How to enroll for the Aetna Student Health Insurance

Graduate Students with 0.5 to 1.0 Assistantship adding Dependants

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.

You may choose to pay for your dependents by payroll deduction or direct pay with a credit card

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.

Subsidy Student with Dependents as Direct Pay

<table>
<thead>
<tr>
<th>Dependent Only Rates</th>
<th>Spring Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$1,843.00</td>
</tr>
<tr>
<td>Child</td>
<td>$1,843.00</td>
</tr>
<tr>
<td>Spouse &amp; Child</td>
<td>$3,686.00</td>
</tr>
<tr>
<td>2 or more Children</td>
<td>$3,686.00</td>
</tr>
<tr>
<td>Spouse &amp; 2 or more Children</td>
<td>$7,372.00</td>
</tr>
</tbody>
</table>

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

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

Secure Login

 Hokle Passport Number

 Date of Birth

 MM/DD/YYYY

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)

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)

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

Student Only

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

Click here for rates and plan details
Dental premium must be paid in full 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

Address Information

Fields marked with * are mandatory

- **Address 1**: 123 test lane
- **City**: Blacksburg
- **State**: Virginia
- **Postal Code**: 24060

Program of Study

Fields marked with * are mandatory

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

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

Enter your local address
Plan Details

Step 5

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>
<th>Myself</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spring</td>
<td>01/01/2021</td>
<td>$0.00</td>
<td>07/31/2021</td>
</tr>
</tbody>
</table>

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

Read

Fall 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