

SPH Dental Rates

John Hopkins University
 Student Health Insurance Plan
 2023-2024 Final Premium Rates
 Dental

	Summer	Term 1	Term 2	Term 3	Term 4	Annual
	7/1/2023 through 8/14/2023	8/15/2023 through 10/31/2023	11/1/2023 through 12/31/2023	1/1/2024 through 3/31/2024	4/1/2024 through 8/14/2024	8/15/2023 through 8/14/2024
Wellfleet Medical						
Student*	\$ 19.29	\$ 32.15	\$ 25.72	\$ 38.58	\$ 57.87	\$ 154.32
Student plus one dependent	\$ 35.66	\$ 59.43	\$ 47.54	\$ 71.31	\$ 106.97	\$ 285.24
Student plus family	\$ 53.06	\$ 88.43	\$ 70.74	\$ 106.11	\$ 159.17	\$ 424.44

* dependent rates are inclusive of student only coverage