

John Hopkins University
 Student Health Insurance Plan
 2023-2024 Final Premium Rates

	<table border="1"> <thead> <tr> <th>Fall</th> <th>Spring/Summer</th> <th>Annual</th> </tr> </thead> <tbody> <tr> <td>8/15/2023 through 12/31/2023</td> <td>1/1/2024 through 8/14/2024</td> <td>8/15/2023 through 8/14/2024</td> </tr> </tbody> </table>			Fall	Spring/Summer	Annual	8/15/2023 through 12/31/2023	1/1/2024 through 8/14/2024	8/15/2023 through 8/14/2024
Fall	Spring/Summer	Annual							
8/15/2023 through 12/31/2023	1/1/2024 through 8/14/2024	8/15/2023 through 8/14/2024							
Wellfleet Medical									
Student*	\$ 962.66	\$ 1,604.43	\$ 2,567.09						
Dependent (+1)	\$ 1,646.05	\$ 2,743.42	\$ 4,389.47						
Family (2+)	\$ 2,557.89	\$ 4,263.15	\$ 6,821.04						

*Dependent rates do not include the student rate. Auto-enrolled student coverage is charged directly to the students SIS (bursar) bill.