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

	S	Summer - May 15 Start	Summer - June 1 Start	Summer - July 1 Start
		5/15/2026	6/1/2026	7/1/2026
		through	through	through
		8/14/2026	8/14/2026	8/14/2026
Wellfleet Medical				
Student*	\$	825.00	\$ 687.50	\$ 412.50
Dependent (+1	\$	1,647.00	\$ 1,372.50	\$ 823.50
Family (2+	\$	2,058.00	\$ 1,715.00	\$ 1,029.00

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

Delta Dental			
Student*	\$ 55.95	\$ 37.3	0 \$ 27.98
Dependent (+1)	\$ 103.38	\$ 68.9	2 \$ 51.69
Family (2+)	\$ 153.84	\$ 102.5	6 \$ 76.92
EyeMed Vision			
Student*	\$ 59.00	\$ 59.0	0 \$ 59.00
Dependent (+1)			
Family (2+)			