

## 7.1 Dental and Vision

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

	Monthly for QE	
<b>Delta Dental</b>		
Student	\$	13.00
Dependent (+1)	\$	24.00
Family (2+)	\$	35.50
<b>EyeMed Vision</b>		
Student	\$	5.00
Dependent (+1)	\$	5.00
Family (2+)	\$	5.00

Dependent rates are inclusive of student only coverage.

Students who are auto-enrolled in dental and/or vision will be billed for student only coverage via SIS (bursar) bill.