

Self Dental and Vision

**Johns Hopkins University**

JHU Dental and Vision Plan - Voluntary

2026-2027 Final Premium Rates

	Early Fall		Fall		Spring		Annual	
	8/1/2026 through 12/31/2026		8/15/2026 through 12/31/2026		1/1/2027 through 8/14/2027		8/15/2026 through 8/14/2027	
<b>Delta Dental</b>								
Student*	\$	107.25	\$	96.53	\$	160.88	\$	257.40
Dependent (+1)	\$	198.15	\$	178.34	\$	297.23	\$	475.56
Family (2+)	\$	294.85	\$	265.37	\$	442.28	\$	707.64
<b>EyeMed Vision</b>								
Student*						\$		59.00
Dependent (+1)						\$		59.00
Family (2+)						\$		59.00

\*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.