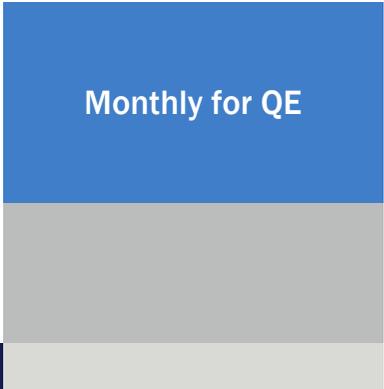


Johns Hopkins University
 JHU Dental and Vision Plan
 2025-2026 Final Premium Rates



Delta Dental		
Student*	\$	16.67
Dependent (+1)	\$	30.79
Family (2+)	\$	45.79

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

*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.