

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

|                   | Annual                           |          | Daily |       |
|-------------------|----------------------------------|----------|-------|-------|
|                   | 7/1/2025<br>through<br>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