

John Hopkins University
 Postdoctoral Fellow Health Insurance Plan
 2024-2025 Final Premium Rates

	Initial Payment (2 x Monthly)		Monthly		Annual		Daily	
					7/1/2024 through 6/30/2025			
Wellfleet Medical								
PostDoc	\$	-	\$	-	\$	-	\$	-
Dependent (+1)		\$570	\$	285.00	\$	3,420.00	\$	9.37
Family (2+)		\$944	\$	472.00	\$	5,664.00	\$	15.52

*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 by JHUSOM