Johns Hopkins University

JHU Dental and Vision Plan - Learners

2026-2027 Final Premium Rates

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