

8.15 Dental and Vision

John Hopkins University
 JHU Dental and Vision Plan
 2024-2025 Final Premium Rates

	Fall		Spring	
	8/15/2024 through 12/31/2024		1/1/2025 through 8/14/2025	
Delta Dental				
Student*	\$	62.51	\$	104.18
Dependent (+1)	\$	115.52	\$	192.53
Family (2+)	\$	171.90	\$	286.50

*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.