

## 8.15 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.