

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

		Monthly for QE	
Wellfleet Medical			
Student*	\$	275.00	
Dependent (+1)	\$	549.00	
Family (2+)	\$	686.00	

*Dependent rates are included in the student rate. Auto-enrolled student coverage is charged directly to the students SIS (bursar) bill.

Delta Dental			
Student*	\$	18.65	
Dependent (+1)	\$	34.46	
Family (2+)	\$	51.28	

EyeMed Vision			
Student*			
Dependent (+1)			
Family (2+)			