

Johns Hopkins University
 JHU Dental and Vision Plan
 2025-2026 Final Premium Rates

	Early Fall		Fall		Spring		Annual	
	8/1/2025 through 12/31/2025		8/15/2025 through 12/31/2025		1/1/2026 through 8/14/2026		8/15/2025 through 8/14/2026	
Delta Dental								
Student*	\$	83.35	\$	75.02	\$	125.03	\$	200.04
Dependent (+1)	\$	153.95	\$	138.56	\$	230.93	\$	369.48
Family (2+)	\$	228.95	\$	206.06	\$	343.43	\$	549.48
EyeMed Vision								
Student*						\$		26.90
Dependent (+1)						\$		26.90
Family (2+)						\$		26.90

*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.