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 January 1, 2021 through July 31, 2021.

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 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>$ 49.66 Per paycheck</td>
</tr>
<tr>
<td>Student &amp; Spouse</td>
<td>$ 254.44 Per paycheck</td>
</tr>
<tr>
<td>Student &amp; Child</td>
<td>$ 254.44 Per paycheck</td>
</tr>
<tr>
<td>Student, Spouse &amp; Child</td>
<td>$ 459.22 Per paycheck</td>
</tr>
<tr>
<td>Student &amp; 2 + Children</td>
<td>$ 459.22 Per paycheck</td>
</tr>
<tr>
<td>Student, Spouse &amp; 2 + Child</td>
<td>$ 664.00 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.

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

- Holde Passport Number
- Date of Birth
- MM/DD/YYYY

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

PAYROLL DEDUCTION

GET STARTED
Step 2 Plan(s)

Your plan options are below.

**Medical Plan Enrollment Options**

**19/20 Annual Medical Plan – Domestic Students & Dependents**
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.

- Select Plan
- Add Dependent(s)
- View Plan Details

**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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender*</td>
<td>Male</td>
</tr>
<tr>
<td>First Name*</td>
<td>test</td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Last Name*</td>
<td>tester</td>
</tr>
<tr>
<td>Suffix</td>
<td>[Select Suffix]</td>
</tr>
<tr>
<td>Phone*</td>
<td>000-000-0000</td>
</tr>
<tr>
<td>Email*</td>
<td><a href="mailto:test@vt.edu">test@vt.edu</a></td>
</tr>
</tbody>
</table>

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

### Address Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 1*</td>
<td>123 test lane</td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City*</td>
<td>Blacksburg</td>
</tr>
<tr>
<td>Country*</td>
<td>United States</td>
</tr>
<tr>
<td>State*</td>
<td>Virginia</td>
</tr>
<tr>
<td>Postal Code*</td>
<td>24060</td>
</tr>
</tbody>
</table>

Enter your local address

### Program of Study

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

Step 4

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

**2021 Spring 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>Spring</td>
<td>01/01/2021 - 07/31/2021</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

![Read]

**My Cart (1)**

Student

2021 Spring 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 $49.66 Per Paycheck
- Student and Spouse $254.44 Per Paycheck
- Student and Child $254.44 Per Paycheck
- Student, Spouse & Child $459.22 Per Paycheck
- Student and 2 + Children $459.22 Per Paycheck
- Student, Spouse & 2 +Children $664.00 Per Paycheck

Rate are based on 9 pay periods

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