

John Hopkins University
 Postdoctoral Fellow Health Insurance Plan
 2025-2026 Final Premium Rates

	Initial Payment (2 x Monthly)																Monthly				Annual				Daily			
																					7/1/2025 through 6/30/2026							
Wellfleet Medical																												
PostDoc	\$		-	\$			-	\$			-	\$			-	\$			-									
Dependent (+1)			\$660	\$			330.00	\$			3,960.00	\$			10.85													
Family (2+)			\$1,094	\$			547.00	\$			6,564.00	\$			17.99													

*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