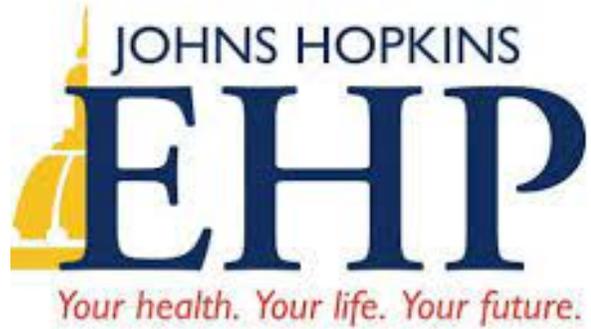




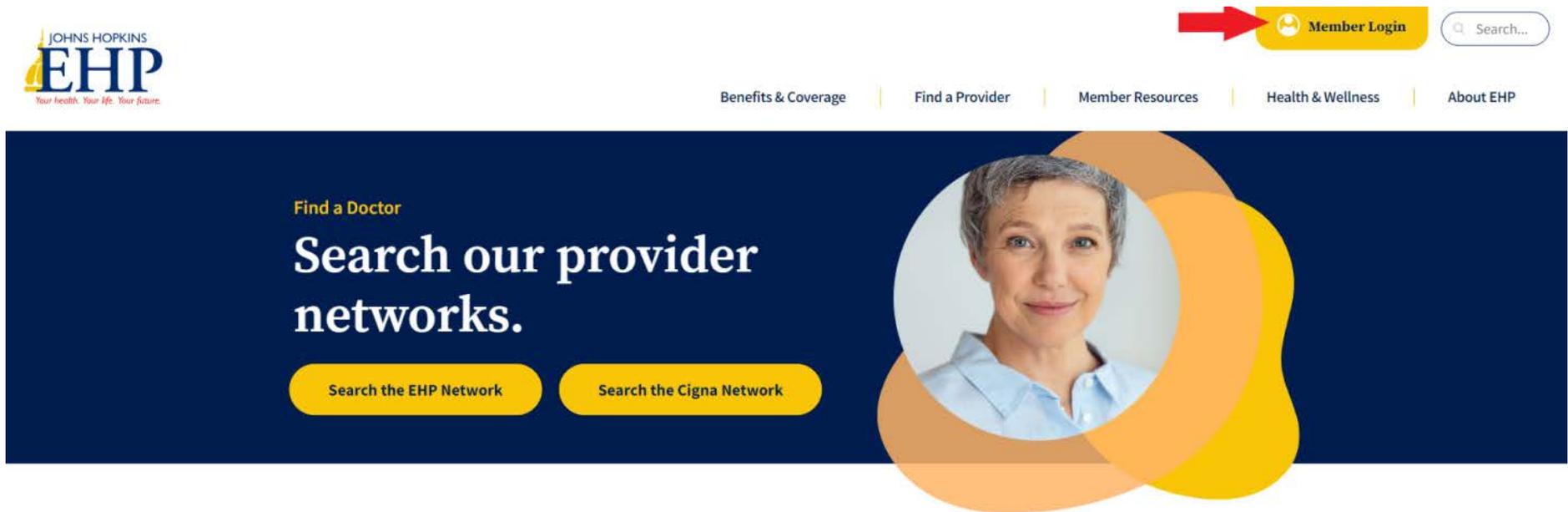
UNIVERSITY

SOM Graduate Student Health Insurance 2/2/2023



How to access your EHP account

1. Go to www.ehp.org
2. Click Member Login



The screenshot shows the top navigation bar of the Johns Hopkins EHP website. On the left is the logo with the text "JOHNS HOPKINS EHP" and the tagline "Your health. Your life. Your future." Below the logo are navigation links: "Benefits & Coverage", "Find a Provider", "Member Resources", "Health & Wellness", and "About EHP". On the right side of the navigation bar, there is a yellow button labeled "Member Login" with a person icon, which is highlighted by a red arrow. Next to it is a search bar with the text "Search...". Below the navigation bar is a large dark blue banner with the text "Find a Doctor" and "Search our provider networks." Two yellow buttons are present: "Search the EHP Network" and "Search the Cigna Network". A circular portrait of a woman is overlaid on the right side of the banner.



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

[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.

- 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 *

*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

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



Find a Doctor
Search our provider networks.

Search the EHP Network Search the Cigna Network

EHP plan members have the benefit of utilizing both the EHP Provider Network and the Cigna PPO Network.

> The EHP Network
The **EHP Network** gives you access to 14,000 health care providers and 30 hospitals in Maryland, ensuring that you can find care and services near you. It includes primary care, specialist, behavioral health and other providers, as well as urgent care, hospitals and other medical facilities.
How to Use Our Provider Search Tool.

> The Cigna Network
The **Cigna PPO Network** gives you access to more than one million providers and hospitals nationwide. Your plan covers all health care services received from

Search our Networks

Search the EHP Network Search the 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 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



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

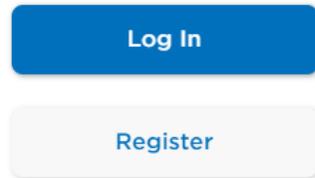
- Primary Care Provider (PCP)
- OB-GYN
- Pediatrician
- General Dentist
- Pediatric Dentist
- Orthodontist
- Behavioral Health Counselor
- Optometrist

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

Baltimore, MD

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.

THIS IS NOT A BILL

1 Member Name: John Smith

2 Member ID: 000111000111*01

3 Provider Name: Jane Medical

4 Provider ID: 12345

5 Date of Service	6 Billed Amount	7 Allowed Amount	8 Above Maximum	9 Not Covered	10 Deductible	11 Copay/ Insurance	12 Other Ins. Paid	13 Member Liability	14 Discount	15 Paid Amount	16 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
TOTALS	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.



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.

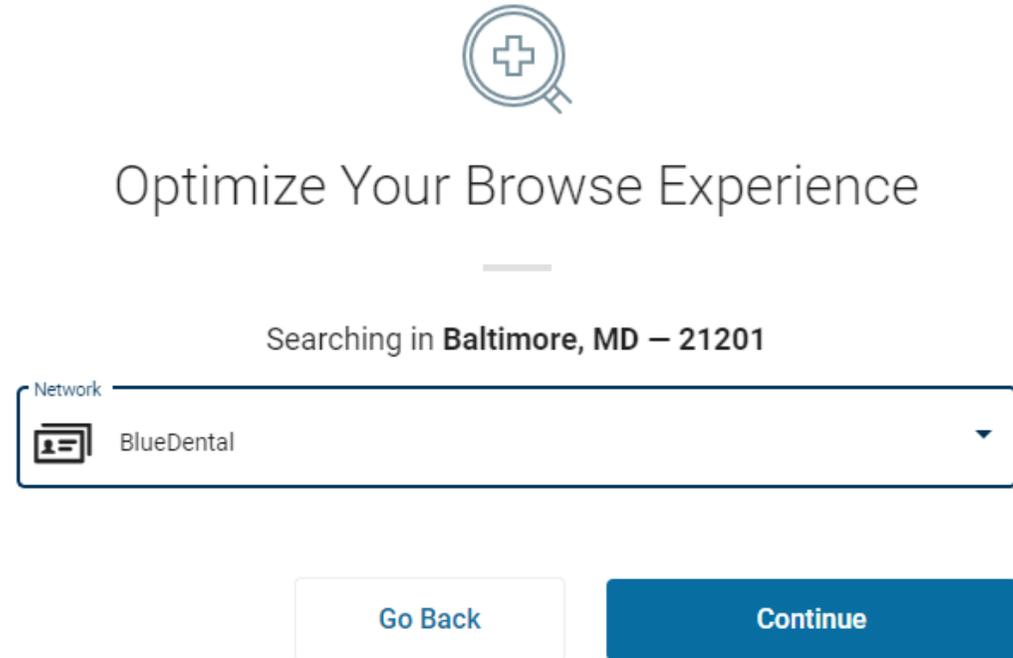
Option 2 – Choose a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs.

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.

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)

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



UNIVERSITY

HUMAN RESOURCES

- 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**

[SCHEDULE AN APPOINTMENT](#)

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](#)

[+ 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
EXAM SERVICES		
Exam	\$10 copay	Up to \$45
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$80
LENSES		
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
LENS OPTIONS		
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
CONTACT LENSES		
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
OTHER		
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
FREQUENCY		
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
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@jhhc.com

- CareFirst – BlueDental Plus

Phone: 866-891-2802

- EyeMed

Phone: 866-804-0982

- UHS

Phone: 410-955-3250

Email: UniversityHealth@jhmi.edu





If you have a specific insurance related question, please contact SEAM or SOMbenefits@jhu.edu directly.

