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

		Fall		Spring
	8/15/2024		1/1/2025	
	through		through	
		12/31/2024		8/14/2025
Wellfleet Medical				
Student*	\$	1,168.50	\$	1,947.50
Dependent (+1)	\$	1,168.50	\$	1,947.50
Family (2+)	\$	1,752.75	\$	2,921.25

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