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

| | Summer - May 15 Start | Summer - June 1 Start | Summer - July 1 Start |
|---|---|---|---|
| | 5/15/2027 through 8/14/2027 | 6/1/2027 through 8/14/2027 | 7/1/2027 through 8/14/2027 |
| **Wellfleet Medical** | | | |
| Student* | $ 906.00 | $ 755.00 | $ 453.00 |
| Dependent (+1) | $ 1,812.00 | $ 1,510.00 | $ 906.00 |
| Family (2+) | $ 2,265.00 | $ 1,887.50 | $ 1,132.50 |

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

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|---|---|---|---|
| **Delta Dental** | | | |
| Student* | $ 64.35 | $ 42.90 | $ 32.18 |
| Dependent (+1) | $ 118.89 | $ 79.26 | $ 59.45 |
| Family (2+) | $ 176.91 | $ 117.94 | $ 88.46 |
| **EyeMed Vision** | | | |
| Student* | $ 59.00 | $ 59.00 | $ 59.00 |
| Dependent (+1) | | | |
| Family (2+) | | | |