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

	Summer - May 15 Start		Summer - June 1 Start			Summer - July 1 Start		
	5/15/2024			6/1/2024		7/1/2024		
	through			through		through		
	8/14/2024			8/14/2025		8/14/2025		
Wellfleet Medical								
Student*	\$	780.00	\$		650.00	\$	390.00	
Dependent (+1)	\$	780.00	\$		650.00	\$	390.00	
Family (2+)	\$	1,170.00	\$		975.00	\$	585.00	

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

Delta Dental			
Student*	\$ 41.67	\$ 34.73	\$ 20.84
Dependent (+1)	\$ 77.01	\$ 64.18	\$ 38.51
Family (2+)	\$ 114.60	\$ 95.50	\$ 57.30
EyeMed Vision			
Student*	\$ 26.90	\$ 26.90	\$ 26.90
Dependent (+1)			
Family (2+)			