

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

	Monthly		Annual	
			7/1/2023 through 6/30/2024	
<b>Wellfleet Medical</b>				
PostDoc	\$	-	\$	-
Dependent (+1)	\$	275.00	\$	3,300.00
Family (2+)	\$	456.00	\$	5,472.00

\*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 by JHUSOM

\*Stipend Postdocs must pay AHP directly for dependent coverage. An initial installment of 2 months of premiums will be collected upon enrollment, followed by 10 monthly payments.