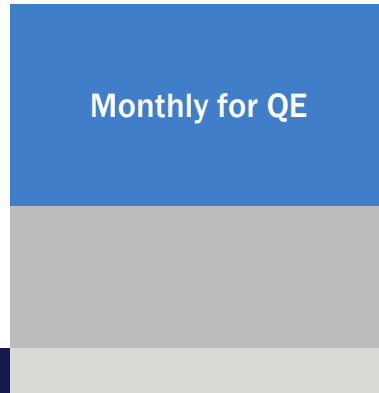


Student Summer

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



Wellfleet Medical		
Student*	\$	260.00
Dependent (+1)	\$	260.00
Family (2+)	\$	390.00

Delta Dental		
Student*	\$	13.89
Dependent (+1)	\$	25.67
Family (2+)	\$	38.20

\*Dependent rates do not include the student rate. Auto-enrolled student coverage is charged directly to the students SIS (bursar) bill.