

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

	Annual		Daily	
	7/1/2025 through 6/30/2026			
Wellfleet Medical				
PostDoc	\$	-	\$	-
Dependent (+1)	\$	3,960.00	\$	10.85
Family (2+)	\$	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