

# Paying Your US Family Health Plan Premium

## Access the premium payment portal

1. [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](http://hopkinsusfhp.org/pay-my-premium).

## Payment Platform

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

Fields marked with \* are required.

**Payment Details**

First Name: \*  Amount \*

Last Name: \*

Last 4 Digits Of Sponsor ID: \*

**Billing Information**


Card Number \*  CVV2  EXP \*

First Name \*  Last Name \*

Billing Address \*

City \*  State \*  Zip \*

Email \*  (?)

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## 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.