## **Paying Your US Family Health Plan Premium**

## Access the premium payment portal

- I. Direct link
- 2. Through the USFHP website: Under the "I'm a Member" menu, click "Pay My Premium" or go to **hopkinsusfhp.org/pay-my-premium**.

## **Payment Platform**

Have your member ID and credit card ready. Enter all required information to submit your payment.

ohns Hopkins USFHP: Premium Payment	
elds marked with * are required.	
_Payment Details	
Sponsor First Name *	Payment Amount *
Sponsor Last Name *	
Last 4 Digits Of Spansors Mo	umber ID *
Last 4 Digits Of Sponsors Member ID *	
_Billing Information	
Card Number *	CVV2* EXP*
Credit/Debit Card Number 999 MMYY	
First Name *	Last Name *
Billing Address *	
1234 Your Billing Street	
City * Si	tate * Zip *
Your City	Select State 🗸
Phone *	
(999) 555-1212	
Email *	
you@example.org	(?)
	<b>7</b>
I'm not a robot	reCAPTCHA
	Privacy - Terms
	Process Payment

## **Contact Premium Billing**

Call **410-424-4835** or **888-717-8282** (toll-free), Monday through Friday from 8 a.m. to 4:30 p.m. to learn your current balance, submit a payment by phone or set up automatic payments.

