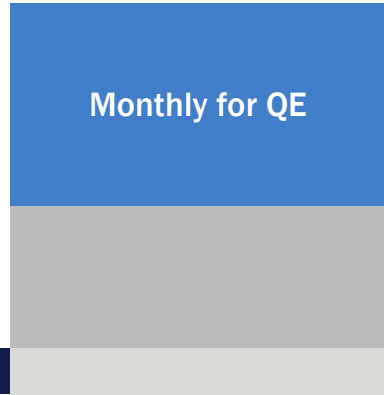


John Hopkins University
 JHU Dental and Vision Plan
 2023-2024 Final Premium Rates



Delta Dental		
Student*	\$	11.50
Dependent (+1)	\$	21.25
Family (2+)	\$	31.75

EyeMed Vision		
Student*	\$	2.25
Dependent (+1)	\$	2.25
Family (2+)	\$	2.25

*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.

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