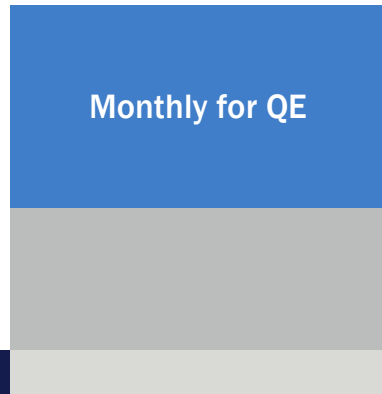


8.15 Dental and Vision

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



Delta Dental		
Student*	\$	13.89
Dependent (+1)	\$	25.67
Family (2+)	\$	38.20

EyeMed Vision		
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.