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.

Annual Plan	Graduate Subsidy Deduction per Pay Period
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.

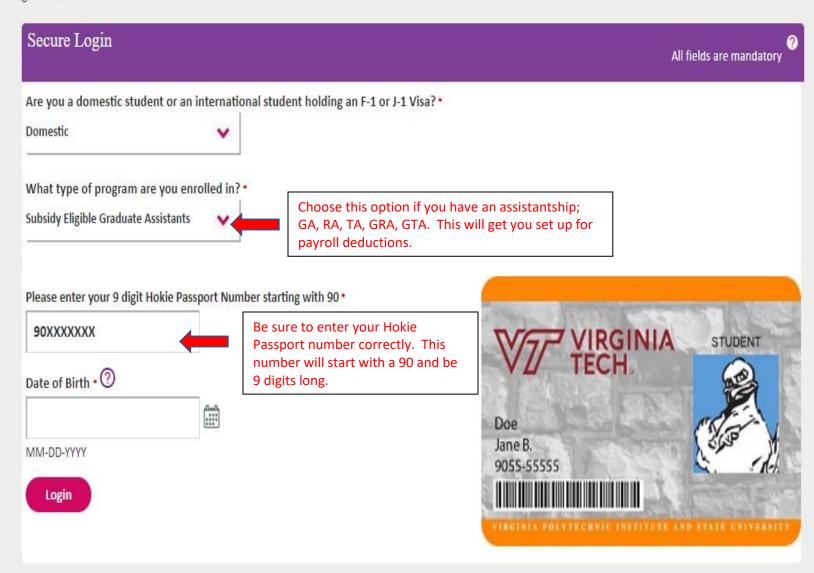
Open Enrollment Dates: July 14th, 2023 through September 11th, 2023



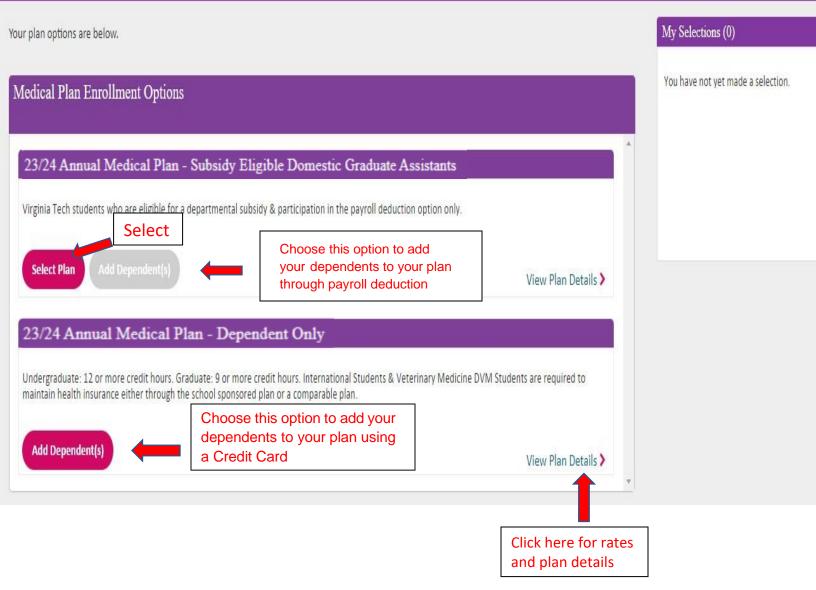
Let's get started!

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.

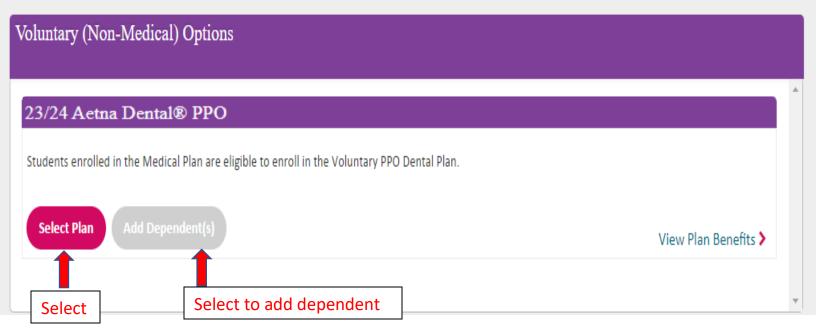


Plan Selection(s)



Additional (Non-Medical) Plan Selection

Your additional plans are listed below



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 My Selections (1) Gender* Student Male O Female O Non Binary First Name* 23/24 Annual Medical Plan - Subs Eligible Domestic Graduate Assist test Add Additional Products > Middle Name Last Name* Continue test Suffix [Select Suffix] Phone* Continue when all 000-000-0000 If you do not have a phone number, enter all 0's information is completed Email• test@vt.edu Address Information Fields marked with asterisk (*) are mandatory Address 1* Enter a local US address 1 test lane Address 2 Country* **United States** Postal Code* 24060 State* Virginia City* Blacksburg Program of Study Fields marked with asterisk (*) are mandatory

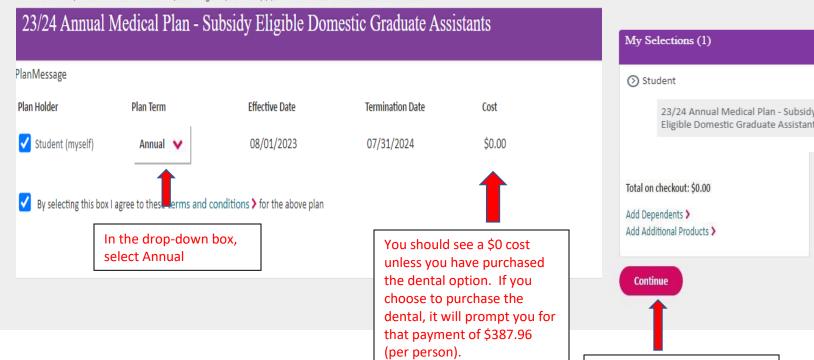
Choose your program of study

Please select your program of study

DOMESTIC GA, GTA, SGA, SGTA, SGRA

Plan Effective/Termination date(s)

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



Continue when all

information is completed

Student Contact Information

Fields marked with asterisk (*) are mandatory

Name: test test

Address 1: test In

Address 2:

Country: USA

Postal Code: 24061

State: VA City: Blacksburg

Gender: Female

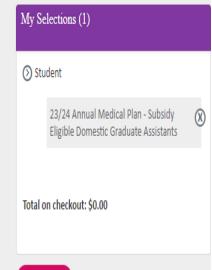
Phone Number: 999-999-9999

Email: test@vt.edu

Program of Study: DOMESTIC GA, GTA, SGA, SGTA, SGRA

Edit This Information

Verify that all information entered in correct before submitting.



Submit



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

Student Information

The following information cannot be edited.

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

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

PlanMessage

Plan Term Effective Date Termination Date Cost

Student (myself)

elf) Annual 08/01/2023 07/31/2024 \$0.00

Edit This Information