Johns Hopkins University
Student Health Insurance Plan
2026-2027 Final Premium Rates

	Monthly for QE
Wellfleet Medical	
Student*	$ 302.00
Dependent (+1)	$ 604.00
Family (2+)	$ 755.00

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

Delta Dental	
Student*	$ 21.45
Dependent (+1)	$ 39.63
Family (2+)	$ 58.97

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