How to Enroll for the Aetna Student Health Insurance

Graduate Students with 0.5 to 1.0 Assistantship

Enroll at www.aetnastudenthealth.com

Please follow the instructions included to enroll in the Subsidy Eligible Graduate Assistant Insurance program for coverage beginning August 1, 2019 through July 31, 2020.

Below are the payroll deduction amounts for the student and dependent coverage for the health insurance plan. These costs are based upon 18 deductions for Annual enrollees. Actual amounts may be different based upon timing of enrollment.

<table>
<thead>
<tr>
<th>Unlimited Plan (Annual)</th>
<th>Graduate Subsidy Deduction per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student only</td>
<td>$ 21.15 Per paycheck</td>
</tr>
<tr>
<td>Student &amp; Spouse</td>
<td>$ 197.43 Per paycheck</td>
</tr>
<tr>
<td>Student &amp; Child</td>
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</tr>
<tr>
<td>Student, Spouse &amp; Child</td>
<td>$ 373.71 Per paycheck</td>
</tr>
<tr>
<td>Student &amp; 2 + Children</td>
<td>$ 373.71 Per paycheck</td>
</tr>
<tr>
<td>Student, Spouse &amp; 2 + Child</td>
<td>$ 549.99 Per paycheck</td>
</tr>
</tbody>
</table>

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

Open Enrollment Dates: **July 26, 2019 through September 10, 2019**
Begin Your Application

Step 1

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

Secure Login

Holdle Passport Number

Date of Birth

MM/DD/YYYY

GET STARTED

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

PAYROLL DEDUCTION
Step 2 Plan(s)

Your plan options are below.

**Medical Plan Enrollment Options**

<table>
<thead>
<tr>
<th>Medical Plan Enrollment Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>19/20 Annual Medical Plan – Domestic Students &amp; Dependents</strong></td>
</tr>
<tr>
<td>Undergraduate: 12 or more credit hours. Graduate: 9 or more credit hours. International Students &amp; Veterinary Medicine DVM Students are required to maintain health insurance either through the school sponsored plan or a comparable plan.</td>
</tr>
<tr>
<td>Select Plan</td>
</tr>
</tbody>
</table>

| **19/20 Annual Medical Plan – Domestic Dependent Only** |
| Undergraduate: 12 or more credit hours. Graduate: 9 or more credit hours. International Students & Veterinary Medicine DVM Students are required to maintain health insurance either through the school sponsored plan or a comparable plan. |
| Add Dependent(s) | View Plan Details |

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

Student Only

Click here for rates and plan details

Choose this option to add your dependents to your plan through payroll deduction
Step 3  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

Gender
- Male
- Female

First Name*

Middle Name

Last Name*

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

Address 1*

123 Test Lane

Address 2

City*

Blacksburg

Country*

United States

State*

Virginia

Postal Code*

24060

Enter your local address

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

Program of Study
Plan Details

Step 4

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

19/20 Annual Medical Plan – Subsidy Eligible Graduate Assistants Payroll Deduction

<table>
<thead>
<tr>
<th>Student</th>
<th>Plan Term</th>
<th>Effective Dates</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myself</td>
<td>Annual</td>
<td>08/01/2019 - 07/31/2020</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

☐ By selecting this box I agree to these terms and conditions for the above plan

My Cart (1)

Student

19/20 Annual Medical Plan – Subsidy Eligible Graduate Assistants Payroll Deduction

Total on Checkout:

$0.00

Add Dependents

Continue

Annual Graduate Subsidy Deduction per Pay Period

- Student only: $21.15 Per Paycheck
- Student and Spouse: $197.43 Per Paycheck
- Student and Child: $197.43 Per Paycheck
- Student, Spouse & Child: $373.71 Per Paycheck
- Student and 2 + Children: $373.71 Per Paycheck
- Student, Spouse & 2 + Children: $549.99 Per Paycheck

Rate are based on 18 pay periods

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