



Beneficiary Web Enrollment (BWE) Screenshots

July 2022

Serving Those Who Serve Our Country



Enrollments

Click on **Start Medical Enrollment** to begin enrollment

Beneficiary Web Enrollment (BWE) ?

i Open Season is active. There are 19 days remaining.

Family Members

- ██████████ (Sponsor)
- ██████████ (Spouse)
- ██████████ (Child)
- ██████████ (Child)
- ██████████ (Child)
- ██████████ (Child)

Start Medical Enrollment

Start Plan Change

Medical Disenroll

Medical Enrollments

Dental Enrollments

Contact Info

Pharmacy Coverages

Medical Enrollment

Enrollment Status: Not Enrolled



Enrollments (cont.)

- For beneficiaries with TRICARE Reserve Select (TRS) and TRICARE Retired Reserve (TRR) eligibility only:
 - FEHBP eligibility can be added through self-attestation during enrollment.

Beneficiary Web Enrollment (BWE) ?

Enroll in TRICARE - Federal Employees Health Benefits (FEHB)

Verify Federal Employees Health Benefits

A member who is enrolled or eligible to enroll in the Federal Employees Health Benefits (FEHB) program, as a civilian Federal employee (a Federal civil servant) in their own right, does NOT qualify to purchase TRS or TRR coverage by law.

IMPORTANT NOTE: Your status as a member of the National Guard or Reserves as a Selected Reservist, does NOT make you eligible for FEHB. If you are unsure if you are eligible for FEHB, please check with a human resources representative in your Federal agency or organization before proceeding. Please read the information below for additional FEHB eligibility information.

If you meet any of the conditions listed below, you are included in the FEHB exclusion and do NOT qualify to purchase TRS or TRR coverage.

- A civilian Federal employee under Chapter 89, United States Code (USC) Title 5, Section 2105
- A Congressional employee (as stated in USC Title 10 Section 2106) other than the following:
 - A full or part time employee of an official office of a Member of Congress, for the FEHB plan year, as designated by his or her employing office (annual designation), whether in Washington, DC or outside of Washington, DC, is not eligible to enroll in the FEHB program and thus may qualify to purchase TRS or TRR.
- Annuitants with FEHB eligibility including retired Federal employees, certain survivors and certain former spouses
- An employee of Gallaudet College
- An employee of a county committee established under USC Title 16 Section 590h(b)
- Others in accordance with USC Title 5 Chapter 89

If you become a civilian Federal employee, but have a waiting period before your FEHB eligibility begins, and depending on your qualifying status in DEERS, you may still be eligible to purchase TRS/TRR coverage until such time your FEHB eligibility would begin.

I am Not Eligible for, or enrolled in, FEHB.

- I certify that I am not eligible for, or enrolled in, an FEHB plan.
- I understand that should I become eligible for a health coverage plan under FEHB, I am required to disenroll from my TRS/TRR coverage.
- I understand that periodic validation of my eligibility for FEHB will be conducted.

I am Eligible for, or enrolled in, FEHB.

FEHB Start Date *

5/27/2022



WARNING: Your eligibility or enrollment in FEHB means that you do NOT qualify to purchase TRS or TRR coverage. If you confirm your eligibility for FEHB, you will not be able to purchase TRS or TRR coverage.

Decline

Continue



Enrollments (cont.)

- Select the family member you wish to enroll and select Continue
- For TYA enrollments – must enroll one family member at a time

Step 1 of 5: 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.

Name	Enrolled Plan	Residential Address	Mailing Address
<input checked="" type="checkbox"/> [REDACTED] (Sponsor)	Not Enrolled	[REDACTED] VA 22205	[REDACTED] A, VA 22311-
<input type="checkbox"/> [REDACTED] (Spouse)	Not Enrolled	[REDACTED] VA 22205	[REDACTED] A, VA 22311-
<input type="checkbox"/> [REDACTED] P (Child)	Not Enrolled	[REDACTED] VA 22205	[REDACTED] A, VA 22311- 1704

Select one young adult for enrollment in TRICARE at this time.

Name	Enrolled Plan	Residential Address	Mailing Address
<input type="checkbox"/> [REDACTED] (Child)	Not Enrolled	[REDACTED] A, VA 22311-	[REDACTED]
<input type="checkbox"/> [REDACTED] (Child)	Not Enrolled	[REDACTED] A 01001	[REDACTED]
<input type="checkbox"/> [REDACTED] (Child)	Not Enrolled	[REDACTED] 93-3836	[REDACTED] 6320



Enrollments (cont.)

- Select open season or a QLE (if applicable) to begin enrollment.
- Select **Continue**.

Beneficiary Web Enrollment (BWE) ?

Please select reason for the new enrollment or change:

Annual Open Season

- Open Season (2020-06-09 to 2020-07-11)

Qualifying Life Event (QLE)

QLE	Beneficiary
<input type="radio"/> Change Of Command Sponsorship	[REDACTED]
<input type="radio"/> Address Change	Any
<input type="radio"/> Loss Of Other Health Insurance (OHI)	All

QLE Effective Date: 2020-08-01

Note: Your enrollment begin date will be set to the Selected QLE Effective Date.

Note: Selected QLE and all QLEs with prior effective dates will be marked as Used.

Note: If you would like to make additional changes based on your previously used QLE, please call your contractor.

Previous

Cancel

Continue



Enrollments (cont.)

Verify the address and click **Continue**

Beneficiary Web Enrollment (BWE)

Enroll in TRICARE - Address Verification

Pedro B. Wethington

Residential Address

Mailing Address

Home Phone:
Work Phone:
Cell Phone:
Fax:
Email:

-2@DMDCDRDS.COM

I elect to receive benefit change correspondence via email.

[Edit Information](#)

Sponsor Work ZIP

To check your TPR Eligibility, enter the sponsor's current work ZIP Code (does not apply to overseas enrollments).

Sponsor Work ZIP

[Cancel](#)

[Continue](#)



Enrollments (cont.)

Select the check boxes for Enrollment Procedure Compliance

Beneficiary Web Enrollment (BWE)

* Read and check all boxes below

Note: Your session will end after 20 minutes of no activity.

By checking the boxes, I understand:

- I'm responsible for providing true and complete information.
- Under Federal law, false information or concealing information is subject to a fine and jail time.
- It's my responsibility to follow all TRICARE enrollment procedures.
- I may have to pay premiums and provide credit card information.
- If I waive access standards, I may have to drive more than 30 minutes for primary care and more than 60 minutes for specialty care.
- I may have to waive [access standards](#) if I live outside of the 30 minute drive-time standard.

Note: If you don't want to waive access standards, complete a [paper form](#) and mail it to your contractor.


Decline

Continue



Enrollments (cont.)


Select a Country for Medical Care and plans will be displayed based on the country selected. Select plan and click **Continue**.

Beneficiary Web Enrollment (BWE) 

Enroll in TRICARE - Select Plan


Step 2 of 5: Select Plan

Enrolling Family Member



1. Select Plan	2. Select Provider Type
----------------	-------------------------

Select a Country for Medical Care *

Germany 

Plan Selection for Pedro B. Wethington

TRICARE Prime-Active Duty Family Members

TRICARE Select-Active Duty Family Members

Start Date: 2020-08-01



Enrollments (cont.)

Select the checkbox to attest that the family member is command sponsored and click **Continue**

Beneficiary Web Enrollment (BWE)

Command Sponsored for Prime Plans

** Read and check the box below*

By checking the box, I attest:

Family member is command sponsored.

Based on your attestation that this family member is command sponsored, they will be enrolled into the TRICARE Overseas Program (TOP). While there is no need for you to provide a copy of your orders to confirm command sponsorship of family members, it is important that you always maintain a copy of the orders showing command sponsorship.

If the sponsor is currently eligible under the Transitional Assistance Management Program (TAMP), the family member must have been command sponsored during the sponsor's preceding activation.

If the family member is not command sponsored, return to the previous screen and choose a Select plan if available.

Decline

Continue



Enrollments (cont.)

Select a Provider Type and click **Continue**

Beneficiary Web Enrollment (BWE) [?](#)

Enroll in TRICARE - Select Provider Type

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member
██████████

1. Select Plan	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
----------------	-------------------------	-------------------	------------------------

Provider Type Selection for ██████████

Coverage / Plan: TRICARE Prime-Active Duty Sponsors
Provider Type: Military hospital or clinic

Note: If you do not reside or work near a Military hospital or clinic, you may be eligible to enroll in a TRICARE Prime Remote Plan.

Coverage / Plan: TRICARE Prime Remote-Active Duty Sponsors
Provider Type: Civilian Health Care
Start Date: 2020-06-22



Enrollments (cont.)

Select a PCM and click **Search**

Enroll in TRICARE - Search for a PCM

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member

██████████

1. Select Plan	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
----------------	-------------------------	-------------------	------------------------

Provider Location

Search By City in Germany:

City *
BERLIN

Optional Search Filters

If you want to search for a specific provider, please view the [Provider Directory](#) and enter the information below.

Note: The directory is for reference only. You must use Search to select the provider.

Search by Specialty Search by Gender Search by Last Name



Enrollments (cont.)

Assign a PCM and click **Continue**

Enroll in TRICARE - Assign a PCM

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member

██████████

1. Select Plan	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
----------------	-------------------------	-------------------	------------------------

Select a PCM

Specialty: No Preference
Gender: No Preference

Please select a Primary Care Manager from the list below.

Name	Location	Gender	Specialty
<input checked="" type="radio"/> BERLIN GERMANY, TOP REMOTE	MAIN ST, BERLIN, Germany		General Medicine

Items per page: 5 ▾ 1 - 1 of 1

If the primary care manager you want isn't shown above, complete a [paper form](#) and mail it to your contractor.

Previous

Cancel

Continue



Enrollments (cont.)

Confirm PCM Changes and click **Continue**

Enroll in TRICARE - Confirm PCM Changes

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member

[Redacted]

1. Select Plan	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
----------------	-------------------------	-------------------	------------------------

Verify Selected Provider

Beneficiary Name: [Redacted]
Selected Provider Name: BERLIN GERMANY, TOP REMOTE
Selected Provider Address: MAIN ST, BERLIN, Germany
Enrollment Period: 2020-06-22 - 2024-03-30



Enrollments (cont.)

Review enrollment and click **Submit**

Enrollment Review

Step 4 of 5: Enrollment Review

Plan: TRICARE Prime-Active Duty Family Members
Provider Type: Military Hospital or Clinic
Enrollment Date: 2020-08-01
Selected Provider Facility: HHF PRIMARY CARE
Selected Provider Name: [REDACTED]
Selected Provider Address: [REDACTED]

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

Cancel

Submit



Enrollment Form PDF



Enrollments (cont.)

After selection of
“Enrollment Form PDF”
button

TRICARE PRIME ENROLLMENT, DISENROLLMENT, AND	OMB No. 0725-0000
<p>The public reporting burden for this collection of information is estimated to average 16 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director, Paperwork Project, Washington, DC 20503.</p>	
<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 U.S.C. 1079 and 1086, 38 U.S.C. Chapter 17; 32 CFR 199.17; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): To obtain information necessary to permit individuals to enroll, disenroll, or change their provider in TRICARE Prime, TRICARE Prime Remote, or the Uniformed Services Family Health Plan, as requested by the individual.</p> <p>ROUTINE USE(S): Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the DoD "Blanket Routine Uses" under 5 U.S.C. 552a(b)(3) apply to this collection. A complete listing of the routine uses permitted under 5 U.S.C. 552a(b)(3) is published at http://dpcld.defense.gov/Privacy/SORNs/Index/BlanketRoutineUses.aspx. Collected information may be shared with the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and other Federal, State, local, or foreign government agencies, private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.</p> <p>APPLICABLE SORN: EDHA07 - Military Health Information System - http://dpcld.defense.gov/Privacy/SORNs/Index/DOD-wide-SORN-Article-View/Article/570672/edha-07/</p> <p>DISCLOSURE: Voluntary; however, your failure to provide all the requested information may result in the denial of the request to enroll in, transfer, or terminate your TRICARE Prime health plan coverage.</p>	
<p>(1) ONLINE: You may request to enroll, disenroll or change your primary care manager (PCM) by logging into the Beneficiary Web Enrollment website at https://milconnect.dmdc.osd.mil</p> <p>(2) TELEPHONE: You may enroll, disenroll, or change your PCM by calling your Regional Contractor or US Family Health Plan (USFHP) at the toll-free numbers on this page.</p> <p>(3) ENROLLMENT FORM: You may also enroll, disenroll, or change your PCM by completing and submitting the form to your Regional Contractor or USFHP at the address or fax number below.</p> <p>(4) NOTES: You will be notified of your enrollment or PCM change via email or postcard. You can then log into milConnect at: https://www.dmdc.osd.mil/milconnect/ to view specific information. For additional information on TRICARE, visit the TRICARE website at www.tricare.mil or the Regional Contractor's website at: www.humanamilitary.com</p>	
<p>REGIONAL CONTRACTOR: REGION, ADDRESS, TELEPHONE AND FAX NUMBERS:</p> <p>Region: EAST REGION</p> <p>Address: Humana Military, Attn: PNC Bank, PO Box 105838, Atlanta GA 30348-5838</p> <p>Toll-Free Number: 1-800-444-5445</p> <p>Fax Number: 1-866-836-9535</p>	
<p>UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP):</p> <p>Address: (1) Martin's Point, PO Box 9746, Portland ME 04104 (2) Johns Hopkins, P.O. Box 8089, Elkridge, MD 21075, (3) Brighton Marine, PO Box 9195, Watertown MA 02471-9900, (4) St Vincent's NYC, 5 Penn Plaza, 9th Floor, New York NY 10001</p> <p>Toll-Free Number: (1) 1-888-241-4566, (2) 1-800-801-9322, (3) 1-800-818-8589, (4) 1-800-241-4848</p> <p>Fax Number: (1) 1-207-828-7822, (2) 1-410-424-4770, (3) 1-617-923-5898, (4) 1-212-356-4949</p>	
<p>DD FORM 2876-1, JUL 2016 Page 1 of 5 Pages</p>	



Enrollments (cont.)

Enrollment Confirmation page

Beneficiary Web Enrollment (BWE)

Enroll in TRICARE - Enrollment Confirmation

Step 5 of 5: Enrollment Request Successfully Submitted for Processing

Your enrollment request has been submitted. If available, please use [eCorrespondence](#) to view, save, or print your enrollment card or [call your contractor](#) to check the status of your request. Continue using your current health plan and providers until you obtain confirmation. Please do not seek care with your new provider until you obtain confirmation of the change. If you'd like to receive important TRICARE announcements to your email, please click on the 'Home' button and then 'Contact Info' tab to add or update your e-mail address to your profile.

Home



Update Address

Click **Update Contact Info** to update address information

Family Members

- [Redacted] (Sponsor)
- [Redacted] (Spouse)
- [Redacted] (Child)
- [Redacted] (Child)
- [Redacted] (Child)
- [Redacted] (Ward)

[Start Medical Enrollment](#)

[Start Plan Change](#)

[Medical Disenroll](#)

Medical Enrollments Dental Enrollments **Contact Info** Pharmacy Coverages Special Coverages

Contact Information

If you are moving or changing duty stations, click on the Update Contact Info button below. If your new address requires a transfer of en through the process.

Residential Address: [Redacted]
United States

Mailing Address: [Redacted]
United States

Home Phone: [Redacted]
Work Phone: [Redacted]
Cell Phone: [Redacted]
Fax: [Redacted]
Email: [Redacted]

[Update Contact Info](#)



Update Address

- Verify or update contact information
- Add or change other family members' email address and preference
- Select beneficiaries to apply the new address information

Update Address Information: [Redacted]

PRIVACY ACT STATEMENT

Residential Address

Street 1 *

[Redacted]

Street 2

City *

ALEXANDRIA

State *

VA - Virginia

ZIP *

22311

ZIP Extension

- 1723

Country *

United States

Mailing Address

The Mailing Address is the same as the Residential Address



Transfer

- Updating address information may prompt a plan change or transfer
- If so, click **Start Plan Change/Transfer** to continue

Edit Address - Address Verification

 Plan changes are needed.

Anthony R. Kennedy (**Edited**) **Plan Change or Transfer Needed**

Residential Address

[Redacted]

Japan

Home Phone:

Work Phone:

Cell Phone:

Fax:

Email:

[Redacted]

Mailing Address

Mailing Address same as Primary Address

I elect to receive benefit change correspondence via email.

[Edit Information](#)

Sponsor Work ZIP

To check your TPR Eligibility, enter the sponsor's current work ZIP Code (does not apply to overseas enrollments).

Sponsor Work ZIP

[Cancel](#)

[Start Plan Change / Transfer](#)



Transfer (cont.)

Select the check boxes for Enrollment Procedure Compliance

Beneficiary Web Enrollment (BWE)

* Read and check all boxes below

Note: Your session will end after 20 minutes of no activity.

By checking the boxes, I understand:

- I'm responsible for providing true and complete information.
- Under Federal law, false information or concealing information is subject to a fine and jail time.
- It's my responsibility to follow all TRICARE enrollment procedures.
- I may have to pay premiums and provide credit card information.
- If I waive access standards, I may have to drive more than 30 minutes for primary care and more than 60 minutes for specialty care.
- I may have to waive [access standards](#) if I live outside of the 30 minute drive-time standard.

Note: If you don't want to waive access standards, complete a [paper form](#) and mail it to your contractor.


Decline

Continue



Transfer (cont.)

- Select the Country for Medical Care
- Select the plan and click **Continue**


Beneficiary Web Enrollment (BWE) 

Enroll in TRICARE - Select Plan

Step 2 of 5: Select Plan


Enrolling Family Member
[Redacted]

1. Select Plan	2. Select Provider Type
----------------	-------------------------

Select a Country for Medical Care *
Japan 

Plan Selection for [Redacted]

TRICARE Prime-Active Duty Sponsors

Start Date
2020-06-26 





Transfer (cont.)

Select the Provider Type and click **Continue**

Beneficiary Web Enrollment (BWE) [?](#)

Enroll in TRICARE - Select Provider Type

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member

[Redacted]

- | | | |
|----------------|-------------------------|-------------------|
| 1. Select Plan | 2. Select Provider Type | 3. Search For PCM |
|----------------|-------------------------|-------------------|

Provider Type Selection for [Redacted]

Coverage / Plan:
Provider Type:

TRICARE Prime-Active Duty Sponsors
 Military hospital or clinic

Note: If you do not reside or work near a Military hospital or clinic, you may be eligible to enroll in a TRICARE Prime Remote Plan.

Coverage / Plan:
Provider Type:

TRICARE Prime Remote-Active Duty Sponsors
 Civilian Health Care

Start Date:

2020-06-26

Previous

Cancel

Continue



Transfer (cont.)

Select a PCM and click **Continue**

Enroll in TRICARE - Assign a PCM

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member



1. Select Plan	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
----------------	-------------------------	-------------------	------------------------

Select a PCM

Specialty: No Preference
Gender: No Preference

Please select a Primary Care Manager from the list below.

Name	Location	Gender	Specialty
<input checked="" type="radio"/> OSAKA JAPAN, TOP REMOTE	MAIN ST, OSAKA, Japan		General Medicine

Items per page: 5

If the primary care manager you want isn't shown above, complete a [paper form](#) and mail it to your contractor.



Transfer (cont.)

Verify the Selected Provider and click **Continue**

Enroll in TRICARE - Confirm PCM Changes

Step 2 of 5: Select Primary Care Managers

Enrolling Family Member

[Redacted]

1. Select Plan	2. Select Provider Type	3. Search For PCM
----------------	-------------------------	-------------------

Verify Selected Provider

Beneficiary Name: [Redacted]
Selected Provider Name: [Redacted]
Selected Provider Address: OSAKA JAPAN, TOP REMOTE
MAIN ST, OSAKA, Japan
Enrollment Period: 2020-06-26 - Indefinite



Transfer (cont.)

Click **Submit** to complete the enrollment process

Enrollment Review

Step 4 of 5: Enrollment Review

████████████████████

Plan:	TRICARE Prime Remote-Active Duty Sponsors
Provider Type:	Civilian
Enrollment Date:	2020-06-26
Selected Provider Name:	OSAKA JAPAN, TOP REMOTE
Selected Provider Address:	MAIN ST OSAKA, JPN 0

DEERS is automatically enrolling Active Duty Service Members into the Remote Active Duty Dental Program based on enrollment into TRICARE Prime Remote.

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

Cancel

Submit

 **Enrollment Form PDF**



Transfer (cont.)

Enrollment Confirmation page and follow-up options

Beneficiary Web Enrollment (BWE)

Enroll in TRICARE - Enrollment Confirmation

Step 5 of 5: Enrollment Request Successfully Submitted for Processing

Your enrollment request has been submitted. If available, please use [eCorrespondence](#) to view, save, or print your enrollment card or [call your contractor](#) to check the status of your request. Continue using your current health plan and providers until you obtain confirmation. Please do not seek care with your new provider until you obtain confirmation of the change. If you'd like to receive important TRICARE announcements to your email, please click on the 'Home' button and then 'Contact Info' tab to add or update your e-mail address to your profile.

[Home](#)



PCM Change

Navigate to the Medical Enrollments tab and click **Change PCM**

Medical Enrollments Dental Enrollments Contact Info Pharmacy Coverages

Medical Enrollment (Current)

Enrollment Period: 2020-06-26 to Indefinite
Selected Plan: TRICARE Prime Remote-Active Duty Sponsors
TRICARE Administrator: International SOS (T3 Pacific)
Administrator Phone: Singapore: [REDACTED]

Primary Care Manager (PCM)

Provider Type: Civilian
Selected PCM: OSAKA JAPAN, TOP REMOTE
Provider Phone: (000) 000-0000
Provider Effective Date: 2020-06-26 to No End Date

Change PCM

View, save, or print your TRICARE enrollment cards from the [eCorrespondence](#) page.



PCM Change (cont.)

Select the check boxes for Enrollment Procedure Compliance

Beneficiary Web Enrollment (BWE)

* Read and check all boxes below

Note: Your session will end after 20 minutes of no activity.

By checking the boxes, I understand:

- I'm responsible for providing true and complete information.
- Under Federal law, false information or concealing information is subject to a fine and jail time.
- It's my responsibility to follow all TRICARE enrollment procedures.
- I may have to pay premiums and provide credit card information.
- If I waive access standards, I may have to drive more than 30 minutes for primary care and more than 60 minutes for specialty care.
- I may have to waive [access standards](#) if I live outside of the 30 minute drive-time standard.

Note: If you don't want to waive access standards, complete a [paper form](#) and mail it to your contractor.

Decline

Continue



PCM Change (cont.)

Select the Reason for Change and click **Continue**

Change PCM

Enrolling Family Member



1. Select Change Reason

2. Select Provider Type

3. Search For PCM

Current Provider Details

Coverage:

TRICARE Prime Remote-Active Duty Sponsors (2020-06-26 - Indefinite)

Current Provider:

OSAKA JAPAN, TOP REMOTE

Reason for Change *

End Date *

Dissatisfied



2020-06-26



Cancel

Continue



PCM Change (cont.)

Select the Provider Type and click **Continue**

Change PCM - Select Provider Type

Enrolling Family Member



- | | |
|-------------------------|-------------------------|
| 1. Select Change Reason | 2. Select Provider Type |
|-------------------------|-------------------------|

Provider Type Selection for

Coverage / Plan:

TRICARE Prime Remote-Active Duty Sponsors

Provider Type:

Civilian Health Care

Start Date:

2020-06-27

Previous

Cancel

Continue



PCM Change (cont.)

Select the Provider Location and optional Search Filters, and click **Search**

Change PCM - Search for a PCM

Enrolling Family Member

1. Select Change Reason

2. Select Provider Type

Provider Location

Search By City in Japan:

City *

TOKYO

Search

Optional Search Filters

If you want to search for a specific provider, please view the [Provider Directory](#) and enter the information below.

Note: The directory is for reference only. You must use Search to select the provider.

Search by Specialty



Search by Gender



Search by Last Name

Previous

Cancel

Clear

Search



PCM Change (cont.)

Select a PCM and click **Continue**

Change PCM - Assign a PCM

Enrolling Family Member



1. Select Change Reason	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
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Select a PCM

Specialty: No Preference
Gender: No Preference

Please select a Primary Care Manager from the list below.

Name	Location	Gender	Specialty
<input checked="" type="radio"/> TOKYO JAPAN, TOP REMOTE	MAIN ST, TOKYO, Japan		General Medicine

Items per page: 5 1 - 1 of 1

If the primary care manager you want isn't shown above, complete a [paper form](#) and mail it to your contractor.



PCM Change (cont.)

Verify the select PCM and click **Submit**

Change PCM - Confirm PCM Changes

Enrolling Family Member

[Redacted]

1. Select Change Reason

2. Select Provider Type

Verify Selected Provider

Beneficiary Name:

[Redacted]

Selected Provider Name:

TOKYO JAPAN, TOP REMOTE

Selected Provider Address:

MAIN ST, TOKYO, Japan

Prior Provider

Prior Provider Name:

OSAKA JAPAN, TOP REMOTE

Prior Provider Address:

MAIN ST, OSAKA, Japan

Enrollment Period:

2020-06-26 - Indefinite

Termination Date for Provider:

2020-06-26

Reason for Change:

Previous

Cancel

Submit



PCM Change (cont.)

PCM Change confirmation page

✓ The PCM Change was successful.

Change PCM - Confirm PCM Changes

Thank you for your request to change your Primary Care Manager. Your request is being reviewed by your contractor and is subject to change. Please verify your PCM assignment with your contractor prior to receiving care; if you do not, you may be subject to Point of Service (POS) charges.

You should receive an email or postcard in the mail confirming your change. If you don't receive an email within 6 days or a postcard within 10 days, logon to [milConnect](#) or [call your contractor](#) to check on the status.

Print this page for your records.

If you'd like to receive important TRICARE announcements to your email, please click on the 'Home' button and then 'Contact Info' tab to add or update your e-mail address to your profile.

Selected Provider Changes

Beneficiary Name: ██████████
Selected Provider Name: TOKYO JAPAN, TOP REMOTE
Selected Provider Address: MAIN ST, TOKYO, Japan

Prior Provider

Prior Provider Name: OSAKA JAPAN, TOP REMOTE
Prior Provider Address: MAIN ST, OSAKA, Japan
Enrollment Period: 2020-06-26 - Indefinite
Termination Date for Provider: 2020-06-26
Reason for Change:



Plan Change

Select the family member and click **Start Plan Change**

Family Members

- ██████████ (Sponsor)
- ██████████ (Spouse)
- ██████████ (Child)
- ██████████ (Child)
- ██████████ (Child)
- ██████████ (Ward)

Start Medical Enrollment

Start Plan Change

Medical Disenroll

Medical Enrollments

Dental Enrollments

Contact Info

Pharmacy Coverages

Medical Enrollment (Current)

Enrollment Period: 2020-06-17 to Indefinite
Selected Plan: TRICARE Prime Remote-Active Duty Sponsors
TRICARE Administrator: International SOS (T3 Europe)
Administrator Phone: +44-20-8762-8384

Primary Care Manager (PCM)

Provider Type: Civilian
Selected PCM: BERLIN GERMANY, TOP REMOTE
Provider Phone: (000) 000-0000
Provider Effective Date: 2020-06-17 to No End Date

Change PCM

View, save, or print your TRICARE enrollment cards from the [eCorrespondence](#) page.



Plan Change (cont.)

Select enrolling family members and click **Continue**

i Family members eligible for a plan change are listed here. For new enrollments, press Start Medical Enrollment on the home screen.

Enroll in TRICARE - Select Enrolling Family Members

Step 1 of 5: 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.

Name	Enrolled Plan	Residential Address	Mailing Address
<input checked="" type="checkbox"/> [Redacted] (Spouse)	TRICARE Prime-Active Duty Family Members	[Redacted]	[Redacted]
<input type="checkbox"/> [Redacted] (Child)	TRICARE Prime Remote-Active Duty Family Members	[Redacted]	[Redacted]

Cancel

Continue



Plan Change (cont.)

Select Annual Open Season or QLE (if applicable) and click **Continue**

Beneficiary Web Enrollment (BWE) ?

Please select reason for the new enrollment or change:

Annual Open Season

Open Season (2020-06-09 to 2020-07-11)

Qualifying Life Event (QLE)

QLE	Beneficiary
<input type="radio"/> Change Of Command Sponsorship	[REDACTED]
<input type="radio"/> Address Change	Any
<input type="radio"/> Loss Of Other Health Insurance (OHI)	All

QLE Effective Date: 2020-08-01

Note: Your enrollment begin date will be set to the Selected QLE Effective Date.

Note: Selected QLE and all QLEs with prior effective dates will be marked as Used.

Note: If you would like to make additional changes based on your previously used QLE, please call your contractor.

Previous

Cancel

Continue



Plan Change (cont.)

Verify address information and click **Continue**

Enroll in TRICARE - Address Verification

 If you need to change an address, please click Cancel, then click the Update Contact Info button under the Contact Info tab. If necessary, the system will prompt you to perform a transfer of enrollment to the correct region.

Residential Address
[Redacted]
United States

Mailing Address
[Redacted]
United States

Home Phone: [Redacted]
Work Phone: [Redacted]
Cell Phone: [Redacted]
Fax: [Redacted]
Email: [Redacted]

I elect to receive benefit change correspondence via email.

Sponsor Work ZIP

To check your TPR Eligibility, enter the sponsor's current work ZIP Code (does not apply to overseas enrollments).

Sponsor Work ZIP



Plan Change (cont.)

Select the check boxes for Enrollment Procedure Compliance

Beneficiary Web Enrollment (BWE)

* Read and check all boxes below
Note: Your session will end after 20 minutes of no activity.

By checking the boxes, I understand:

- I'm responsible for providing true and complete information.
- Under Federal law, false information or concealing information is subject to a fine and jail time.
- It's my responsibility to follow all TRICARE enrollment procedures.
- I may have to pay premiums and provide credit card information.
- If I waive access standards, I may have to drive more than 30 minutes for primary care and more than 60 minutes for specialty care.
- I may have to waive [access standards](#) if I live outside of the 30 minute drive-time standard.

Note: If you don't want to waive access standards, complete a [paper form](#) and mail it to your contractor.

Decline

Continue



Plan Change (cont.)

Select plan and click **Continue**

Beneficiary Web Enrollment (BWE) 

Enroll in TRICARE - Select Plan

Step 2 of 5: Select Plan

Enrolling Family Member

[Redacted]

1. Select Plan

2. Select Provider Type

Plan Selection for [Redacted]

TRICARE Select-Active Duty Family Members

Start Date: 2020-08-01

Cancel

Continue



Plan Change (cont.)

Verify the selected plan and click **Continue**

Beneficiary Web Enrollment (BWE)

Enroll in TRICARE - Verify Selected Plan

Beneficiary Name: 

The Primary Care Manager is assigned by the contractor for the TRICARE plans based on the availability in your area. Please submit your enrollment and if you have any questions regarding your PCM assignment then [call your contractor](#)

Selected Plan:	TRICARE Select-Active Duty Family Members
Selected TRICARE Contractor:	Humana Military (T2017 East)
Phone Number:	1-800-444-5445
Enrollment Period:	2020-08-01 - Indefinite

[Previous](#)

[Continue](#)



Plan Change (cont.)

Click **Submit** to complete the Plan Change process

Beneficiary Web Enrollment (BWE)

Enrollment Review

Step 4 of 5: Enrollment Review

Plan: TRICARE Select-Active Duty Family Members
Enrollment Date: 2020-08-01

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

Cancel

Submit



Enrollment Form PDF



Plan Change (cont.)

Enrollment Confirmation screen

Beneficiary Web Enrollment (BWE) [?](#)

Enroll in TRICARE - Enrollment Confirmation

Step 5 of 5: Enrollment Request Successfully Submitted for Processing

Your enrollment request has been submitted. If available, please use [eCorrespondence](#) to view, save, or print your enrollment card or [call your contractor](#) to check the status of your request. Continue using your current health plan and providers until you obtain confirmation. Please do not seek care with your new provider until you obtain confirmation of the change. If you'd like to receive important TRICARE announcements to your email, please click on the 'Home' button and then 'Contact Info' tab to add or update your e-mail address to your profile.

Home



Disenrollments

Beneficiary Web Enrollment (BWE) ?

Medical Disenrollment

Please select your reason for disenrollment and disenrollment end date.

Be aware that voluntary disenrollment will revert your benefits to their default coverage level:

- Disenrollment from TRICARE Select & Prime will revert to Direct Care only.
- Disenrollment from TRICARE Reserve Select, TRICARE Retired Reserve or TRICARE Young Adult will revert to being eligible to purchase coverage, which may be constrained by a 12 month lockout period.

Please Select Family Members to Disenroll

Name	Selected Plan	Plan Start	Plan End	Disenrollment Reason	Disenrollment Date
<input type="checkbox"/> ██████████ (Spouse)	TRICARE Select-Retired Sponsors and Family Members	2020-01-14	2042-12-31	Disenrollment Reason ▼	Disenrollment Date 2020-06-30 📅

Cancel

Continue