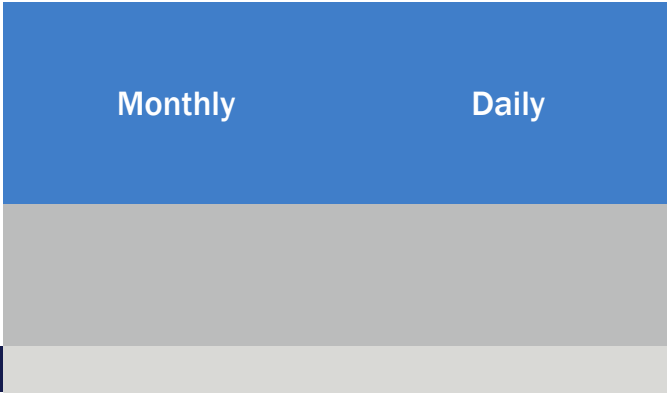


John Hopkins University
 Postdoctoral Fellow Health Insurance Plan
 2024-2025 Final Premium Rates



Wellfleet Medical			
	Monthly	Daily	
PostDoc*	\$ -	\$ -	
Dependent (+1)	\$ 285.00	\$ 9.37	
Family (2+)	\$ 472.00	\$ 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