

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, 2023 through July 31, 2024.

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 Fall enrollees. Actual amounts may be different based upon timing of enrollment.

<u>Annual Plan</u>	<u>Graduate Subsidy Deduction per Pay Period</u>
Student Only	\$23.82
Student + 1	\$222.32
Student + 2	\$420.82
Student + 3	\$619.32

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

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 mandatory

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? *

Subsidy Eligible Graduate Assistants

Choose this option if you have an assistantship; GA, RA, TA, GRA, GTA. This will get you set up for payroll deductions.

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

90XXXXXX

Date of Birth

MM-DD-YYYY

Login

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.

My Selections (0)

You have not yet made a selection.

Medical Plan Enrollment Options

23/24 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

Select Plan

Add Dependent(s)

View Plan Details >

23/24 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.

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

Add Dependent(s)

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 coverage is not subsidized.

Continue to next screen

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*

Middle Name

Last Name*

Suffix
[Select Suffix] ▼

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

Email*


My Selections (1)

Student

23/24 Annual Medical Plan - Subsidized
Eligible Domestic Graduate Assistant

[Add Additional Products >](#)

Continue



Continue when all information is completed

Address Information

Fields marked with asterisk (*) are mandatory

Address 1*
 Enter a local US address

Address 2

Country*
United States ▼

Postal Code*

State*
Virginia ▼

City*

Program of Study

Fields marked with asterisk (*) are mandatory

Please select your program of study
DOMESTIC GA, GTA, SGA, SGTA, SGRA ▼ 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 - Subsidy Eligible Domestic Graduate Assistants

PlanMessage

Plan Holder	Plan Term	Effective Date	Termination Date	Cost
<input checked="" type="checkbox"/> Student (myself)	Annual ▾	08/01/2023	07/31/2024	\$0.00

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

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 \$387.96
(per person).

My Selections (1)

Student

23/24 Annual Medical Plan - Subsidy
Eligible Domestic Graduate Assistant

Total on checkout: \$0.00

[Add Dependents](#)

[Add Additional Products](#)

Continue

Continue when all
information is completed

Student Contact Information

Fields marked with asterisk (*) are mandatory

Name: test test
Address 1: test ln
Address 2:
Country: USA
Postal Code: 24061
State: VA
City: Blacksburg
Gender: Female
Phone Number: 999-999-9999
Email: test@vt.edu
Program of Study: DOMESTIC GA, GTA, SGA, SGTA, SGRA

Verify that all information entered in correct before submitting.

[Edit This Information](#)

My Selections (1)

Student

23/24 Annual Medical Plan - Subsidy Eligible Domestic Graduate Assistants

Total on checkout: \$0.00

[Submit](#)

Student Information

The following information cannot be edited.

Student ID: 9012223333
Date of Birth: 01/16/2001

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

23/24 Annual Medical Plan - Subsidy Eligible Domestic Graduate Assistants

PlanMessage	Plan Term	Effective Date	Termination Date	Cost
<input checked="" type="checkbox"/> Student (myself)	Annual	08/01/2023	07/31/2024	\$0.00

[Edit This Information](#)

