How to Enroll for the Aetna Student Health Insurance Graduate

Students with 0.5 to 1.0 Assistantship

Enroll at www.aetnastudenthealth.com

Please follow the instructions included to enroll in the Subsidy Eligible Graduate Assistant Insurance program for coverage beginning August 1, 2022 through July 31, 2023.

Below are the payroll deduction amounts for the student and dependent coverage for the health insurance plan. These costs are based upon 18 deductions for Annual enrollees. Actual amounts may be different based upon timing of enrollment.

<table>
<thead>
<tr>
<th>Annual Plan</th>
<th>Graduate Subsidy Deduction per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Only</td>
<td>$21.84</td>
</tr>
<tr>
<td>Student + 1</td>
<td>$203.84</td>
</tr>
<tr>
<td>Student + 2</td>
<td>$385.84</td>
</tr>
<tr>
<td>Student + 3</td>
<td>$567.84</td>
</tr>
</tbody>
</table>

After enrolling online, you will be shown a “zero” balance because the payment will be processed through payroll deduction.

Open Enrollment Dates: July 15, 2022 through September 12, 2022
Choose this option if you have an assistantship; GA, RA, TA, GRA, GTA. This will get you set up for payroll deductions.

Be sure to enter your Hokie Passport number correctly. This number will start with a 90 and be 9 digits long.
Plan Selection(s)

Your plan options are below.

Medical Plan Enrollment Options

22/23 Annual Medical Plan - Subsidy Eligible Domestic Graduate Assistants

Virginia Tech students who are eligible for a departmental subsidy & participation in the payroll deduction option only.

Select

Choose this option to add your dependents to your plan through payroll deduction

Add Dependent(s)

22/23 Annual Medical Plan - 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)

Choose this option to add your dependents to your plan using a Credit Card

View Plan Details

My Selections (0)

You have not yet made a selection.

Select Plan

Click here for rates and plan details

Continue to next screen
The dental coverage is optional. Dental premium must be paid in full at the time of enrollment. The dental coverage is not subsidized.
Student Information

Please enter your information and click Continue.

Student’s Personal Information

Fields marked with asterisk (*) are mandatory

- **Gender**: Male, Female, Non-Binary
- **First Name**: test
- **Middle Name**: 
- **Last Name**: test
- **Phone**: 000-000-0000
- **Email**: test@vt.edu

If you do not have a phone number, enter all 0’s

Address Information

Fields marked with asterisk (*) are mandatory

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

Enter a local US address

Program of Study

Fields marked with asterisk (*) are mandatory

Choose your program of student

My Selections (1)

- **22/23 Annual Medical Plan - Sub Eligible Domestic Graduate Assistant**

Add Additional Products

Continue when all information is completed
In the drop-down box, select annual

You should see a $0 cost unless you have purchased the dental option. If you choose to purchase the dental, it will prompt you for that payment of $369.24.

Continue when all information is completed
Verify that all information entered is correct before submitting.

Submit when all information is completed. Enrollment is now complete.