

John Hopkins University
 JHU Dental and Vision Plan
 2024-2025 Final Premium Rates

	Annual	
	7/1/2024 through 6/30/2025	
Delta Dental		
Learner*	\$	150.00
Dependent (+1)	\$	276.00
Family (2+)	\$	408.00
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 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.