



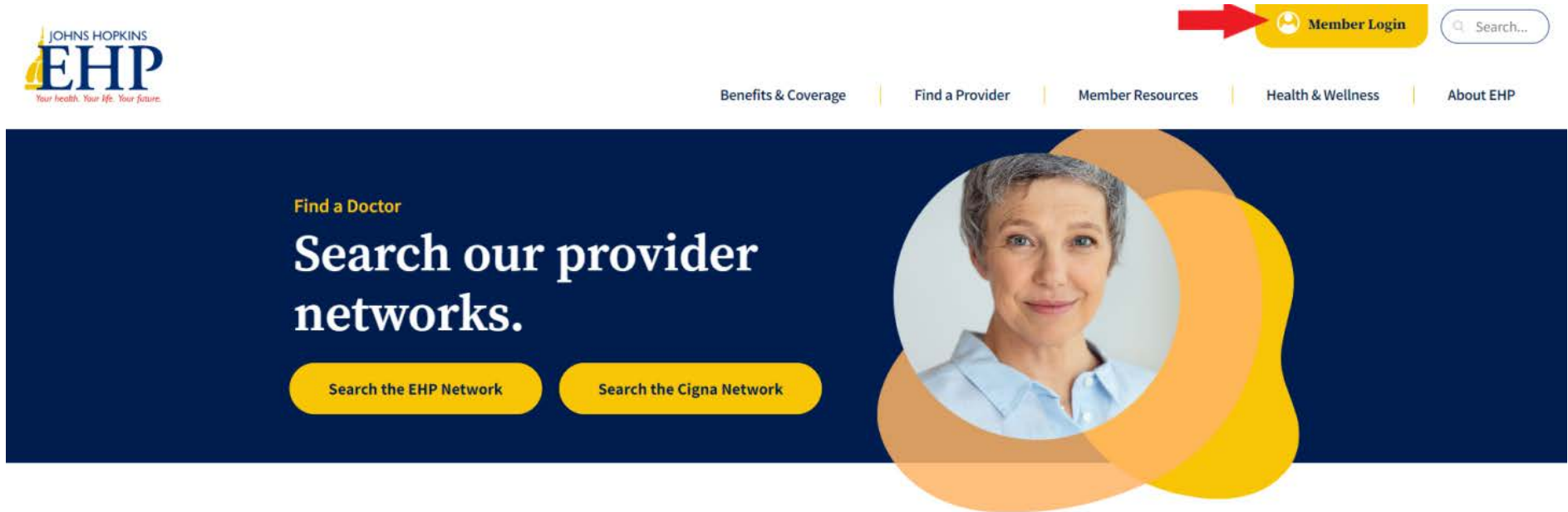
U N I V E R S I T Y

# SOM Graduate Student Health Insurance 2/2/2023



# How to access your EHP account

1. Go to [www.ehp.org](http://www.ehp.org)
2. Click Member Login



3. Click Member Register

4. Complete the fields & click “next”,  
your Member ID will be the ID number  
printed on your ID card

## Login

Username

Password

Login

[Forgot your password?](#) | [Forgot your username?](#)

### Login to

- ☐ Update your password
- ☐ Access your claims
- ☐ Change your PCP
- ☐ Request an ID card

### First Time Logging In?

If this is your first time logging into the Portal, you can register here.

[Member Register](#)

[Provider Register](#)

- Once you are logged in to EHP you can:
  - Access your claims
  - Change your PCP
  - Request an ID card

## Enter User Information

Please enter the required information in the fields below.

Member ID \*

First Name \*

Last Name \*

Birth Date \*

(MM/DD/YYYY)

Gender \*

Cancel

Next

\*Indicates a required field.



# EHP ID Card



**Member name: JAY BLUE**

**Member ID #: 0000055551**

**Benefit Plan: Med / Rx**

**Group #: E00000**

**PCP Name: DOCTOR MD**

**Start Date: 1 JULY 2022**

**Submit Medical Claims to:**

Johns Hopkins Employer Health Programs  
7231 Parkway Drive, Suite 100  
Hanover, MD 21076  
[www.ehp.org](http://www.ehp.org)

**For Claims, Benefit Information and Prior Auth #:**

1-800-261-2393

**Mental Health and Substance Abuse Care #:**

1-800-261-2429

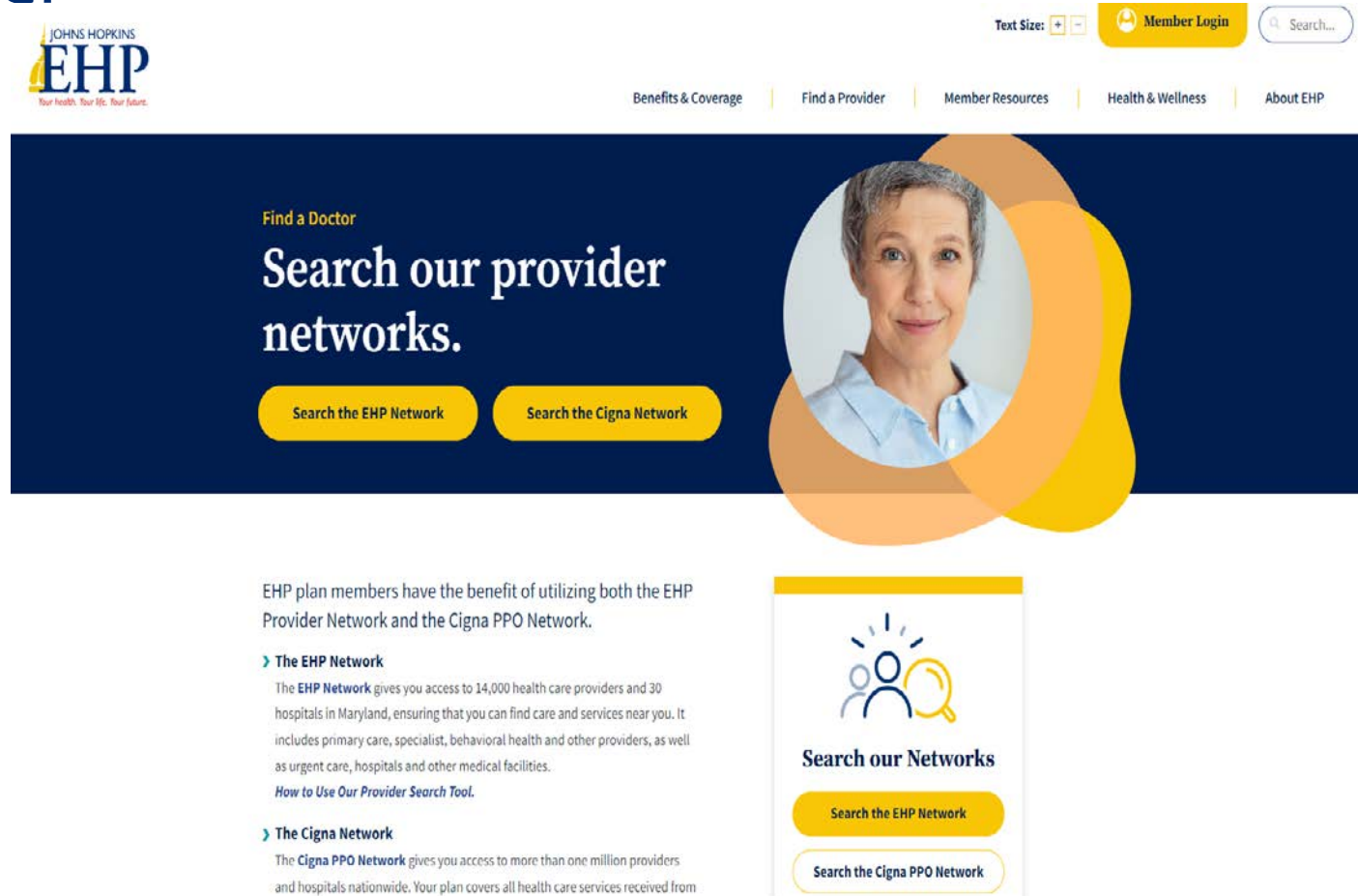
**CIGNA Eligibility/Benefits/Precertification: 1-800-261-2393**

**Benefits are not insured by Cigna or affiliates.**



# Find a Provider

1. Visit <https://www.ehp.org/find-a-provider/>
2. Select either the EHP Network (Hopkins Providers) or Cigna PPO Network



# How to find an in-network EHP provider

1. Go to [JHHC - Provider/Doctor Directory \(healthtrioconnect.com\)](https://healthtrioconnect.com)
2. Search either by location or by the name of the doctor/facility you want to go to
3. Click search and results will populate

Already have a doctor/facility in mind?

Enter a doctor or facility name SEARCH

Search in my network

1 LOCATION \*

Zip  Distance  OR State

2 SERVICE TYPE \*

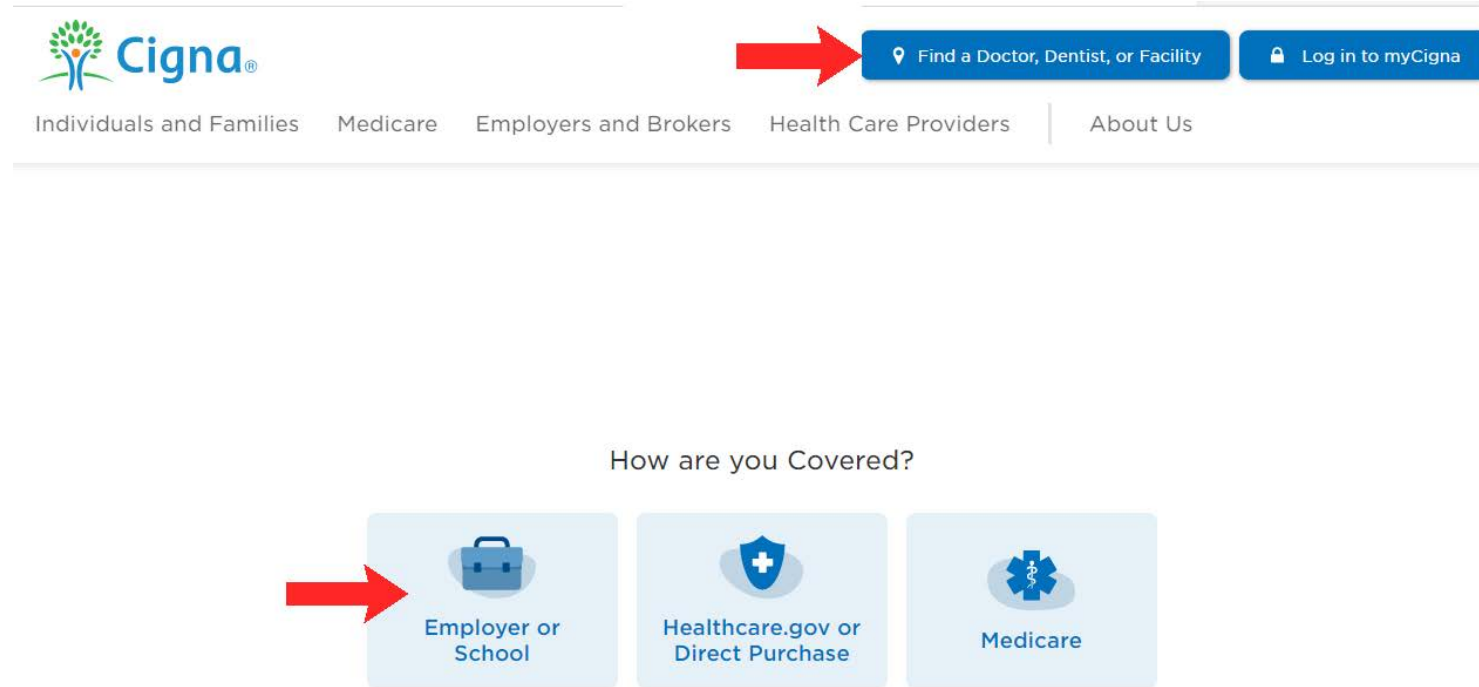
☒ Primary Care ☐ Specialist/Vendor ☐ Hospital or Facility ☐ Radiology & Lab  
☐ Behavioral Health ☐ Medical Equipment ☐ Women's Health  
☐ Telemedicine Services

SEARCH



# How to Find an In-Network Cigna Provider

1. Go to **Cigna.com** and click “Find a Doctor, Dentist, or Facility”
2. Under the “How are you Covered” section, select “Employer or School”





Find a Doctor, Dentist, or Facility in

Baltimore, MD



Doctor by Type



Doctor by Name



Health Facilities

Enter a specialty or type of doctor



Popular Doctor Types

Primary Care Provider (PCP)

OB-GYN

Pediatrician

General Dentist

Pediatric Dentist

Orthodontist

Behavioral Health Counselor

Optometrist



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3. Enter in the geographic location you want to search
4. Select the search type  
Doctor by Type,  
Doctor by Name  
or Locations

## 5. When prompted, select “Continue as guest”

Login/Register



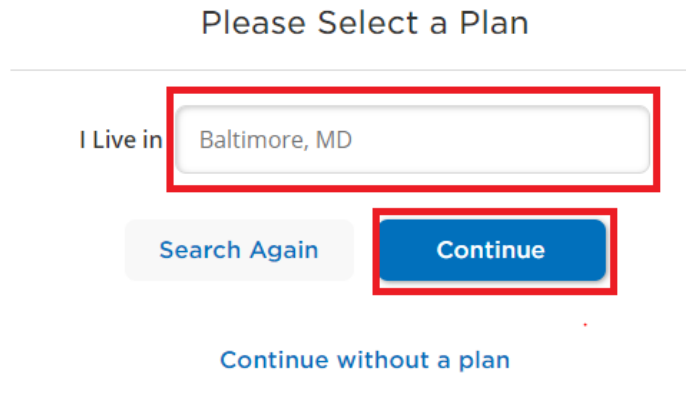
Log In

Register

Not a customer?  
Shopping for a new plan?

Continue as guest

## 6. Fill in the “I Live in” field and click “Continue”



Please Select a Plan

I Live in

Search Again

Continue

[Continue without a plan](#)



7. Under “Please Select a Plan,” select “PPO, Choice Fund PPO.” After you select PPO, Choice Fund you will be taken to the results page

## Please Select a Plan

Network, Network POS

[Mid Atlantic](#)

LocalPlus

[LocalPlus](#)

OAP

[Open Access Plus, OA plus, Choice Fund OA Plus](#)

[Open Access Plus, OA plus, Choice Fund OA Plus WITH CareLink](#)

PPO

[PPO, Choice Fund PPO](#)

< 982 In-Network results for Primary Care Provider (PCP) near [Baltimore, MD](#)

**Medical Plan:** PPO, Choice Fund PPO | [Change Plan](#)

Sort: [Best Match](#) ▼

[Specialties](#) ▼

[More Options](#) ▼



# Explanation of Benefits (EOB)



## Your Explanation of Benefits

### Customer Service Information:

Phone: varies  
Fax: 410-424-4602  
Website: www.ehp.org

For more information on your coverage, log into your HealthLINK@Hopkins account at [www.ehp.org](http://www.ehp.org).

## THIS IS NOT A BILL

**1 Member Name:** John Smith

**2 Member ID:** 000111000111\*01

**3 Provider Name:** Jane Medical

**4 Provider ID:** 12345

<b>5</b> Date of Service	<b>6</b> Billed Amount	<b>7</b> Allowed Amount	<b>8</b> Above Maximum	<b>9</b> Not Covered	<b>10</b> Deductible	<b>11</b> Copay/ Insurance	<b>12</b> Other Ins. Paid	<b>13</b> Member Liability	<b>14</b> Discount	<b>15</b> Paid Amount	<b>16</b> Remarks
010211	20.00	4.43	15.57	0.00	0.00	0.00	0.00	0.00	0.00	4.43	ARA
010211	18.00	7.27	10.73	7.27	0.00	0.00	0.00	0.00	0.00	0.00	NC40
010211	199.00	128.79	70.21	0.00	0.00	0.00	0.00	0.00	0.00	128.79	ARA
<b>TOTALS</b>	237.00	140.49	96.51	7.27	0.00	0.00	0.00	0.00	0.00	133.22	

**17 Provider May Bill You:** \$0.00

**18 Remark Code:**

**Description:****19**

ARA  
NC40

THIS AMOUNT REFLECTS THE ALLOWED AMOUNT FOR THIS SERVICE AND MAY DIFFER FROM BILLED AMOUNT  
THIS PROCEDURE IS PART OF A GLOBAL FEE. THIS IS NOT A MEMBER LIABILITY.



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# BlueDental Plus

- Advantages of the plan:
  1. Freedom of choice, freedom to save – you can see any dentist you choose. However, this plan also gives you the option to reduce your out of pocket expenses by visiting a participating dentist
  2. Comprehensive coverage – benefits include regular preventative care, x-rays, dental surgery and more
  3. Nationwide access to participating dentists



# BlueDental Plus

## 3 Options for Care

**Option 1** – Choose a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit payment in full.


**Option 2** – Choose a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs.

**Option 3** – Choose an out-of-network provider and you may experience higher out-of-pocket costs.



# Find a Preferred Dentist

1. Visit  
Carefirst.com/doctor
2. Enter in your zipcode  
/ location
3. Select BlueDental  
Network




Optimize Your Browse Experience

---

Searching in **Baltimore, MD – 21201**

Network

 BlueDental

Go Back

Continue



# 4. Search by a dentist name or specialty OR browse by category

## Good Morning!

Browse or search to find the care you need.


Q

Search for Names and Specialties

### Browse by Category

Find results using these care categories

Dental



Search for a dentist participating in your dental plan.

## Dental

Search for a dentist participating in your dental plan.

All Dental Specialties

Search includes all dental providers, e.g., General Dentist, Oral Surgeon, Orthodontist.

General Dentist

This provider is your primary care dental provider. They diagnose, treat and manage your overall oral health care.

Endodontist

This provider specializes in the prevention, diagnosis, and treatment of disease and injuries of the soft tissue located inside the root canal or nerve of the tooth.

Oral Surgeon

This provider performs surgical procedures on the teeth, gums, mouth, and jaws.

Orthodontist

This provider specializes in the diagnosis, prevention, interception and treatment of imperfect positioning of the teeth, or 'bad bites' of the teeth, jaws and surrounding structures.

Pediatric Dentist

This provider specializes in the prevention, diagnosis and treatment of the dental problems of children from the age of one or two to early adulthood.

Periodontist

This provider specializes in the prevention, diagnosis, and treatment of disease in the soft tissues of the gums and bones of the teeth.

Prosthodontist

This provider specializes in the repair of natural teeth and/or the replacement of missing teeth using dentures, implants, crowns and bridges.





5. A list of preferred providers will appear

# All Dental Specialties

All Specialties

All Tiers

All People & Places

All Genders

Blue Quality Programs

More Filters

VIEW ONLY:

☐ Accepting New Patients

WITHIN:

10 miles

Based on your plan, you have the option to visit any provider. For the lowest out-of-pocket cost, visit a preferred provider. Non-preferred providers may have a higher out-of-pocket cost.

List view

Map view

Sort By Out-of-Pocket Costs

Providers:

Providers: Preferred Provider - \$

Lower cost to you [Why?](#)

Sunghwan Ko, DMD

GENERAL PRACTICE DENTISTRY

☐ Compare
 

View Profile

LOCATION

1900 N Broadway Ste 102, Baltimore, MD 21213

[Get directions](#) (est. 0.5 miles away)

View More Locations

CONTACT INFORMATION

Phone: 443-957-1602

☒ Accepting New Patients

1 Affiliation

Log In for personalized results

Preferred Provider - \$ ⓘ

Mohammad Tofigh, DDS

ORAL SURGERY (DENTISTS ONLY)

☐ Compare
 

View Profile

		You Pay
<b>DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*</b>		\$50 Individual/\$150 Family
<b>ANNUAL MAXIMUM APPLIES TO CLASSES I THROUGH IV*</b>		Plan pays \$1,500 maximum
<b>CLASS I: PREVENTIVE &amp; DIAGNOSTIC SERVICES</b>		
<ul style="list-style-type: none"> <li>■ Oral Exams (two per benefit period)</li> <li>■ Prophylaxis (two cleanings per benefit period)</li> <li>■ Bitewing X-rays</li> <li>■ Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li> </ul>	<ul style="list-style-type: none"> <li>■ Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</li> <li>■ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</li> <li>■ Space maintainers (once per 60 months)</li> <li>■ Palliative emergency treatment</li> </ul>	20% of Allowed Benefit <sup>1</sup>
<b>CLASS II: BASIC SERVICES</b>		
<ul style="list-style-type: none"> <li>■ Direct placement fillings using approved materials (one filling per surface per 12 months)</li> <li>■ Simple extractions</li> </ul>	<ul style="list-style-type: none"> <li>■ Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> </ul>	20% of Allowed Benefit after deductible <sup>1</sup>
<b>CLASS III: MAJOR SERVICES—SURGICAL</b>		
<ul style="list-style-type: none"> <li>■ Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li> <li>■ Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li> </ul>	<ul style="list-style-type: none"> <li>■ General anesthesia rendered for a covered dental service</li> <li>■ Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li> </ul>	20% of Allowed Benefit after deductible <sup>1</sup>
<b>CLASS IV: MAJOR SERVICES—RESTORATIVE</b>		
<ul style="list-style-type: none"> <li>■ Full and/or partial dentures (once per 60 months)</li> <li>■ Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>■ Denture adjustments and relining (limits apply for regular and immediate dentures)</li> </ul>	<ul style="list-style-type: none"> <li>■ Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li> <li>■ Recementation of crowns, inlays and/or bridges (once per 12 months)</li> <li>■ Dental implants, subject to medical necessity review (once per 60 months)</li> </ul>	50% of Allowed Benefit after deductible <sup>1</sup>
<b>CLASS V: ORTHODONTIC SERVICES**</b>		
<ul style="list-style-type: none"> <li>■ Benefits for orthodontic services are available for covered members who meet treatment criteria.</li> </ul>		100% of Allowed Benefit after deductible <sup>1</sup>
<ul style="list-style-type: none"> <li>■ Orthodontic Lifetime Maximum</li> </ul>		Unlimited



# Find a vision provider

- Visit EyeMed.com and click find a provider
- Select the Insight Network and enter in your zip code

## Find an eye doctor



[Search by location](#)



Search by doctor



Online & Lasik

Network

Insight Network ▼



USE MY LOCATION

OR

Zip code

21218

SEARCH BY ZIP



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- Review the providers list and select one to make an appointment

1 2 3 4 5 6 [Next](#)

**U OF MARYLAND EYE ASSOCIATES**

0.76 mi  
3333 N CALVERT ST  
BALTIMORE, MD 21218

(667) 214-1111

Open today until:  
Contact provider  
for information

Mon - Sun: Contact provider for  
information

[GET DIRECTIONS](#)

[+ VIEW FULL DETAILS](#)

**LENSCRAFTERS**

**PLUS Provider** **Special Offers**

3.73 mi  
2400 BOSTON ST  
STE 106  
BALTIMORE, MD 21224

(410) 732-0915

Open today until:  
6:00 PM

Mon - Sat: 9:00 AM-6:00 PM  
Sun: 11:00 AM-5:00 PM

[Visit on the web](#)

[GET DIRECTIONS](#)

[SCHEDULE AN APPOINTMENT](#)

[+ VIEW FULL DETAILS](#)

**ROLAND PARK VISION SERVICES**

1.79 mi  
409 W COLD SPRING LN  
BALTIMORE, MD 21210

(410) 243-8884

Open today until:  
Contact provider  
for information

Mon - Sun: Contact provider for  
information

[GET DIRECTIONS](#)

[+ VIEW FULL DETAILS](#)



# EyeMed Vision Benefits

SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$10 copay	Up to \$45
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$80
<b>LENSES</b>		
Single Vision	\$25 copay	Up to \$40
Bifocal	\$25 copay	Up to \$60
Trifocal	\$25 copay	Up to \$80
Lenticular	20% off retail price	Not covered
Progressive - Standard	\$90 copay	Up to \$60
Progressive - Premium Tier 1 - 3	\$110 - 135 copay	Up to \$60
Progressive - Premium Tier 4	\$90 copay; 20% off retail price less \$120 allowance	Up to \$60



## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$115 allowance	Up to \$92
Contacts - Disposable	\$0 copay; 100% of balance over \$115 allowance	Up to \$92
Contacts - Medically Necessary	\$0 copay	Up to \$210
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year
Frame	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year
(Plan allows the member to receive either contacts and frame, or frame and lens services.)		



# Carrier Contacts

- EHP

Phone: 1-800-661-2393

Email: [ehpcustomerservice@jhmc.com](mailto:ehpcustomerservice@jhmc.com)

- CareFirst – BlueDental Plus

Phone: 866-891-2802

- EyeMed

Phone: 866-804-0982

- UHS

Phone: 410-955-3250

Email: [UniversityHealth@jhmi.edu](mailto:UniversityHealth@jhmi.edu)





If you have a specific insurance related question, please contact SEAM or [SOMbenefits@jhu.edu](mailto:SOMbenefits@jhu.edu) directly.

