

How to Enroll for the Aetna Student Health Insurance

Direct Pay Students

Enroll at www.aetnastudenthealth.com

Follow the attached instructions for coverage beginning **August 1, 2023 through July 31, 2024**.
The cost for coverage August 1st, 2023 through July 31st, 2024 can be paid in 1 payment or 2 installments.

Annual Cost

Student	\$3,573.00
Student + 1	\$7,146.00
Student + 2	\$10,719.00
Student + 2 or More Children	\$10,719.00
Student + 3	\$14,292.00

Installment 1: \$1796.00 per person	Installment 2: \$1777.00 per person
PAYMENT OF BOTH INSTALLMENTS IS REQUIRED	
Credit Card/Checking Account charged at initial enrollment	Credit Card/Checking Account charged on January 17th, 2024

Open Enrollment Dates: **July 14th, 2023 through September 11th, 2023**

Let's get started!

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.

Secure Login

All fields are required

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 the type of program you are enrolled in.

Please enter your 9 digit Hokie Passport Number starting with 90 *

90XXXXXX



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

Date of Birth * 

12-01-2001



MM-DD-YYYY

Login



Continue to next screen

Plan Selection(s)

Your plan options are below.

Medical Plan Enrollment Options

23/24 Annual Medical Plan – Domestic Students & Dependents

International student & dependents can enroll in this plan.

Select

Select Plan

Add Dependent(s)

Choose this option to add a dependent to your plan:
Spouse, Domestic Partner, or Child

[View Plan Details >](#)

23/24 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)

Choose this option only when adding a dependent if you have enrolled previously.

[View Plan Details >](#)

Click here for rates and plan details

Continue to next screen

Additional (Non-Medical) Plan Selection

Your additional plans are listed below

Voluntary (Non-Medical) Options

23/24 Aetna Dental® PPO

Students enrolled in the Medical Plan are eligible to enroll in the Voluntary PPO Dental Plan.

Select Plan

Add Dependent(s)

[View Plan Benefits >](#)

Select

Select to add dependent

The dental coverage is optional. Dental premium must be paid in full at the time of enrollment. The Dental Plan costs \$387.96 per person

Continue to next screen

Student's Personal Information

Fields marked with asterisk (*) are mandatory

Gender*

☐ Male ☒ Female ☐ Non Binary

First Name*

test

Middle Name

Last Name*

test

Suffix

[Select Suffix]



Phone*

000-000-0000

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

Email*

test@vt.edu

Address Information

Fields marked with asterisk (*) are mandatory

Address 1*

1 test lane

Enter a local US address

Address 2

Country*

United States



Postal Code*

24060

State*

Virginia



City*

Blacksburg

Student &

Add Additional Pr

Continue

Program of Study

Fields marked with asterisk (*) are mandatory

Please select your program of study

INTERNATIONAL UNDERGRADUATE



Choose your program of study

Plan Effective/Termination date(s)

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

23/24 Annual Medical Plan – Domestic Students & Dependents

PlanMessage

Plan Holder

Plan Term

on Date

Cost



Student (myself)

Annual

08/01/2023

07/31/2024

\$3,573.00

In the drop-down box,
select Annual or
Installment Semi-Annual
1



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

Make sure you agree to
the terms and
conditions

My Selections (1)

Student

23/24 Annual Medical Plan
Students & Dependents

Total on checkout: \$3,573.00

[Add Dependents](#)

[Add Additional Products](#)

Continue

Continue when all
information is completed

Continue to next page

Secure Payment Information

Fields marked with asterisk (*) are mandatory

Payment Method *

☒ Credit Card ☐ Checking Account

Credit Card Number*

The digits on the front of your credit card.

Enter credit card or checking account information for payment.

Expiration Date*

The date your credit card expires.

01 ▼ 2022 ▼

Security Code*

Last 3 digits on back of card. Amex: 4 digit code on front.



Billing Information

Fields marked with asterisk (*) are mandatory

Why is it important to verify this information?

Most banks issuing credit/debit cards use a verification system to prevent unauthorized card usage by verifying the address information provided by the vendor (e.g. Aetna). If the information you provide does not match the information on the file with your bank, your application may be declined or delayed.

Name: test test
Address 1: 1 test lane
Address 2:
Country: USA
City: Blacksburg
State: VA
Postal Code: 24060
Phone Number: 000-000-0000
Email: test@vt.edu

Verify that all information entered in correct before submitting.

Would you like to use this address as your billing address? *

☒ Yes ☐ No

My Selections (1)

Student

23/24 Annual Medical Plan – Domestic Students & Dependents

Total on checkout: \$3,573.00

[Add Dependents >](#)

[Add Additional Products >](#)

Continue



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