

## How to Enroll for the Aetna Student Health Insurance Graduate

Enroll at [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

Follow the attached instructions for coverage beginning **January 1, 2019 through July 31, 2019,**

### Spring Cost

Student	\$1,844.00
Student and Spouse	\$3,688.00
Student and Child	\$3,688.00
Student, Spouse and Child	\$5,532.00
Student and 2 or More Children	\$5,532.00
Student, Spouse and 2 or more Children	\$7,376.00

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



## Step 1 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 an F-1 or J-1 Visa?

Domestic

What type of program are you enrolled in?

Graduate

Choose this option when you are paying with a Credit Card/Debit Card or Check

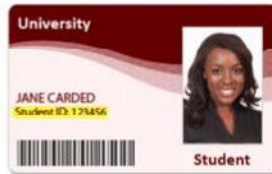
### Secure Login

All fields are mandatory

Hokie Passport Number

Date of Birth

MM/DD/YYYY



GET STARTED

## Step 2 Plan(s)

Your plan options are below.

### Medical Plan Enrollment Options

2019 Spring  
Medical Plan - Direct  
Pay Students &  
Dependents

Full-time Domestic  
Students & All  
International  
Students are eligible  
to enroll

Select Plan  
Add Dependent (s)  
[View Plan Details](#)

2019 Spring  
Medical Plan  
Dependent Only  
Dependent Only

Add Dependent(s)  
[View Plan Details](#)

Choose this option to add your dependents if you have already signed up for the 2018-2019 insurance plan

Student Only

Click here for rates and Plan Details

Choose this option to add your dependents to your plan

Continue

### 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 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](mailto: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

**Choose International Graduate, Exchange, Domestic Graduate**

# Plan Details

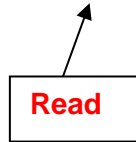
## Step 5

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

### 2019 Spring Medical Plan – Direct Pay Student

Student	Plan Term	Effective Dates	Cost
<input type="checkbox"/> Myself	Spring	01/01/2019 –07/31/2019	\$1,844.00

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



**Continue**

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