

8.15 Dental and Vision

John Hopkins University
 JHU Dental and Vision Plan
 2023-2024 Final Premium Rates

	Fall		Spring/Summer		Annual	
	8/15/2023 through 12/31/2023		1/1/2024 through 8/14/2024		8/15/2023 through 8/14/2024	
Delta Dental						
Student*	\$	58.00	\$	97.00	\$	155.00
Dependent (+1)	\$	107.00	\$	179.00	\$	286.00
Family (2+)	\$	160.00	\$	265.00	\$	425.00
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.