

SPH Dental Rates

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

	Term			
	Term 1	Term 2	Term 3	Term 4
	8/15/2024 through 10/31/2024	11/1/2024 through 12/31/2024	1/1/2025 through 3/31/2025	4/1/2025 through 8/14/2025
Delta Dental				
Student*	\$ 34.73	\$ 27.78	\$ 41.67	\$ 62.51
Student plus one dependent	\$ 64.18	\$ 51.34	\$ 77.01	\$ 115.52
Student plus family	\$ 95.50	\$ 76.40	\$ 114.60	\$ 171.90

* dependent rates are inclusive of student only coverage

	Annual
	8/15/2024 through 8/14/2025
EyeMed Vision	
Student*	\$ 59.00
Dependent (+1)	\$ 59.00
Family (2+)	\$ 59.00

*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.