Johns Hopkins University

Postdoctoral Fellow Health Insurance Plan

2026-2027 Final Premium Rates

	Initial Payment (2 x Monthly)	Monthly	Annual
			7/1/2026 through 6/30/2027
Wellfleet Medical			
PostDoc	$ -	$ -	$ -
Dependent (+1)	$724	$ 362.00	$ 4,344.00
Family (2+)	$1,169	$ 584.50	$ 7,014.00

*Dependent rates do not include the Postdoc rate. Auto-enrolled coverage is paid by the postdoc fringe.

**Salaried postdocs are charged for dependent coverage via payroll deductions, stipend postdocs must pay AHP directly for dependent coverage.

* SOM GME fellows dependent premiums are covered my JHUSOM