

John Hopkins University
 JHU Dental and Vision Plan
 2023-2024 Final Premium Rates

	Annual	
	7/1/2023 through 6/30/2024	
Delta Dental		
Student*	\$	138.00
Dependent (+1)	\$	255.00
Family (2+)	\$	380.00
EyeMed Vision		
Student*	\$	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.