Beneficiary Web Enrollment (BWE) Portlet - Screenshots

Enrollments

To begin enrollment, select the **Start Medical Enrollment** button.

Enrollments (cont.)

- Select the family member(s) to enroll, and then select the **Continue** button
  - For TYA enrollments, family members must be enrolled one at a time

Enrollments (cont.)

Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❷

* Read and check all boxes below
Note: Your session will end after 15 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.)

Verify the address and select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❓

Enroll in TRICARE - Address Verification

████████████████

Residential Address
████████████████████
United States

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

☑ I elect to receive benefit change correspondence via email.

Edit Information

Mailing Address
Mailing Address same as Primary Address

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 Open Season or a QLE (if applicable) to begin enrollment

- Select the **Continue** button

Beneficiary Web Enrollment (BWE) ❓

Please select reason for the new enrollment or change:

Qualifying Life Event (QLE)

QLE	Beneficiary
🔘 Address Change	Any

QLE Effective Date *
2025-07-14 📅

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, or if your QLE is not displayed, please call your contractor.

Cancel   Continue

Enrollments (cont.)

Select a plan, and then select the **Continue** button.

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	3. Search For PCM	4. Confirm PCM Changes

Plan Selection for

- ⦿ TRICARE Prime-Active Duty Family Members
- ○ TRICARE Select-Active Duty Family Members

Start Date: 2025-07-14

Cancel   **Continue**

Enrollments (cont.)

Select a Provider Type, and then select the **Continue** button.

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 Family Members
Provider Type:	⦿ Military Hospital or Clinic
	Provider Facility *
	316th MED SQ JBAB-B... ▼

If you would like to enroll to a military facility that is not listed here, please contact your enrolling contractor. Contact information is available here.

Or you can choose to enroll to:

○ Civilian Health Care
○ US Family Health Plan Facilities

Start Date:	2025-07-14

Previous   Cancel   **Continue**

Enrollments (cont.)

Select a Provider Location/Place of Care (PLOC), and then select the **Search** button.

Enrollments (cont.)

Select a PCM, and then select the **Continue** button.

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

Facility or Place of Care:	FAMILY MED CL TEAM C_NON-AD
UIC/Unit Name:	No Unit
Program(s):	No Programs
Specialty:	No Preference
Sex:	No Preference

Please select a Primary Care Manager from the list below.

Name	Location	Unit Name	Program	Sex	Specialty
⦿	238 BROOKLEY AVE, WASHINGTON, DC 20032			Female	PHYSICIAN ASSISTANT
○	238 BROOKLEY AVE, WASHINGTON, DC 20032			Female	FAMILY PRACTICE PHYSICIAN
○	238 BROOKLEY AVE, WASHINGTON, DC 20032			Female	PHYSICIAN ASSISTANT

Items per page: 5   1 - 3 of 3 |< < > >|

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

Previous   Cancel   **Continue**

🖶 **Enrollment Form PDF**

Enrollments (cont.)

Confirm PCM selection, and then select the **Continue** button.

Enrollments (cont.)

- The Premiums page is only displayed for plans requiring payment (top of the Premiums' page)
- Select payment options and enter payment information

Enroll in TRICARE - Premiums

Enrollment Payment Information

If you elect monthly payment from your Uniformed Services pay account as the payment method for your TRICARE Prime enrollment premiums, your completion of this application will constitute authorization for the medical contractor to initiate a monthly allotment with your Uniformed Service Pay Center in lieu of an allotment authorization letter. NOTE: If you select this type of payment, you must make the first monthly payment by credit card when you submit this enrollment

If you elect electronic funds transfer (EFT) as the payment method for your TRICARE Prime enrollment Premiums, ensure you provide your banking information below. NOTE: If you select this type of payment, you must make the first monthly payment by credit card when you submit this enrollment

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.

Retired beneficiaries and retiree family members entitled to Medicare Part B must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE Prime. TRICARE enrollment Premiums are waived for these retirees and retiree family members if DEERS reflects their entitlement to Medicare Part B

Quarterly and annual bills will be sent on a quarterly and annual basis, respectively. Monthly bills will not be sent.

Initial Enrollment Premium Payment Information

Premium Payment Option:	Quarterly Payment
Payment Method:	Credit Card
Initial Payment Amount:	$62.75

Note: If you would like to pay by check, you must print the enrollment form and mail it in along with your payment.

How do you want to make your initial enrollment payment?

Card Type *	Card Number *	Security Code *	Expiration Month *	Expiration Year *
Visa	5454545454545454	111	Jan	2027
	16 digits (15 for AMEX), no spaces			

Name on Card

First Name *	Middle Name	Last Name *
Firstname		Lastname

Enrollments (cont.)

- Premiums page (cont.)
- After enter payment information has been entered, select **Continue** button.

Credit Card Billing Address

Address 1 *
1 Main St

Address 2

City *   State *   ZIP *
Alexandria   VA - Virginia   ▾   22311

Country *
United States   ▾

How do you want to pay your recurring automatic monthly premiums?

Please select a recurring payment option. *

◉ I will pay directly as billed by the contractor on the [quarterly ▾] basis.

○ I choose to have my enrollment premiums paid by monthly allotment from my Uniformed Services Payroll account.
   Note: Only the Uniformed Service member may establish an allotment from their payroll account.

○ I choose to have my enrollment premiums paid by electronic funds transfer (EFT).

Cancel   **Continue**

🖨 Enrollment Form PDF

Enrollments (cont.)

Review provided Premium payment information, and then select **Continue** button.

Enroll in TRICARE - Confirm Premium Payment Information

Please confirm your enrollment payment information.

Premium Payment Information

Premium Payment Option:	3 Months
Payment Method:	Credit Card
Payment Amount:	$62.75

Credit Card Details

Card Type:	VISA
Card Number:	************5454
Security Code:	111
Expiration Date:	Jan 2027

Billing Information

Name on Card:	Firstname Lastname
Address:	1 Main St
City:	Alexandria
State:	Virginia
ZIP:	22311
Country:	United States

Recurring automatic monthly premiums

☑ I will pay directly as billed by the contractor on the quarterly basis.

Previous | Cancel | **Continue**

🖨 Enrollment Form PDF

Enrollments (cont.)

- Review enrollment
- Optionally, select the **Enrollment Form PDF** button to generate a pre-populated and printable enrollment form

Beneficiary Web Enrollment (BWE) ❓

Enrollment Review

Step 4 of 5: Enrollment Review

Plan:	TRICARE Prime-Active Duty Family Members
Provider Type:	Military Hospital or Clinic
Enrollment Date:	2025-07-14
Selected Provider Facility:	FAMILY MED CL TEAM C_NON-AD
Selected Provider Name:	
Selected Provider Address:	238 BROOKLEY AVE WASHINGTON, DC 20032

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

By clicking on Submit, you acknowledge this action implies you are providing your signature on this form.

Cancel   **Submit**

🖨 Enrollment Form PDF

Enrollments (cont.)

Open the saved Enrollment PDF form – top of page 1.

| CUI (when filled in) |

| TRICARE PRIME ENROLLMENT, DISENROLLMENT, AND PRIMARY CARE MANAGER (PCM) CHANGE FORM | OMB No. 0720-0008 OMB approval expires 20250930 |

The public reporting burden for this collection of information is estimated to average 15 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, at whs.mc-alex.esd.mbx.dd-dodinformationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 113, Secretary of Defense; 5 U.S.C. 552, Freedom of Information Act, as amended; 5 U.S.C. 552a, Privacy Act of 1974, as amended; 32 CFR part 286, DoD Freedom of Information Act (FOIA) Program; 32 CFR part 310, Protection of Privacy and Access and Amendment of Individual Records Under the Privacy Act of 1974; DoD Directive, 5400.07, DoD Freedom of Information Act (FOIA) Program; DoD Instruction 5400.11, DoD Privacy and Civil Liberties Programs; DoD Manual 5400.07, DoD Freedom of Information Act (FOIA) Program; DoD 5400.11-R, DoD Privacy Program; and Executive Order 9397 (SSN), as amended.

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.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the DoD as a routine use to private physicians and federal agencies to include 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. DoD's Routine Use disclosures are limited to those explicitly stated in each SORN. For a full listing of the Routine Uses, refer to below applicable SORNs hyperlinked below. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Rules as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

APPLICABLE SORN: Defense Manpower Data Center (DMDC) 02 DoD, Defense Enrollment Eligibility Reporting Systems (DEERS) (May 31, 2022; 87 FR 32384. https://www.federalregister.gov/documents/2022/05/31/2022-11610/privacy-act-of-1974-system-of-records

DISCLOSURE: Voluntary. If you choose not to provide the requested information, there may be an administrative delay processing your request and the DoD may be unable to process it; however, no penalty will be imposed.

APPLICATION OPTIONS

(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.

(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.

(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.

NOTES:
You will be notified of your enrollment or PCM change via email or postcard. You can then log in to milConnect at https://www.tricare.mil/milconnect to view specific information. For additional information on TRICARE, visit the TRICARE website at https://www.tricare.mil or the Regional Contractor's website at: https://www.humanamilitary.com

Enrollments (cont.)

Open the saved Enrollment PDF form – bottom of page 1.

REGIONAL CONTRACTOR: REGION, ADDRESS, TELEPHONE AND FAX NUMBERS:
Region: Humana Military (T5 East)
Address: ATTN: PNC Bank P.O. Box 105838 Atlanta, GA 30348-5838
Toll-Free Number: 1-800-444-5445
Fax Number: 1-866-836-9535
UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP):
Address:
Toll-Free Number:
Fax Number:

DD FORM 2876, FEB 2025
PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

Controlled by: DHA
CUI Category: PRVCY, HLTH
LDC: FEDCON
POC: dha.ncr.healthcare-ops.mbx.thp-policy-and-programs-branch@health.mil

Page 1 of 5

Enrollments (cont.)

After reviewing the enrollment, select the **Submit** button.

Beneficiary Web Enrollment (BWE) ❓

Enrollment Review

Step 4 of 5: Enrollment Review

Plan:	TRICARE Prime-Active Duty Family Members
Provider Type:	Military Hospital or Clinic
Enrollment Date:	2025-07-14
Selected Provider Facility:	FAMILY MED CL TEAM C NON-AD
Selected Provider Name:	
Selected Provider Address:	238 BROOKLEY AVE WASHINGTON, DC 20032

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

By clicking on Submit, you acknowledge this action implies you are providing your signature on this form.

Cancel   **Submit**

🖨 Enrollment Form PDF

Enrollments (cont.)

Review Enrollment Confirmation, and then select **BWE Home** button.

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.

[BWE Home]

Update Address

Select the **Contact Info** tab, and then select the **Update Contact Info** button to update address information.

Update Address (cont.)

- Verify or update contact information
- Add or change other family members' email address and preference
- Select beneficiaries to whom the new address information applies, and then select **Continue** button

Transfer

- Updating address information may prompt a plan change, transfer, or both
- Select the **Start Transfer** button to continue

Beneficiary Web Enrollment (BWE)

Edit Address - Address Verification

⚠ Transfer needed.

(Edited) Transfer Needed

Residential Address
400 Gigling Rd
SEATTLE, WA 98101
United States

Mailing Address
Mailing Address same as Primary Address

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

☑ I elect to receive benefit change correspondence via email.

Edit Information

Cancel   Start Transfer

Transfer (cont.)

Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❓

* Read and check all boxes below
Note: Your session will end after 15 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 |

Select a plan, and then select the **Continue** button.

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	3. Search For PCM	4. Confirm PCM Changes

Plan Selection for

- ◉ TRICARE Prime-Active Duty Family Members
- ○ TRICARE Select-Active Duty Family Members

Start Date: 2025-07-14

Cancel   **Continue**

Transfer (cont.)

Select a Provider Type, then and select the **Continue** button.

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 Family Members
Provider Type:	⦿ Military Hospital or Clinic

Provider Facility *
NHC BREMERTON ▾

If you would like to enroll to a military facility that is not listed here, please contact your enrolling contractor. Contact information is available here.

Or you can choose to enroll to:

◯ Civilian Health Care
◯ US Family Health Plan Facilities

Start Date: 2025-07-15

Previous	Cancel	**Continue**

Transfer (cont.)

Select a Provider location/Place of Care, then and select the **Search** button.

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

Military Hospital or Clinic Facility: NHC BREMERTON

UIC/Unit Name ▼
Select UIC/Unit Name (if applicable)

Are you assigned to?   ☐ Flight Medicine
Place of Care *
0126C-FM-TM1, 1 BO... ▼
Please select a Place of Care.

Optional Search Filters

Search by Specialty ▼   Search by Sex ▼   Search by Last Name

Previous	Cancel	Clear	Search

🖶 Enrollment Form PDF

Select a PCM, and then select the **Continue** button.

Transfer (cont.)

Verify the Selected Provider, and then select the **Continue** button.

Transfer (cont.)

Select the **Submit** button to complete the enrollment process.

Beneficiary Web Enrollment (BWE) ❓

Enrollment Review

Step 4 of 5: Enrollment Review

Plan:	TRICARE Prime-Active Duty Family Members
Provider Type:	Military Hospital or Clinic
Enrollment Date:	2025-07-15
Selected Provider Facility:	0126C-FM-TM1
Selected Provider Name:	
Selected Provider Address:	1 BOONE ROAD
	BREMERTON, WA

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

By clicking on Submit, you acknowledge this action implies you are providing your signature on this form.

Cancel   Submit

🖨 Enrollment Form PDF

Transfer (cont.)

Review Enrollment Confirmation, and then select **BWE Home** button.

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.

[BWE Home]

PCM Change

Navigate to the **Medical Enrollments** tab, and then select the **Change PCM** button.

PCM Change (cont.)

Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❓

* Read and check all boxes below
Note: Your session will end after 15 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 then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❓

Change PCM

Enrolling Family Member

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

Current Provider Details

Coverage: TRICARE Prime-Active Duty Family Members (2025-07-15 - 2027-06-23)
Current Provider:

Reason for Change *   End Date *
Dissatisfied   ▼   2025-07-16   📅

Cancel   Continue

PCM Change (cont.)

Select a Provider Type, and then select the **Continue** button.

PCM Change (cont.)

Select a Provider Location/Place of Care and optional Search Filters, and then select the **Search** button.

PCM Change (cont.)

Select a PCM, and then select the **Continue** button.

PCM Change (cont.)

Verify the selected PCM, and then select the **Submit** button.

PCM Change (cont.)

Review PCM Change Confirmation, and then select **BWE Home** button.

Beneficiary Web Enrollment (BWE) ❓

✅ 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, please logon to milConnect or call your contractor to check on the status.

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:
Selected Provider Address: 3815 S OTHELLO ST FL 2, SEATTLE, WA 98118

Prior Provider

Prior Provider Name:
Prior Provider Address: 1 BOONE ROAD, BREMERTON, WA
Enrollment Period: 2025-07-15 - 2027-06-23
Termination Date for Provider: 2025-07-16
Reason for Change: Dissatisfied

[BWE Home]

Plan Change

Select the **Start Plan Change** button.

Plan Change (cont.)

Select enrolling family members and select **Continue**.

Beneficiary Web Enrollment (BWE) ❓

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 to begin a plan change. For new enrollments, press Start Medical Enrollment on the home screen.

Name	Enrolled Plan	Residential Address	Mailing Address
☑️ _____ (Spouse)	TRICARE Prime-Active Duty Family Members	400 Gigling Rd, ALEXANDRIA, VA 22311	Mailing Address same as Residence

Cancel   Continue

Plan Change (cont.)

Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❷

* Read and check all boxes below
Note: Your session will end after 15 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.)

Verify address information, and then select the **Continue** button.

Plan Change (cont.)

Select Annual Open Season or QLE (if applicable), and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❓

Please select reason for the new enrollment or change:

Qualifying Life Event (QLE)

QLE	Beneficiary
⦿ Address Change	Any

QLE Effective Date *
2025-07-15 📅

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, or if your QLE is not displayed, please call your contractor.

Cancel   Continue

Plan Change (cont.)

Select a plan, and then select the **Continue** button.

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	3. Search For PCM	4. Confirm PCM Changes

Plan Selection for

⦿ TRICARE Select-Active Duty Family Members

Start Date: 2025-07-15

Cancel   Continue

Plan Change (cont.)

Verify the selected plan, and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) ❓

Enroll in TRICARE - Verify Selected Plan

Beneficiary Name:	
Selected Plan:	TRICARE Select-Active Duty Family Members
Selected TRICARE Contractor:	Humana Military (T5 East)
Phone Number:	1-800-444-5445
Enrollment Period:	2025-07-15 - 2027-06-23

Previous   Continue

Plan Change (cont.)

Select the **Submit** button 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:	2025-07-15

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

By clicking on Submit, you acknowledge this action implies you are providing your signature on this form.

Cancel   Submit

🖨 Enrollment Form PDF

Plan Change (cont.)

Review Enrollment Confirmation, and then select **BWE Home** button.

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.

[BWE Home]

Disenrollment

Select the **Medical Disenroll** button to begin disenrollment.

Disenrollment (cont.)

- Select the family member you wish to disenroll
- Choose the disenrollment reason
- Select the **Continue** button

Disenrollment (cont.)

Confirm disenrollment details, and then select the **Submit** button.

Disenrollment (cont.)

View Disenrollment confirmation, and then select the **BWE Home** button.