

PH Dental and Vision

Johns Hopkins University

JHU Dental and Vision Plan - Public Health Voluntary

2026-2027 Final Premium Rates

	Term 1		Term 2		Term 3		Term 4	
	8/15/2026 through 10/31/2026		11/1/2026 through 12/31/2026		1/1/2027 through 3/31/2027		4/1/2027 through 8/14/2027	
Delta Dental								
Student*	\$	53.63	\$	42.90	\$	64.35	\$	96.53
Dependent (+1)	\$	99.08	\$	79.26	\$	118.89	\$	178.34
Family (2+)	\$	147.43	\$	117.94	\$	176.91	\$	265.37
EyeMed Vision								
Student*								
Dependent (+1)								
Family (2+)								

*Dependent rates are inclusive of student only coverage.

** Students who are auto-enrolled in dental and/or vision will be billed for student only coverage via SIS (bursar) bill.

Johns Hopkins University
 JHU Dental and Vision Plan -
 2026-2027 Final Premium F

	Annual	
	8/15/2026 through 8/14/2027	
Delta Dental		
Student*	\$	21.45
Dependent (+1)	\$	39.63
Family (2+)	\$	58.97
EyeMed Vision		
Student*	\$	59.00
Dependent (+1)	\$	59.00
Family (2+)	\$	59.00

*Dependent rates are inclusive of

** Students who are auto-enrolle