

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

	Delta Dental															
	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.