How to Enroll for the Aetna Student Health Insurance

Graduate

Enroll at www.aetnastudenthealth.com

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

Spring Cost

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,844.00</td>
</tr>
<tr>
<td>Student and Spouse</td>
<td>$3,688.00</td>
</tr>
<tr>
<td>Student and Child</td>
<td>$3,688.00</td>
</tr>
<tr>
<td>Student, Spouse and Child</td>
<td>$5,532.00</td>
</tr>
<tr>
<td>Student and 2 or More Children</td>
<td>$5,532.00</td>
</tr>
<tr>
<td>Student, Spouse and 2 or more Children</td>
<td>$7,376.00</td>
</tr>
</tbody>
</table>

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**

Hokie 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)

- Click here for rates and Plan Details

**Student Only**

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

Choose this option to add your dependents to your plan.
Step 3

Your additional plans are listed below

**Additional Plans Enrollment Options**

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

Gender*  Male  Female
First Name*  test
Middle Name
Last Name*  tester
Suffix  [Select Suffix]
Phone*  000-000-0000
Email*  test@vt.edu

Address Information

Address 1*  123 test lane
Address 2
City*  Blacksburg
Country*  United States
State*  Virginia
Postal Code*  24060

Program of Study

Enter all 0's if you don't have a phone number
Enter your local address
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.

### 19/20 Annual Medical Plan – Direct Pay Student

<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>01/01/2020 – 07/31/2020</td>
<td>$1,847</td>
</tr>
</tbody>
</table>

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

![Read button]

Continue

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