

Johns Hopkins University
JHU Dental and Vision Plan
2026-2027 Final Premium Rates

		Monthly for QE	
Delta Dental			
Student*	\$	19.17	
Dependent (+1)	\$	35.41	
Family (2+)	\$	52.66	
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.