How to Enroll for the Aetna Student Health Insurance

Undergraduate

Enroll at www.aetnastudenthealth.com

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

Spring Cost

<table>
<thead>
<tr>
<th>Enrollment</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?

- International

What type of program are you enrolled in?

- Undergraduate

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

GET STARTED
Step 2  Plan(s)

Your plan options are below.

**Medical Plan Enrollment Options**

- **Student Only**
  - Choose this option to add your dependents to your plan
  - 2019 Spring Medical Plan - Direct Pay Students & Dependents
  - Select Plan
  - Add Dependent(s)
  - View Plan Details

- **2019 Spring Medical Plan Dependent Only**
  - Add Dependent(s)
  - View Plan Details

- Click here for rates and details

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

- **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
- **City**
  - Blacksburg
- **Country**
  - United States
- **State**
  - Virginia
- **Postal Code**
  - 24060

**Program of Study**

Choose International UG, Exchange, Domestic UG

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

Enter address 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.

2019 Spring Medical Insurance 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>01/01/2019 – 07/31/2019</td>
<td>$1,844.00</td>
</tr>
</tbody>
</table>

☐ 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