

How to Enroll for the Aetna Student Health Insurance

Graduate Students with 0.5 to 1.0 Assistantship With Dependents

Enroll at www.aetnastudenthealth.com

Please follow the instructions included to enroll in the **Subsidy Eligible Graduate Assistant** Insurance program for coverage beginning January 1, 2019 through July 31, 2019.

You may choose to pay for your dependents by payroll deduction or by direct pay.

Below are the **payroll deduction amounts** for the **student and dependent coverage** for the health insurance plan. These costs are based upon 9 deductions for spring enrollees. Actual amounts may be different based upon timing of enrollment.

Unlimited Plan (Spring)

Graduate Subsidy Deduction per Pay Period

Student only	\$ 49.67 Per paycheck
Student & Spouse	\$ 254.56 Per paycheck
Student & Child	\$ 254.56 Per paycheck
Student, Spouse & Child	\$ 459.45 Per paycheck
Student & 2 + Children	\$ 459.45 Per paycheck
Student, Spouse & 2 + Child	\$ 664.34 Per paycheck

After enrolling online, you will be shown a “zero” balance because the payment will be processed through payroll deduction.

Subsidy Student with Dependents as Direct Pay

Dependent Only Rates

	Annual Cost
Spouse	\$ 1,844.00
Child	\$ 1,844.00
Spouse & Child	\$ 3,688.00
2 or more Children	\$ 3,688.00
Spouse & 2 or more Children	\$ 5,532.00

Open Enrollment Dates: **December 18, 2018 through January 31, 2019**



Begin Your Application

Start here to find your recommended plans.

Welcome to Aetna Student Health. We've made it easier than ever to find the right plan for you, and apply online. Simply answer a few questions to get started.

Student Information

Are you a domestic student or an international student holding a foreign visa to study in the United States?

Domestic

What type of program are you enrolled in?

Subsidy Eligible Graduate Assistants


Choose this option if you have an assistantship; GA, RA, TA, GRA

PAYROLL DEDUCTION


Secure Login

All fields are mandatory

Hokie Passport Number

Date of Birth 

MM/DD/YYYY



The ID card shows: University, JANE CARDED, Student ID: 123456, and a photo of a woman.

GET STARTED

Step 2

Your plan options are below.

Medical Plan Enrollment Options

**2019 Spring
Subsidy Medical
Plan - Subsidy
Eligible Graduate
Assistants Payroll
Deduction**

Virginia Tech students who are eligible for a departmental subsidy & participation in the Payroll deduction Option only.

**2019 Spring
Subsidy Medical
Plan Dependent
Only**

Dependent Only -
Students are Subsidy

Add Dependent(s)

Choose this option to add your dependents to your plan using a Credit Card

Select Plan

Student Only

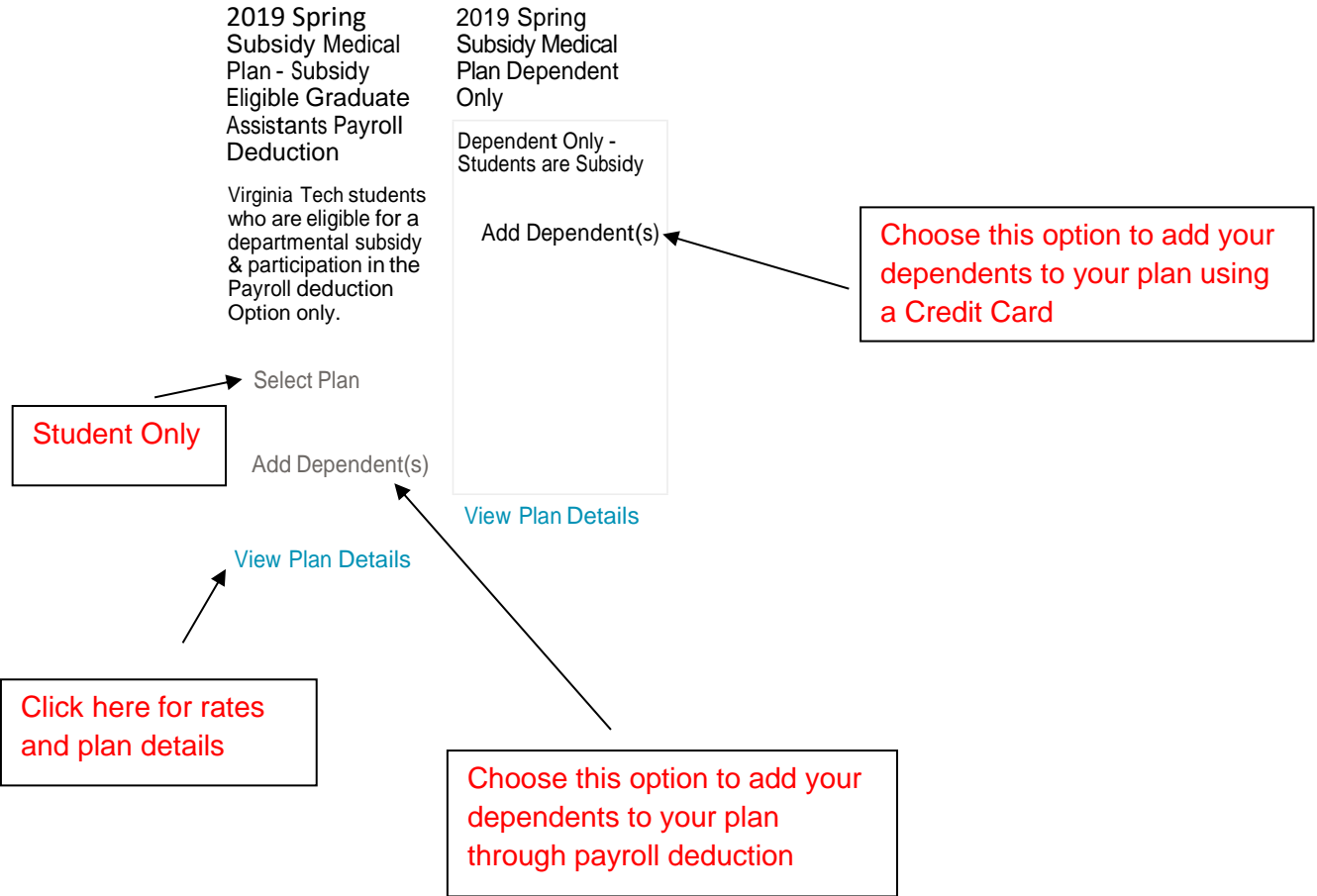
Add Dependent(s)

View Plan Details

View Plan Details

Click here for rates and plan details

Choose this option to add your dependents to your plan through payroll deduction



Step 3

Your additional plans are listed below

Additional Plans Enrollment Options

Aetna Dental® PPO

With our Aetna Dental® PPO insurance plan, participating dentists may offer discounted rates on additional services such as tooth whitening.

Select Plan

Student Only

Add Dependent(s)

To add Dependent

View Plan

Benefits

Click here for rates and plan details

Dental plan cannot be processed though your paycheck you must pay full premium at the time of enrollment.

Step 4 Student Information

Please enter your information and click Continue.

We will use this information to mail your ID card and plan materials.
Please Note: Aetna does not mail outside the United States.

Student's Personal Information Fields marked with * are mandatory

Gender*
 Male Female

First Name*
test

Middle Name

Last Name*
tester

Suffix
[Select Suffix]

Phone*
000-000-0000

Email*
test@vt.edu

Enter all 0's if you don't have a phone number

Address Information Fields marked with * are mandatory

Address 1*
123 test lane

Address 2

City*
Blacksburg

Country*
United States

State*
Virginia

Postal Code*
24060

Enter your local address

Program of Study Fields marked with * are mandatory

Choose International or Domestic GA, GTA, SGA, SGTA, SGRA

Plan Details

Step 5

Please confirm your enrollment selections by selecting the plan term(s) you wish to enroll into and click CONTINUE.

Spring Medical Plan- Subsidy Eligible Domestic/International Graduate Assistantships Payroll Deduction

	Plan Term	Effective Dates	Cost
<input type="checkbox"/> Student (myseft)	Spring	01/01/2019-07/31/2019	\$0.00
<input type="checkbox"/> Dependent	Select term		

Click both boxes to process student and dependent through payroll deduction

Spring Medical Plan – **Dependent Only**

	Plan Term	Effective Dates	Cost
<input type="checkbox"/> Dependent	Spring	01/01/2019 –xx/xx/xx	\$1,844.00

Click here to pay for Dependent with Credit Card

By selecting this box I agree to these [terms and conditions](#) for the above plan

Read

Spring Graduate Subsidy Deduction per Pay Period	
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Student and 2 + Children	\$ 459.45 Per Paycheck
Student, Spouse & 2 +Children	\$ 664.34 Per Paycheck
Rate are based on 9 pay periods	

- Continue with Steps, Submit and Print Confirmation for your records