How to Enroll for the Aetna Student Health Insurance

Undergraduate

Enroll at www.aetnastudenthealth.com

Follow the attached instructions for coverage beginning January 1, 2021 through July 31, 2021

Spring Cost

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,843.00</td>
</tr>
<tr>
<td>Student and Spouse</td>
<td>$3,686.00</td>
</tr>
<tr>
<td>Student and Child</td>
<td>$3,686.00</td>
</tr>
<tr>
<td>Student, Spouse and Child</td>
<td>$5,529.00</td>
</tr>
<tr>
<td>Student and 2 or More Children</td>
<td>$5,529.00</td>
</tr>
<tr>
<td>Student, Spouse and 2 or more Children</td>
<td>$7,372.00</td>
</tr>
</tbody>
</table>

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?

Undergraduate

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)  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

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
Click here for rates and Plan Details
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.

- **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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>First Name</td>
<td>test</td>
</tr>
<tr>
<td>Last Name</td>
<td>tester</td>
</tr>
<tr>
<td>Suffix</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>000-000-0000</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:test@vt.edu">test@vt.edu</a></td>
</tr>
</tbody>
</table>

Address Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 1</td>
<td>123 test lane</td>
</tr>
<tr>
<td>City</td>
<td>Blacksburg</td>
</tr>
<tr>
<td>State</td>
<td>Virginia</td>
</tr>
<tr>
<td>Postal Code</td>
<td>24060</td>
</tr>
</tbody>
</table>

Program of Study

Choose International Graduate, Exchange, Domestic Graduate

Enter your local address

Enter all 0’s if you don’t have a phone number
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 – 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>01/01/2021 – 07/31/2021</td>
<td>$1,843</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