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

	Summer - May 15 Start	Summer - June 1 Start	Summer - July 1 Start
	5/15/2025	6/1/2025	7/1/2025
	through	through	through
	8/14/2025	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
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+)			

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