

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

	Monthly for QE	
Delta Dental		
Learner*	\$	16.67
Dependent (+1)	\$	30.79
Family (2+)	\$	45.79
EyeMed Vision		
Learner*	\$	2.25
Dependent (+1)	\$	2.25
Family (2+)	\$	2.25

*Dependent rates are inclusive of learner only coverage.

** Postdoc dental and vision coverage is provided at no cost via the Postdoc fringe. Salaried Postdocs who enroll a dependent into dental and/or vision coverage will be payroll deducted.

***HouseStaff dental and vision coverage is provided by JHH to the learner and their eligible dependents.