

Purchasing Aetna Health Insurance for J-1 Scholars

Follow the below steps in order to purchase the Aetna Health Insurance provided by IUPUI.

Go to: <https://students.aetnastudenthealth.com/welcome.aspx?groupid=812849>

Step 1: Enter your **university ID number** where it mentions student ID number. Enter your date of birth.

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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.

Secure Login All fields are mandatory

Student ID Number *
000000000

Date of Birth *
08/29/1991

MM/DD/YYYY

University

JANE CARDEO
Student ID: 123456

Student

GET STARTED >

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Accessibility Services: If you are having trouble accessing information on our website, our Customer Service representatives can assist you. Please call them at the number on your member ID Card or at 877-480-4161. Relay services for individuals with a hearing disability are available by dialing 711.

If you need a PDF document in an accessible format, you can request it directly by completing this [online form](#).

77 South Bedford Street Burlington, MA 01803. Aetna Student Health Agency Inc. is a duly licensed broker for student accident and health insurance in the Commonwealth of Massachusetts. Massachusetts license number: 10041444. California license number: 0B84599.

Aetna Student Health™ is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna). Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company.

[Feedback](#)

Step 2: Select the **18/19 Visiting Scholar Enrollment**

Your plan options are below.

Medical Plan Enrollment Options

18/19 International Dependent Enrollment If you are covered by the Student Health Insurance Plan for Indiana University International Students, you may also enroll your lawful spouse and/or dependent children under the age of 26. Add Dependent(s) View Plan Details	18/19 Visiting Scholars Coverage will become effective and terminate on the same start and end date as the enrolled member in accordance with the Termination Provisions described in the Master Policy. Select Plan Add Dependent(s) View Plan Details	18/19 Intensive English Program (IEP) Dependent Only Enrollment Those covered by the Plan for Indiana University International Students may also enroll your lawful spouse and/or dependent children under the age of 26. Add Dependent(s) View Plan Details
18/19 Program in Intensive English (PIE) Dependent Only Enrollment Those covered by the Plan for Indiana University International Students may also enroll your lawful spouse and/or dependent children under the age of 26. Add Dependent(s) View Plan Details	17/18 Visiting Scholar All Visiting Scholars are required to participate in this Student Health Insurance Plan unless proof of comparable coverage is furnished to the University. Students may also enroll your lawful spouse and/or dependent children under the age of 26. Select Plan Add Dependent(s) View Plan Details	

My Cart (0)

Your cart is empty.



[+] Feedback

Step 2-1: Ensure the required plan is selected and select 'Continue'.

Your plan options are below.

Medical Plan Enrollment Options

18/19 International Dependent Enrollment If you are covered by the Student Health Insurance Plan for Indiana University International Students, you may also enroll your lawful spouse and/or dependent children under the age of 26. Add Dependent(s) View Plan Details	18/19 Visiting Scholars Coverage will become effective and terminate on the same start and end date as the enrolled member in accordance with the Termination Provisions described in the Master Policy. Plan Selected Add Dependent(s) View Plan Details	18/19 Intensive English Program (IEP) Dependent Only Enrollment Those covered by the Plan for Indiana University International Students may also enroll your lawful spouse and/or dependent children under the age of 26. Add Dependent(s) View Plan Details
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My Cart (1)

- Student
- 18/19 Visiting Scholars

[Continue >](#)



[-] Feedback

Step 3: Enter all required personal information and address information. Use your **U.S home address**. If you do not have one, you can use your department address or Office of International Affairs's address.

IUPUI Office of International Affairs

902 W. New York St.

Education and Social Work building, Rm. 2126

Indianapolis, IN 46202 USA

The screenshot shows a web form titled "Step 3 Student Information". It is divided into two main sections: "Student's Personal Information" and "Address Information".

Student's Personal Information: This section includes fields for Gender (Male selected), First Name (ABC), Middle Name (D), Last Name (EFG), Suffix (dropdown menu), Phone (213-345-3221), and Email (abc@iu.umail.edu). A "Continue" button is highlighted in yellow.

Address Information: This section includes fields for Address 1 (Office of International Affairs), Address 2 (902 W. New York St.), City (Indianapolis), Country (United States), State (Indiana), and Postal Code (46202).

On the right side, there is a "My Cart (1)" section showing "Student" and "17/18 Visiting Scholar" with an "Add Additional Products" link. A "Feedback" button is located in the bottom right corner.

Step 4: Check **Student (myself)**. Select the required 'Plan Term'. If selecting 'Daily', enter today's date or 08/01/2018, whichever is latest as the Effective Date. Termination Date should be the date you are leaving the U.S or 7/31/2019, whichever is earliest. If you cannot purchase coverage for the entire year, choose a shorter coverage period (earlier end date) and you will need to renew your insurance again in the future. Select '**Add Dependents**' if you have dependents, otherwise go to Step 4-3.

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Step 4 Plan Details

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

17/18 Visiting Scholar				
Plan Term	Effective Date	Termination Date	Cost	
<input checked="" type="checkbox"/> Student (myself) Annual	08/01/2017	07/31/2018	\$1,699.00	

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

My Cart (1)

- Student
- 17/18 Visiting Scholar

Total on checkout: \$1,699.00

[Add Dependents](#)
[Add Additional Products](#)

[Continue >](#)

Step 4-1: Enter dependents information and select 'Save' and 'Continue' on the following page.

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Step 3 Dependent Information

Please fill the information listed below.

Dependent Information Fields marked with * are mandatory

Gender*
 Male Female

First Name*

Middle Name

Last Name*

Suffix

Dependents Relationship to Student*
 Spouse Child

Full-Time College Student? *
 Yes No

Date of Birth*

[Save](#) [Cancel](#)

My Cart (1)

- Student
- 17/18 Visiting Scholar

[Add Additional Products](#)

[Continue >](#)

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Step 3 Dependent Information

Please fill the information listed below.

Dependent Information				
Full Name	Relationship	Full Time Student	Birth Date	Gender
abc hh lmm	Spouse	No	8/24/1991	Male

[Add Another Dependent](#)

My Cart (1)

- Student
- 17/18 Visiting Scholar

[Add Additional Products](#)

[Continue >](#)

Step 4-2: Check the dependent's name, select 'Daily' under Plan Term. Effective Date and Termination Date should match your dates if your dependent stays with you in the U.S.

Step 4-3: Check the **Terms and Conditions** checkbox and select 'Continue'.

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Step 4 Plan Details

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

17/18 Visiting Scholar

	Plan Term	Effective Date	Termination Date	Cost
<input checked="" type="checkbox"/> Student (myself)	Daily	mm/dd/yyyy	mm/dd/yyyy	
<input checked="" type="checkbox"/> abc kh lmn	Daily	mm/dd/yyyy	mm/dd/yyyy	

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

My Cart (2)

- Student
- 17/18 Visiting Scholar
- Dependents
- 17/18 Visiting Scholar

Total on checkout: \$0.00
[Add Dependents](#)
[Add Additional Products](#)

Continue

Step 5: Select your payment method and enter billing information. If you are using a credit card for payment, ensure that your **daily credit card limit** is more than the amount you will be charged.

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Step 5 Billing Information

Please enter in your billing information and click CONTINUE.

Secure Payment Information Fields marked with * are mandatory

Payment Method

Credit Card Checking Account

Credit Card Number*
The digits on the front of your credit card.
0000000000000000

Expiration Date*
The date your credit card expires.
01 2017

Security Code*
Last 3 digits on back of card. Amex: 4 digit code on front.
000

Billing Information Fields marked with * 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: asd asd asd
Address 1: asd
Address 2:
City: Indianapolis
State: IN
Postal Code: 46202
Country: USA
Phone Number: 1234234231
Email: asda@gmail.com

Would you like to use this address as your billing address? *
 Yes No

My Cart (2)

- Student
- 17/18 Visiting Scholar
- Dependents
- 17/18 Visiting Scholar

Total on checkout: \$3,394.50
[Add Additional Products](#)

Continue

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[Feedback](#)

Step 6: Verify all information entered is correct. Check the **Terms and Conditions** checkbox at the bottom of the page and click **'Submit'**. Take a **screenshot** of the page after submission. Keep a copy for your personal records and also send a copy of your health insurance card to OIA for maintaining records.

Secure Payment Information

Card Number: *****1112
Expiration Date: 10/2021
Security Code: ***

[Edit This Information](#)

Billing Information

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: asd asd asd
Address 1: asd
Address 2:
City: Indianapolis
State: IN
Postal Code: 46202
Country: USA
Phone Number: 1234234231
Email: asda@gmail.com

[Edit This Information](#)

Payment Authorization

Fields marked with * are mandatory

Please review and accept the terms and conditions below.

Terms and Conditions*

I have read or have had read to me the completed enrollment application and declare that the information on it is true and complete. I understand that if any information in the application is incorrect, coverage can be voided. I further acknowledge that I have reviewed the Indiana University International Students and Scholars Student Health Insurance brochure if applicable and agree to and accept the terms of insurance coverage

I agree to the Terms and Conditions

My Cart (2)

Student
17/18 Visiting Scholar

Dependents
17/18 Visiting Scholar

Total on checkout: \$3,394.50

[Submit >](#)