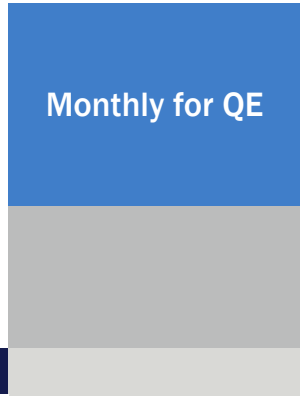


John Hopkins University  
Student Health Insurance Plan  
2024-2025 Final Premium Rates  
Dental



<b>Wellfleet Medical</b>	
Student*	\$ 13.89
Student plus one dependent	\$ 25.67
Student plus family	\$ 38.20

\*Dependent rates are inclusive of student only coverage