Johns Hopkins University

JHU Dental and Vision Plan

2026-2027 Final Premium Rates

	Early Fall	Fall	Spring	Annual
	8/1/2026 through 12/31/2026	8/15/2026 through 12/31/2026	1/1/2027 through 8/14/2027	8/15/2026 through 8/14/2027
Delta Dental				
Student*	$ 95.85	$ 86.27	$ 143.78	$ 230.04
Dependent (+1)	$ 177.05	$ 159.35	$ 265.58	$ 424.92
Family (2+)	$ 263.30	$ 236.97	$ 394.95	$ 631.92
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.