


# FAMILY LISTING PAGE (01FamilyListing.htm)

Beneficiary Web Enrollment - Welcome - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: K:\NEX\Documentation\BWE\Functional Specification\DWIS PCM Search mockups\01FamilyListing.htm



**TRICARE ENROLLMENT**

Home Log Off Help

## Keith R Fletcher

**BWE Links**

- Home
- Get Enrollment Form
- Get Disenrollment Form
- Contact TRICARE
- Related Sites
- TRICARE Online

Name	Relation	Enrolled	Selected Plan	Primary Care Manager	Plan Start	Plan End	Actions
Keith R Fletcher	Sponsor	No					+ [X] [U] [D] [C] [E] [R] [L] [I] [N] [K] [S]
Heather A Fletcher	Spouse	No					+ [X] [U] [D] [C] [E] [R] [L] [I] [N] [K] [S]
Gavin Z Fletcher	Child	No					+ [X] [U] [D] [C] [E] [R] [L] [I] [N] [K] [S]
Alexander R Fletcher	Child	No					+ [X] [U] [D] [C] [E] [R] [L] [I] [N] [K] [S]

- Create New Enrollment
- Request Enrollment Card
- Disenroll
- Change Primary Care Manager
- Cancel Pending Enrollment
- Cancel Pending Pcm Changes

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# ELECTRONIC SIGNATURE/ACCESS WAIVER PAGE (02SignDetails.htm)

Beneficiary Web Enrollment - Enrollment Instructions - Microsoft Internet Explorer


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Address: K:\INEX\Documentation\BWE\Functional Specification\DMIS PCM Search modups\02ESign.htm

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**Beneficiary Web Enrollment**



**BWE Links**

- Home
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## Enrollment Procedure Compliance

*You must read and check both boxes to continue with enrollment process.*

**TMA Compliance**

- I understand that it is my responsibility to comply with all TRICARE Prime procedures. By checking the box on the left, I certify that the information on this form is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments or concealment of a material fact may be subject to fine and imprisonment under applicable Federal law.
- By using web enrollment you need to indicate your willingness to waive the access standard in the event that you reside outside of the service area. By clicking the box provided, you indicate that your travel time to the network of primary care delivery sites may exceed 30 minutes from your home to the delivery site and your travel time for specialty care may exceed one hour. If you do not wish to accept a PCM that may be more than 30 minutes from your home, please complete a paper based form and mail it to your contractor.

Be advised that in following the enrollment process fees may be required and you may require a credit card.

Pace yourself as timeout may occur after 20 minutes of inactivity.

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# PICK FAMILY MEMBERS TO ENROLL PAGE (03SelectFamilyMembers.htm)

Beneficiary Web Enrollment - Enrollment - Select Family Members - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [K:\TNE\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\03SelectFamilyMembers.htm](#)

Home Log Off Help



**TRICARE Enrollment Online**

**Enroll in TRICARE**

**Step 1 of 6: Select Enrolling Family Members**

The TRICARE enrollment process allows you to enroll the selected family members into TRICARE by choosing from eligible plans, selecting a provider type, and assigning a Primary Care Manager.

**Select Family Members**

Select one or more family members for enrollment in TRICARE at this time.

TRICARE Family Enrollment

- Keith R Fletcher , Sponsor
- Heather A Fletcher , Spouse
- Gavin Z Fletcher , Child
- Alexander R Fletcher , Child

Continue Cancel

**BWE Links**

- Home
- Get Enrollment Form
- Get Disenrollment Form
- Contact TRICARE
- Related sites
- TRICARE Online

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# ADDRESS CONFIRMATION PAGE (04Confirm Address.htm)

Beneficiary Web Enrollment - Enrollment - Confirm Address - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address: K:\TNEX\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\04Confirm Address.htm



Home Log Off Help

## Enroll in TRICARE

**Step 2 of 6: Select Primary Care Managers**

- Gavin Z Fletcher

### Primary Care Manager Selection for Gavin Z Fletcher

Gavin Z Fletcher , Child	
<b>Residential Address</b> 57 SOLEDAD DR APT 101 MONTEREY, CA 93940-6002 United States	<b>Mailing Address</b> 2523 S 8TH ST APT B FT LEWIS, WA 98433-1072 United States
<b>Contact Information</b> Home Phone: Work Phone: Fax: Email:	

**TRICARE Family Enrollment**

To check your eligibility for TRICARE Remote enter the Sponsor's current work zip code. This will be used to determine which Primary Care Managers are available to you.

Work Zip:

[Edit Address](#) [Continue](#) [Cancel](#)

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# ADDRESS UPDATE PAGE (04aEdit - Update Address.htm)

Beneficiary Web Enrollment - Edit / Update Address - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address K:\TNE\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\04aEdit - Update Address.htm Go Links



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## Update Address Information

\* Indicates required information

**Gavin Z Fletcher**

**Residential Address**

Street 1: \* 57 SOLEDAD DR APT 101

Street 2:

City & State: \* MONTEREY California

Zip: 98433 1072

Country: \* United States

Effective Date: 07-10-2006

**Contact Information**

Enter numbers only (8885551212). Do not use dashes or parentheses for contact numbers.

Home Phone:

Work Phone:

Fax:

Email:

Apply changes to the following members:

Gavin Z Fletcher , Child

Next > Cancel

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# PICK PROVIDER TYPE/DMIS (05....Select Provider Type.htm)

Beneficiary Web Enrollment - Primary Care Manager Change - Select Provider Type - Microsoft Internet Explorer

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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- Gavin Z Fletcher

1. Select Provider Type 2. Search For PCM 3. Confirm PCM Changes

### Primary Care Manager Selection for Gavin Z Fletcher

#### Select the Provider Type

Coverage/Plan: TRICARE Prime

Provider Type:

- Direct Care facility: **MONTEREY AHC**  
\* Facility is within 40 miles of residence
- Civilian Health Care

Start Date: **- Select -**

Previous Next Cancel

Done Local intranet




# PICK PLACE OF CARE/PREFERENCES (06.... PCM Search.htm)

Beneficiary Web Enrollment - Primary Care Manager Change - PCM Search - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address K:\TNE\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\06Beneficiary Web Enrollment - Primary Care Manager



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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- Gavin Z Fletcher

1. Select Provider Type 2. Search For PDM 3. Confirm PCM Changes

### Primary Care Manager Selection for Gavin Z Fletcher

Search for a PCM

Direct Care Facility: Monterey AHC

Select a Place of Care From List: POM PEDIATRIC 473 CABRILLO ST. SUITE A1A 247

No Preference  
(The system will select a PCM for you with a specialty in Family Practice)

Search by Specialty and Gender

Specialty Preference: - Select - Gender Preference: No Preference

Search by Provider Last Name:

Previous Next Cancel

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# PICK PCM BY NAME (07.... Primary Care Manager Search Results.htm)

Beneficiary Web Enrollment - Primary Care Manager Change - Primary Care Manager Search Results - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address  Go Links



Home Log Off Help

## Step 2 of 6: Select Primary Care Managers

- Gavin Z Fletcher

1. Select # (provider Type) 2. Search For PCM 3. Confirm PCM Changes

### Primary Care Manager Selection for Gavin Z Fletcher

Assign a PCM

Selected Facility or Place of Care: POM PEDIATRIC

Selected PCM search Options:

- Specialty: No Preference
- Gender: No Preference

5 items found, displaying all items. 1

Name	Location	Gender	Specialty	Select
CANTOR,LEWIS	473 CABRILLO ST.SUITE A1A PRESIDIO OF MONTEREY, CA 93944	Male	PEDIATRICIAN	<input type="radio"/>
CROOK,STEVEN C	473 CABRILLO ST.SUITE A1A PRESIDIO OF MONTEREY, CA 93944	Male	PEDIATRICIAN	<input type="radio"/>
GIEDT,REID W	473 CABRILLO ST.SUITE A1A PRESIDIO OF MONTEREY, CA 93944	Male	PEDIATRICIAN	<input type="radio"/>
LIM,JERRIE G	473 CABRILLO ST.SUITE A1A PRESIDIO OF MONTEREY, CA 93944	Female	PEDIATRICIAN	<input type="radio"/>
NAIMARK,ROBERT	473 CABRILLO ST.SUITE A1A PRESIDIO OF MONTEREY, CA 93944	Male	PEDIATRICIAN	<input type="radio"/>

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# CONNFIRM PCM (07.... Primary Care Manager Change Confirmation.htm)

Beneficiary Web Enrollment - Primary Care Manager Change - Primary Care Manager Change Confirmation - Microsoft Internet Explorer

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## Enroll in TRICARE

### Step 2 of 6: Select Primary Care Managers

- Gavin Z Fletcher

1. Select Provider Type	2. Search For PCM	3. Confirm PEM Changes
-------------------------	-------------------	------------------------

### Primary Care Manager Selection for Gavin Z Fletcher

### Verify Selected Provider

**Selected Provider**

**Selected Provider Facility:** POM PEDIATRIC  
**Selected Provider Name:** CANTOR, LEWIS  
**Selected Provider Address:** 473 CABRILLO ST, SUITE A1A  
PRESIDIO OF MONTEREY, CA 93944  
**Enrollment Period:** 08-01-2006 - 05-28-2009

Previous Continue Cancel

Done Local Intranet


# Add OHI/Review Medicare (09AddOHI.htm)

Beneficiary Web Enrollment - Searching... Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <K:\TNEX\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\09AddOHI.htm>

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 **TRICARE**  
Beneficiary Web Enrollment

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---

**Enroll in TRICARE**

**Step 3 of 6: Review Medicare/Add Other Health Insurance Information**

Medicare Data on DEERS -- if any family members have medicare, it shows here for review

The following retirees or retiree family members are eligible for Medicare based on disability or end stage renal disease.

Name	Medicare Type	Begin Date	End Date
Grandma	Part A	8/1/2002	
Grandma	Part B	8/1/2002	
Grandpa	Part A	8/1/2002	10/1/2006

Data in DEERS is reported by the Social Security Administration.

**Add Other Health Insurance**

Do you have any other Health Insurance?

**BWE Links**

- Home
- Get Enrollment Form
- Get Disenrollment Form
- Contact TRICARE
- Related Sites
- TRICARE Online

[Done](#) [Local Intranet](#)

# Search for OHI Carrier (10AddOHIsearchCarrier.htm)

**Beneficiary Web Enrollment**

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**Step 3 of 6: Add Other Health Insurance Information**  
**Add Other Health Insurance**

**Search for Insurance Carrier**

The following information is related to health care insurance which may be provided through another employer or purchased for the sponsor or family members.

**Search for Insurance Carrier**  
You must first select the insurance carrier in order to enter detailed policy information. If your insurance carrier is not listed please contact your MCSC agent.  
Enter the criteria you would like to search by:

**Insurance Carrier Name:**

**City:**

**State:**

**Phone:**

**BWE Links**

- Home
- Get Enrollment Form
- Get Disenrollment Form
- Contact TRICARE
- Related Sites
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# Pick Carrier (11 AddOhicarrierList.htm)

Beneficiary Web Enrollment - Searching... - Microsoft Internet Explorer
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Address K:\TNE\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\11AddOhicarrierList.htm Go Links

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## Step 3 of 6: Add Other Health Insurance Information

### Add Other Health Insurance

**BWE Links**

- [Home](#)
- [Get Enrollment Form](#)
- [Get Disenrollment Form](#)
- [Contact TRICARE](#)
- Related Sites**
- [TRICARE Online](#)

#### Search for Insurance Carrier

The following information is related to health care insurance which may be provided through another employer or purchased for the sponsor or family members.

Search for Insurance Carrier

You must first select the insurance carrier in order to enter detailed policy information. If your insurance carrier is not listed please contact your MCSC agent.

Enter the criteria you would like to search by:

**Insurance Carrier Name:**

**City:**

**State:**  [Insurance Carrier Search Criteria](#)

**Phone:**

56 items found, displaying 1 to 10. [First/Prev] 1, 2, 3, 4, 5, 6 [Next/Last]

Carrier Name	Address	City	State	Zip	Phone	Select
BLUE CROSS CALIFORNIA	PO BOX 60007	LOS ANGELES	CA	90060	877-216-3975	<input type="radio"/>
BLUE CROSS OF CALIFORNIA	PO BOX 1270	RANCHO CORDOVA	CA	95741	800-464-7627	<input type="radio"/>
BLUE CROSS OF CALIFORNIA	PO BOX 1937	RANCHO CORDOVA	CA	95741	800-274-7767	<input type="radio"/>
BLUE CROSS OF CALIFORNIA	PO BOX 2000	RANCHO CORDOVA	CA	95741	800-967-3015	<input type="radio"/>
BLUE CROSS OF CALIFORNIA	PO BOX 3068	RANCHO CORDOVA	CA	95741	800-759-5758	<input type="radio"/>
BLUE CROSS OF CALIFORNIA	PO BOX 3088	RANCHO CORDOVA	CA	95741	800-284-1110	<input type="radio"/>

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# Enter OHI policy data (12AddOHIEnterPolicy.htm)

Beneficiary Web Enrollment - Other Health Insurance Search - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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## Step 3 of 6: Add Other Health Insurance Information

### Add Other Health Insurance

**Add Policy and Coverage Information**

Enter the following insurance policy information, optional group information, policy holder name, your relation to the policy holder, and all coverage covered under this policy.

Required fields are shown in red

**Gavin Z Fletcher**

**Policy Information**

**Insurance Carrier:** BLUE CROSS CALIFORNIA

**Policy Number:**

**Policy Start Date:**

**Policy End Date:**   OR  No end date.

**Group Information**

**Group Plan Name:**

**Group ID:**

**Group Employer Name:**

**Policy Holder Information**

**Firstname:**

**Middle Initial:**

**Lastname:**

**Mailing Address 1:**

**Mailing Address 2:**

**City & State:**

**Zip:**  -

**Country:**

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# Search for Verify Policy/Pick family members in policy (13AddOHVerify.htm)

Beneficiary Web Enrollment - Add Other Health Insurance Coverage to Enrollment - Microsoft Internet Explorer

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**TRICARE** Beneficiary Web Enrollment

Home Log Off Help

## Add Other Health Insurance (OHI) Information

**Verify and Submit Other Health Insurance Information**

Please verify your other health insurance prior to submitting the information. Once submitted you will need to contact your MCSC agent to update the information.

**BLUE CROSS CALIFORNIA**

**Policy Information**

**Insurance Carrier:** BLUE CROSS CALIFORNIA  
**Policy Number:** 234  
**Policy Period:** 07-12-2006— No End Date

**Group Information**

**Group Plan Name:**  
**Group ID:**  
**Group Employer Name:**

**Policy Holder Information**

**Firstname:** Gavin  
**Middle Initial:** Z  
**Lastname:** Fletcher  
**Mailing Address 1:** 2523 S 8TH ST APT B  
**Mailing Address 2:**  
**City & State:** FT LEWIS WA  
**Zip:** 98433- 1072  
**Country:** US

**Covered Beneficiaries**

The following family members are covered under this policy:

<input type="checkbox"/>	Keith R Fletcher	Sponsor	Relationship to Policy Holder:	-- Select --
<input type="checkbox"/>	Heather A Fletcher	Spouse	Relationship to Policy Holder:	-- Select --
<input checked="" type="checkbox"/>	Gavin Z Fletcher	Child	Relationship to Policy Holder:	-- Select --
<input type="checkbox"/>	Alexander R Fletcher	Child	Relationship to Policy Holder:	-- Select --

Previous Submit Cancel

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# Done with adding OHI – or add more (14AddOhiConfirm.htm)

Beneficiary Web Enrollment - Add Other Health Insurance Coverage to Enrollment - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address  Go Links

**Beneficiary Web Enrollment**

Home Log Off Help

## Enroll in TRICARE

### Step 3 of 6: Add Other Health Insurance Information

#### Add Other Health Insurance

Do you have any other Health Insurance?

**BWE Links**

- Home
- Get Enrollment Form
- Get Disenrollment Form
- Contact TRICARE

**Related Sites**

- TRICARE Online

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# When No Fees are due (15NoFees.htm)

Beneficiary Web Enrollment - Welcome - Microsoft Internet Explorer

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Go Links

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## Beneficiary Web Enrollment

**BWE Links**

- Home
- Get Enrollment Form
- Get Disenrollment Form
- Contact TRICARE
- Related Sites
- TRICARE Online

### Enroll in TRICARE

Step 4 of 6: Fees

No fees are required for this enrollment.

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# When Fees are due (15aFees.htm)

Beneficiary Web Enrollment - Enrollment Fee Payment - Microsoft Internet Explorer

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Address: K:\TNEX\Documentation\BWE\Functional Specification\DMIS PCM Search mockups\15aFees.htm



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## Enroll in TRICARE

### Step 4 of 6: Fees

#### Enter Enrollment Payment Information

**Pay Instructions**

1. If you elect monthly allotment from retired pay as the payment method for your TRICARE Prime enrollment fees, your completion of this application will constitute authorization for your contractor to initiate a monthly allotment with the Defense and Accounting Service (DFAS) in lieu of an allotment authorization letter. If you select this type of payment, you must make the first quarterly payment by credit card when you submit this enrollment.
2. If you elect electronic funds transfer (EFT) as the payment method for your TRICARE Prime enrollment fees, ensure you provide your banking information below. If you select this type of payment, you must make the first quarterly payment by credit card when you submit this enrollment.
3. If you do not elect to establish payment by monthly EFT or allotment, you will be direct billed by your contractor at the frequency you indicate.
4. Retired beneficiaries and retiree family members entitled to Medicare Part A and Medicare Part B must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE prime. TRICARE enrollment fees are waived for these retirees and retiree family members if DEERS reflects their entitlement to Medicare Part A and B.
5. Quarterly and annual bills will be sent on a quarterly and annual basis, respectively. Monthly bills will not be sent.

\* Required Fields

#### Fee Payment Information

\* Fee Payment Option: Monthly (via EFT/Allotment) ▾

\* Payment Method: Credit Card ▾

Due at Enrollment

Annual Option: \$460.00

Quarterly Option: \$115.00

Monthly Option: \* same as quarterly amount due

#### Credit Card Details

\* Card Type: -- Select -- ▾

\* Card Number:

Security Code:

\* Expiration Date: -- Select -- ▾ -- Select -- ▾

#### Name on Card

\* First Name:

Middle:

\* Last Name:

#### Billing Address

\* Line 1:

\* City:

\* State: -- Select -- ▾ \* ZIP:

\* Country: United States ▾

**Electronic Funds Transfer/Allotment**

Selecting the monthly payment option will establish and EFT or Allotment in the amount of \$38.34

I choose to have my enrollment fees paid by monthly allotment from my Uniformed Services retired pay.

\* Only retired Uniformed Services members may establish an allotment from their retired pay.

I choose to have my enrollment fees paid by electronic funds transfer.

**Financial Institution**

\* Name

\* Line 1:

\* City:

\* State:  \* ZIP:

\* Country:

\* Telephone Number (Include Area Code)

\* Account Information

\* Account Number

\* Routing Number

\* Name on Account



# ENROLLMENT CONFIRMATION WITH FEES (16aConfirmEnrollmentFees.htm)

Beneficiary Web Enrollment - Enrollment Summary - Microsoft Internet Explorer

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## ENROLLMENT TRICARE

### Step 5 of 6: Enrollment Summary

Please verify your enrollment options in order to complete the enrollment process.

#### Selected Enrollment Options

**Joyce C Hammer**

**Plan:** TRICARE Prime  
**Provider Type:** Civilian  
**Enrollment Date:** 08-01-2006

#### Selected Provider

**Selected Provider Facility:**  
**Selected Provider Name:** COOPER, STEWART  
**Selected Provider Address:** 1930 PEACE HAVEN RD  
WINSTON SALEM, NC 27106

#### Fee Payment Information



**Fee Payment Option:** Quarterly  
**Payment Method:** Credit Card  
**Payment Amount:** \$57.50  
**Card Type:** Visa  
**Card Number:** XXXX-XXXX-XXXX-4444  
**Expiration Date:** 04/2007  
**Name on Card:** md davis  
**Billing Address:** pobox 1234  
scully, NV 98765  
United States  
**Name on Card:** md davis

Cancel Submit

Start | [Icons] | Inbox - M | [Icons] | [Icons] | [Icons] | [Icons] | [Icons] | [Icons] | [Icons]

# ENROLLMENT SUMMARY AFTER SUBMIT (FEES not shown here) (17EnrollmentVerify.htm)

Microsoft Internet Explorer - Beneficiary Web Enrollment - Processing...  
File Edit View Favorites Tools Help  
Address: K:\T\NEX\Document\BWE\Functional Specification\DWIS PCM Search mockups\17EnrollmentVerify.htm  
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## Enroll in TRICARE

**Step 6 of 6: Enrollment Confirmation**  
**Enrollment Successful**

You have successfully submitted your enrollment request.

*Your enrollment is complete and a confirmation letter will be mailed to you within 5-7 business days after processing. Please do not seek provider care until the confirmation letter is received. Please print this page and keep it for your records.*

### Selected Enrollment Options

<b>Gavin Z Fletcher</b>	TRICARE Prime
<b>Plan:</b>	Direct Care
<b>Provider Type:</b>	08-01-2006
<b>Enrollment Date:</b>	
<b>Selected Provider</b>	
<b>Selected Provider Facility:</b>	POM PEDIATRIC
<b>Selected Provider Name:</b>	CANTOR, LEWIS
<b>Selected Provider Address:</b>	473 CABRILLO ST. SUITE A1A PRESIDIO OF MONTEREY, CA 93944

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