

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

	AnnualMonthly for QEInitial payment (2x monthly)					
	7/1/2025 through 6/30/2026					
Delta Dental						
Learner*	\$	200.04	\$	16.67	\$	33.34
Dependent (+1)	\$	369.48	\$	30.79	\$	61.58
Family (2+)	\$	549.48	\$	45.79	\$	91.58
EyeMed Vision						
Learner*	\$	26.90	\$	2.25	\$	4.50
Dependent (+1)	\$	26.90	\$	2.25	\$	4.50
Family (2+)	\$	26.90	\$	2.25	\$	4.50

\*Dependent rates are inclusive of learner only coverage.

\*\* Postdoc dental and vision coverage is provided at no cost via the Postdoc fringe. Salaried Postdocs who enroll a dependent into dental and/or vision coverage will be payroll deducted. Stipend Postdocs will pay AHP upon enrollment for dependent coverage.

\*\*\*HouseStaff dental and vision coverage is provided by JHH to the learner and their eligible dependents.