

How to enroll for the Aetna Student Health Insurance

Graduate Students with 0.5 to 1.0 Assistantship adding

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, 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.

Unlimited Plan (Annual)

Graduate Subsidy Deduction per Pay Period

Student only	\$ 49.66 Per paycheck
Student & Spouse	\$ 254.44 Per paycheck
Student & Child	\$ 254.44 Per paycheck
Student, Spouse & Child	\$ 459.22 Per paycheck
Student & 2 + Children	\$ 459.22 Per paycheck
Student, Spouse & 2 + Child	\$ 664.00 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

	Spring Cost
Spouse	\$ 1,843.00
Child	\$ 1,843.00
Spouse & Child	\$ 3,686.00
2 or more Children	\$ 3,686.00
Spouse & 2 or more Children	\$ 7,372.00

Open Enrollment Dates: **December 18, 2020 through January 31, 2021.**



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

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

PAYROLL DEDUCTION

Secure Login

Hokie Passport Number

Date of Birth

MM/DD/YYYY



GET STARTED



Step 2 Plan(s)

Your plan options are below.

Medical Plan Enrollment Options

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

Your additional plans are listed below

Additional Plans Enrollment Options

19/20 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

Add Dependent(s)

[View Plan Benefits >](#)

Student Only

To add Dependent

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

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

Student

20-21 Annual Medical Plan
- Subsidy Eligible Graduate
Assistants Payroll
Deduction

[Add Additional Products](#)

[Continue](#)

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.

2021 Spring Medical Plan – Subsidy Eligible Graduate Assistants Payroll Deduction

Student	Plan Term	Effective Dates	Cost Myself
<input type="checkbox"/>	Spring	01/01/2021 07/31/2021	\$0.00

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

