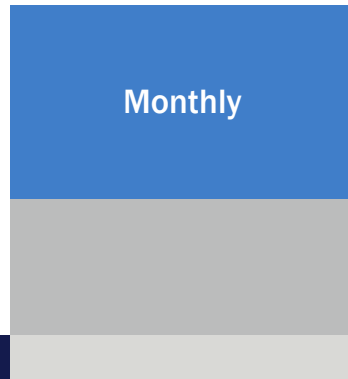


John Hopkins University
 Postdoctoral Fellow Health Insurance Plan
 2023-2024 Final Premium Rates



Wellfleet Medical	
PostDoc	\$ -
Dependent (+1)	\$ 275.00
Family (2+)	\$ 456.00

*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.