019

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

- Annual In-Network Deductible **\$50** per person per policy year, not to exceed **\$150** per policy year per family
- Policy Year Maximum: **\$1,250**

	<u>Preventative</u>	<u>Basic</u>	<u>Major</u>
Coinsurance	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

Phone: (866)577-7027