

8.15 Dental and Vision

John Hopkins University
 JHU Dental and Vision Plan
 2024-2025 Final Premium Rates

	Fall			Spring			Annual		
	8/15/2024 through 12/31/2024			1/1/2025 through 8/14/2025			8/15/2024 through 8/14/2025		
Delta Dental									
Student*	\$	62.51	\$	104.18	\$	166.68			
Dependent (+1)	\$	115.52	\$	192.53	\$	308.04			
Family (2+)	\$	171.90	\$	286.50	\$	458.40			
EyeMed Vision									
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.