

Johns Hopkins University

JHU Dental and Vision Plan - Learners

2026-2027 Final Premium Rates

	Annual	
	7/1/2026 through 6/30/2027	
Delta Dental		
Learner*	\$	230.04
Dependent (+1)	\$	424.92
Family (2+)	\$	631.92
EyeMed Vision		
Learner*	\$	26.90
Dependent (+1)	\$	26.90
Family (2+)	\$	26.90

*Dependent rates are inclusive of learner only coverage.

** Postdoc dental and vision coverage is provided at no cost to via the Postdoc fringe. Salaried Postdocs who enroll a dependent into dental and/or vision coverage will be payroll

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