

Optional Dental Plan

YOU MUST BE ENROLLED IN THE MEDICAL INSURANCE TO BE ELIGIBLE FOR THE DENTAL PLAN

Dental Insurance Cost Chart

Open Enrollment Dates:

July 24, 2020 thru September 09, 2020

Annual Cost

Student Only	\$455
Spouse Only	\$450
1 Child	\$332
2 or More Children	\$664

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

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