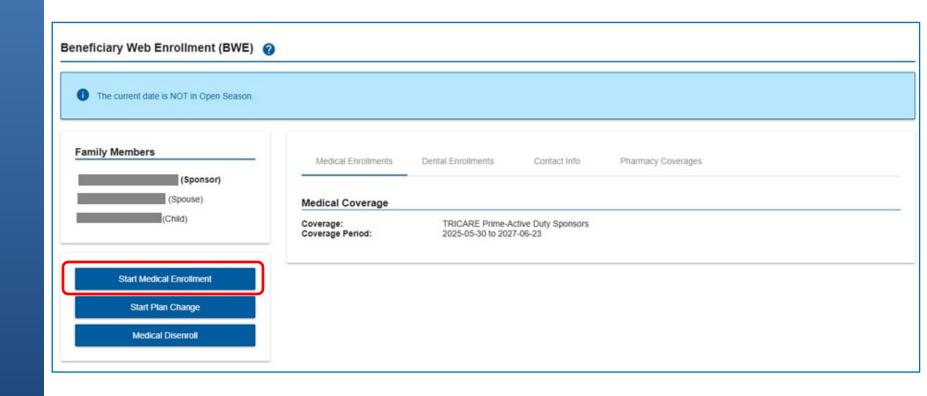


Beneficiary Web Enrollment (BWE) Portlet - Screenshots



Enrollments

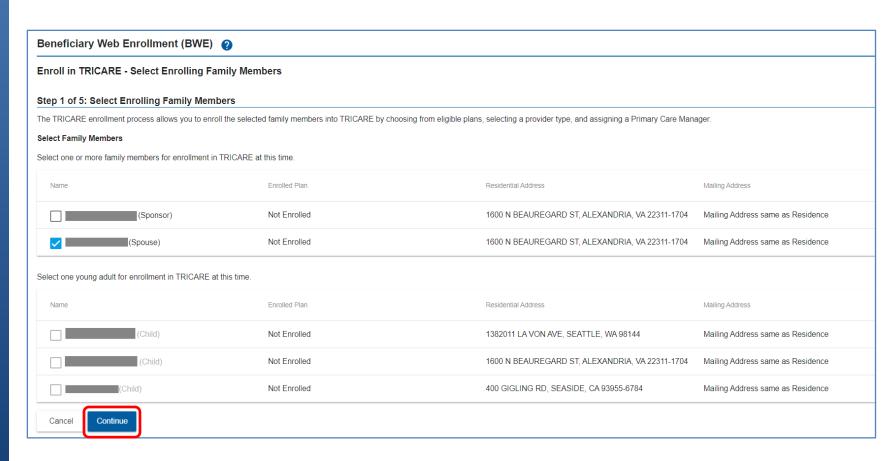
To begin enrollment, select the **Start Medical Enrollment** button.







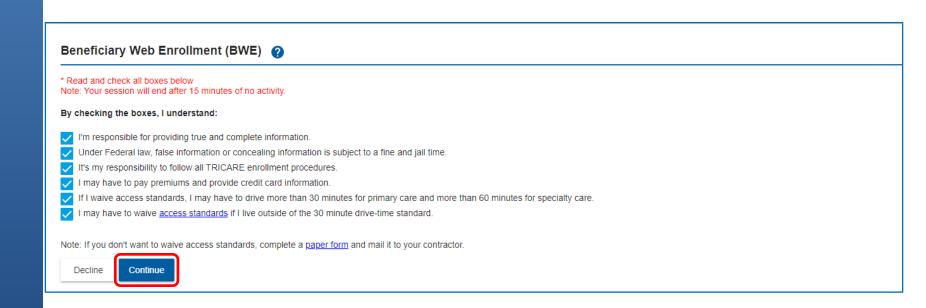
- Select the family member(s) to enroll, and then select the
 Continue button
 - For TYA enrollments, family members must be enrolled one at a time







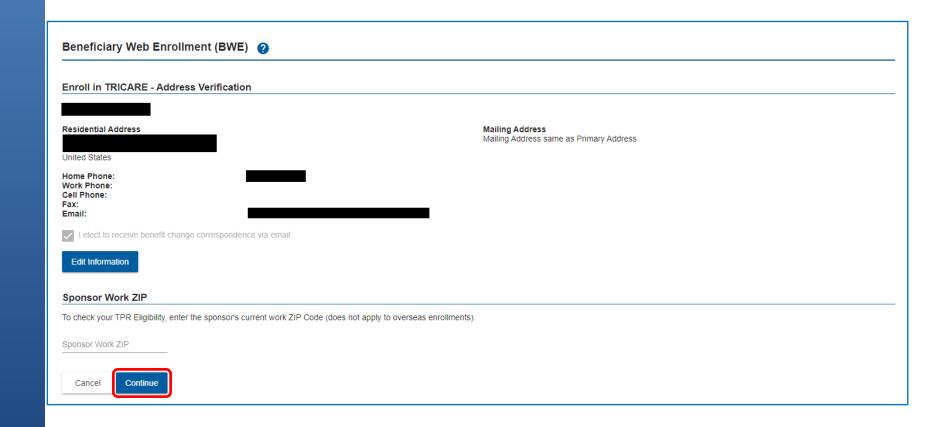
Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.







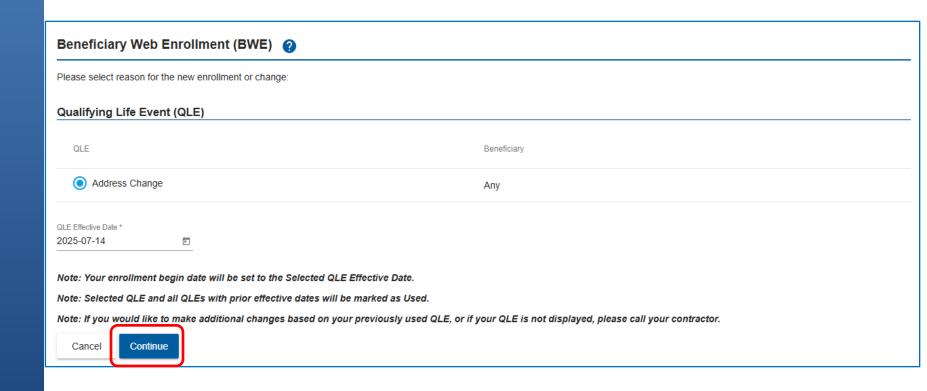
Verify the address and select the **Continue** button.





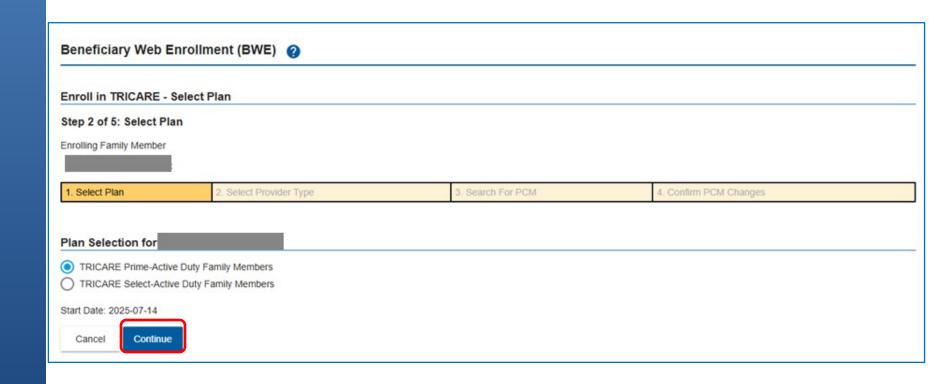


- Select Open Season or a QLE (if applicable) to begin enrollment
- Select the Continue button



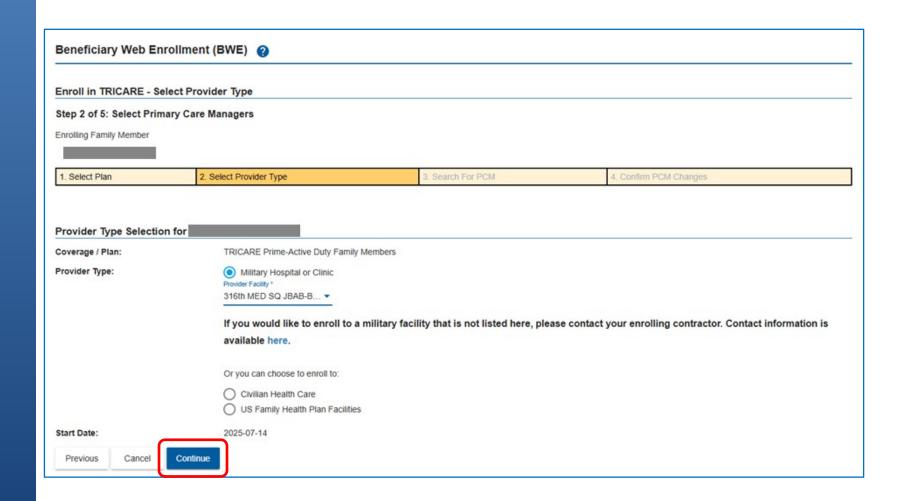


Select a plan, and then select the **Continue** button.





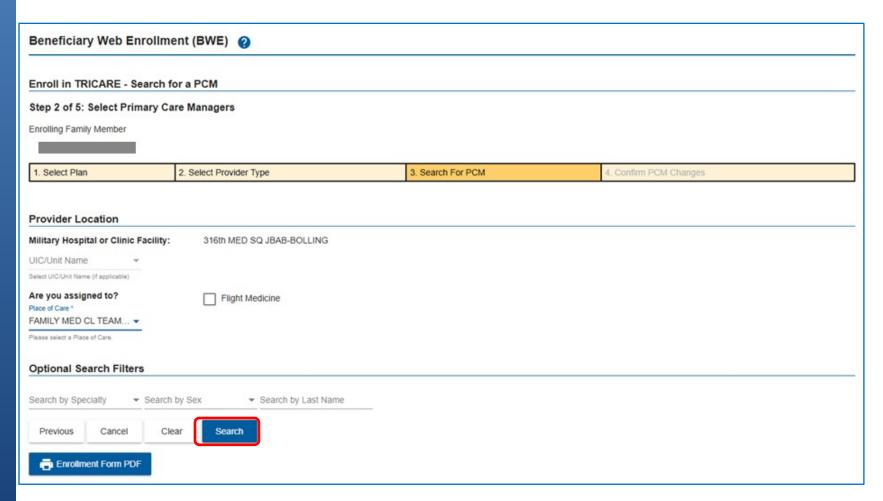
Select a Provider Type, and then select the **Continue** button.







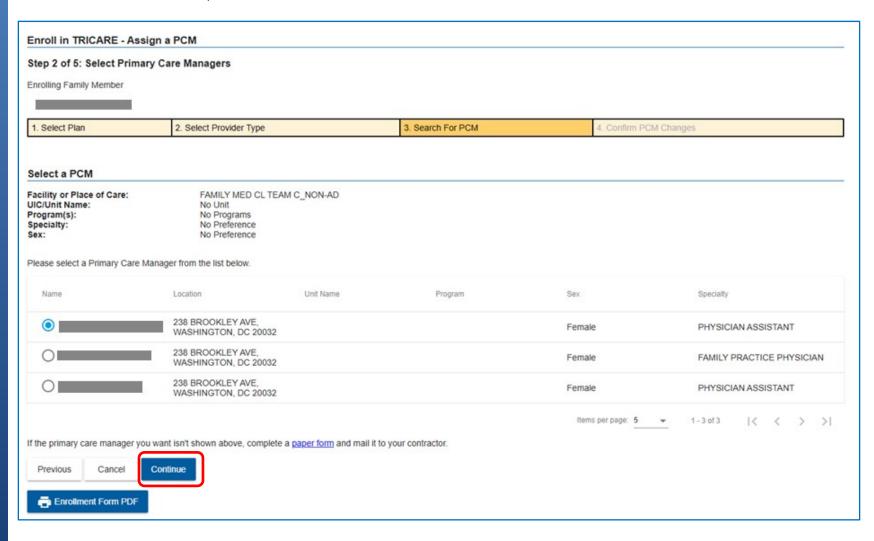
Select a Provider Location/Place of Care (PLOC), and then select the **Search** button.





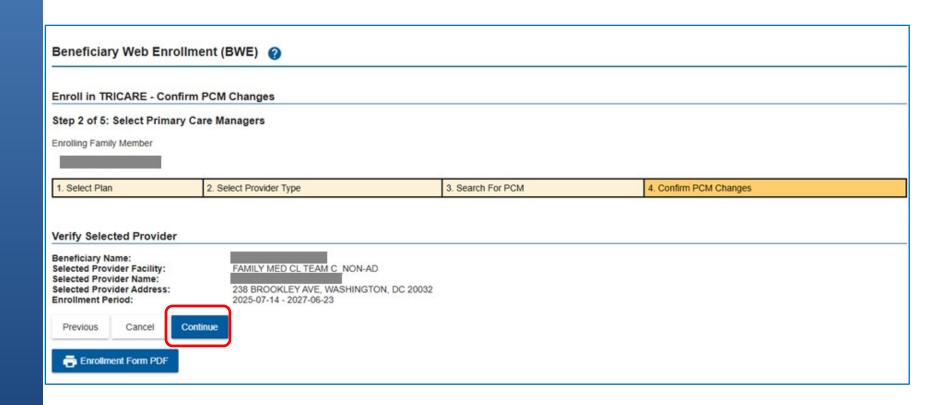


Select a PCM, and then select the **Continue** button.





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







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

| Enroll in TRICA | ARE - Premiums | | | | | | | |
|--|---|----------------------------|------------------------------------|--------------------------------|-------------------|-------------------------------------|-----------------------------------|--|
| Enrollment Pay | ment 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 | | | | | | | | |
| | nic funds transfer (EFT) as the paym syment by credit card when you subr | | CARE Prime enrollment Premi | iums, ensure you provide you | r banking informa | tion below. NOTE: If you select thi | is type of payment, you must make | |
| If you do not elect | to establish payment by monthly EF | T or allotment, you will b | e direct billed by your contractor | or at the frequency you indica | te. | | | |
| 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 anni | ual bills will be sent on a quarterly ar | d annual basis, respect | vely. Monthly bills will not be so | ent. | | | | |
| Initial Enrollme | ent Premium Payment Inform | ation | | | | | | |
| Premium Payment Option: Quarterly Payr Payment Method: Credit Card Initial Payment Amount: \$62.75 | | Card | | | | | | |
| Note: If you would | like to pay by check, you must print | the enrollment form and | mail it in along with your paym | ent. | | | | |
| How do you wa | ant to make your initial enroll | ment 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 * | | Last Name * | | | | | | |
| Firstname | Middle Name | Lastname | | | | | | |





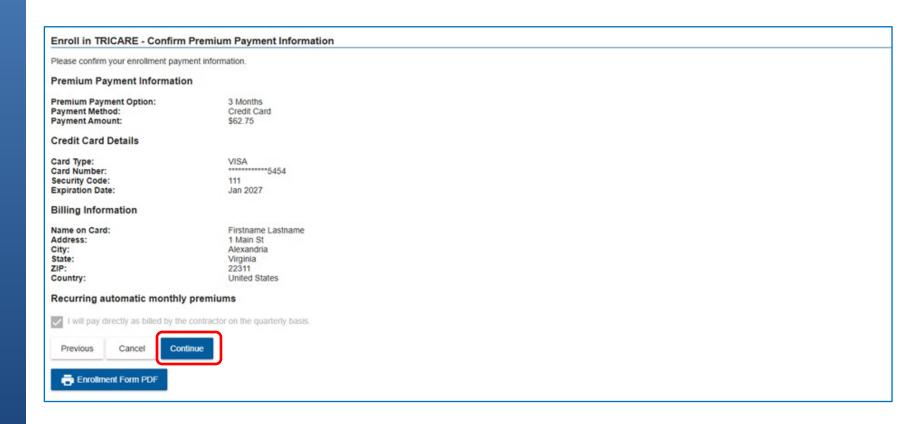
- Premiums page (cont.)
- After enter payment information has been entered, select
 Continue button.







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







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







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 suggestion for reducing the burden, to the Department of Defense, Washington Headquarters Services, at <u>whs.mo-alex.esd.mbx.dd-dodinformation.onlections@mail.ml</u>. 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





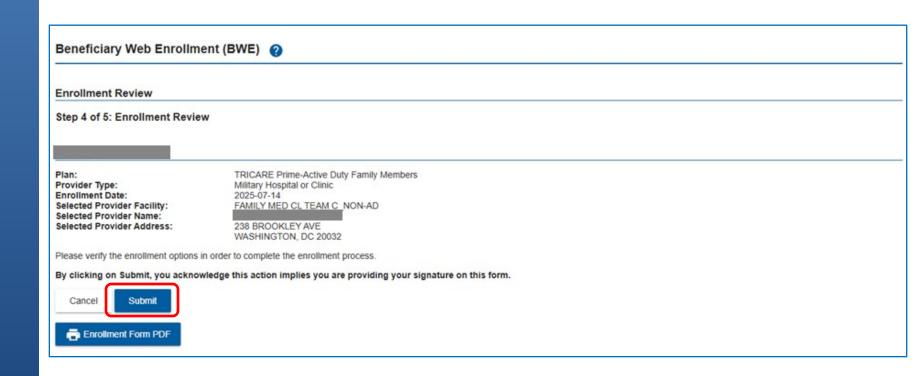
Open the saved Enrollment PDF form - bottom of page 1.

| REGIONAL | L CONTRACTOR: REGION, ADDRE | SS, TELEPHONE AND FAX NUME | ERS: | | | | | | | |
|--|--|----------------------------|---|-------------|--|--|--|--|--|--|
| Region: | Humana Military (T5 East) | | | | | | | | | |
| Address: | Address: ATTN: PNC Bank P.O. Box 105838 Atlanta, GA 30348-5838 | | | | | | | | | |
| Toll-Free N | Number: 1-800-444-5445 | | | | | | | | | |
| Fax Numb | er: 1-866-836-9535 | | | | | | | | | |
| UNIFORMED SERVICES FAMILY HEALTH PLAN (USFHP): | | | | | | | | | | |
| Address: | | | | | | | | | | |
| | | | | | | | | | | |
| Toll-Free Number: | | | | | | | | | | |
| Fax Numb | er: | | | | | | | | | |
| | 1 2876, FEB 2025 EDITION IS OBSOLETE. | CUI (when filled in) | Controlled by: DHA CUI Category: PRIVCY, HLTH LDC: FEOCON POC: dha.nor.healthcare-ops.mbx.thp-policy-and-programs | Page 1 of 5 | | | | | | |





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





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

Beneficiary Web Enrollment (BWE) 2



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.

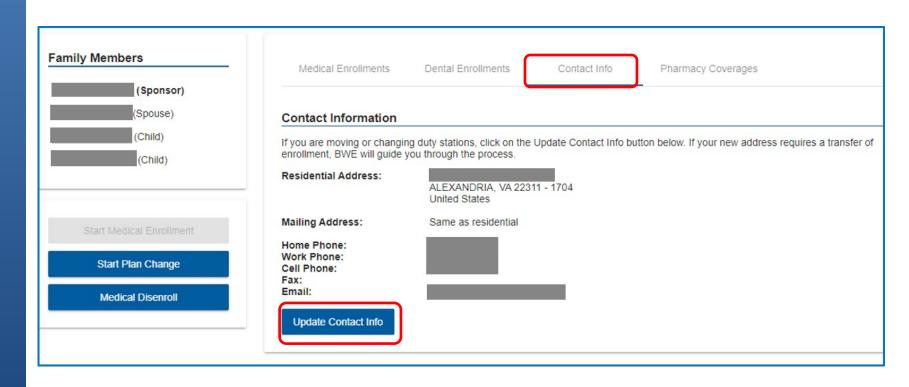






Update Address

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

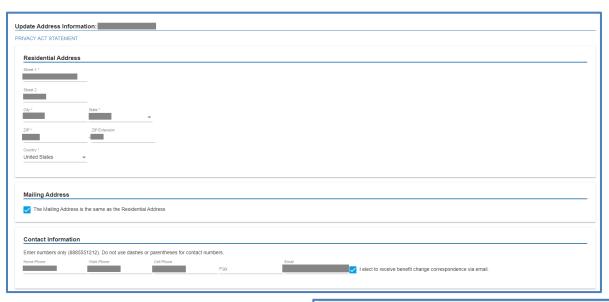






Update Address (cont.)

- 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



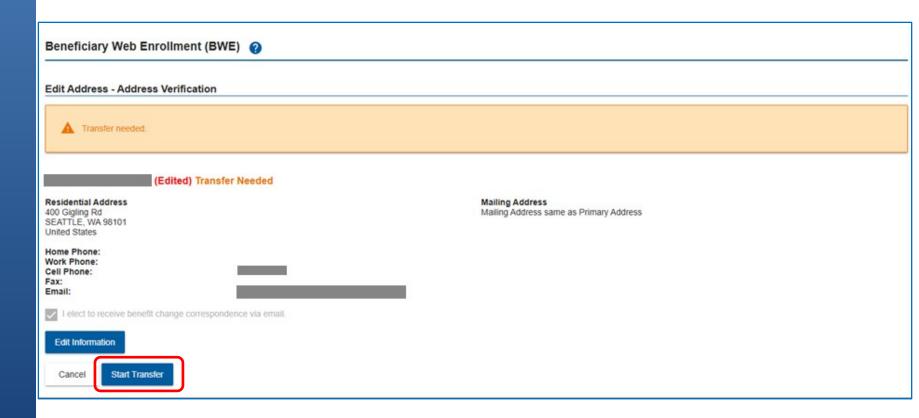






Transfer

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





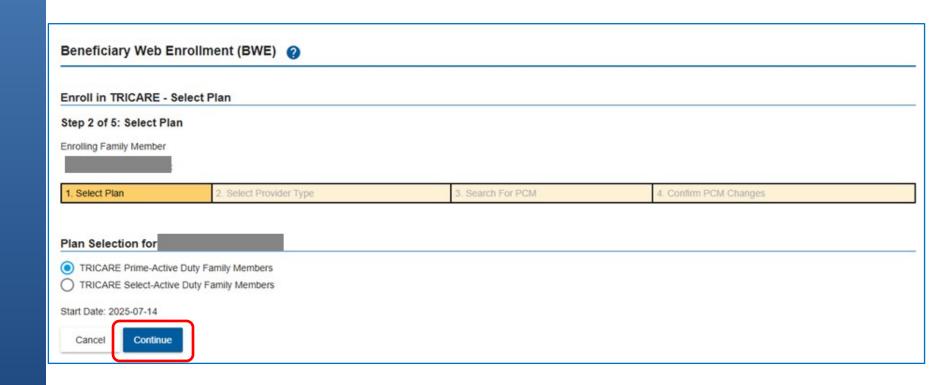


Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.

Beneficiary Web Enrollment (BWE) 2 * 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



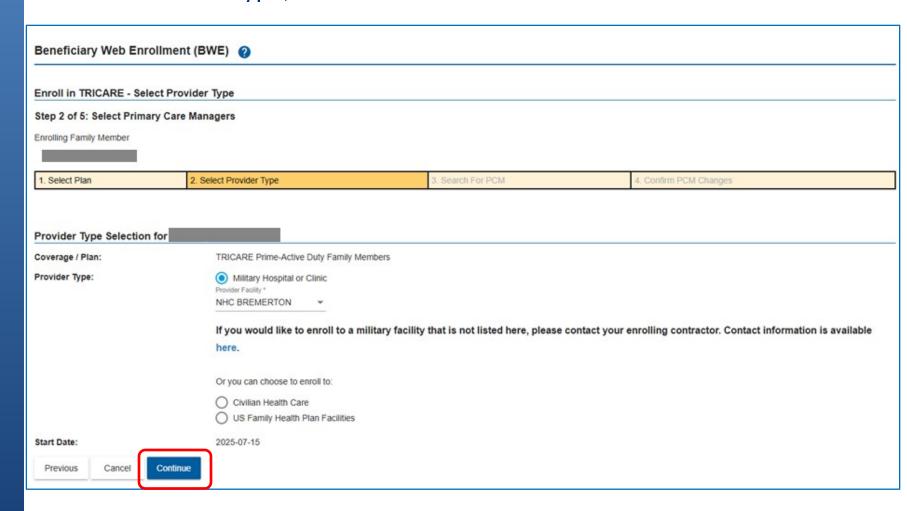
Select a plan, and then select the **Continue** button.







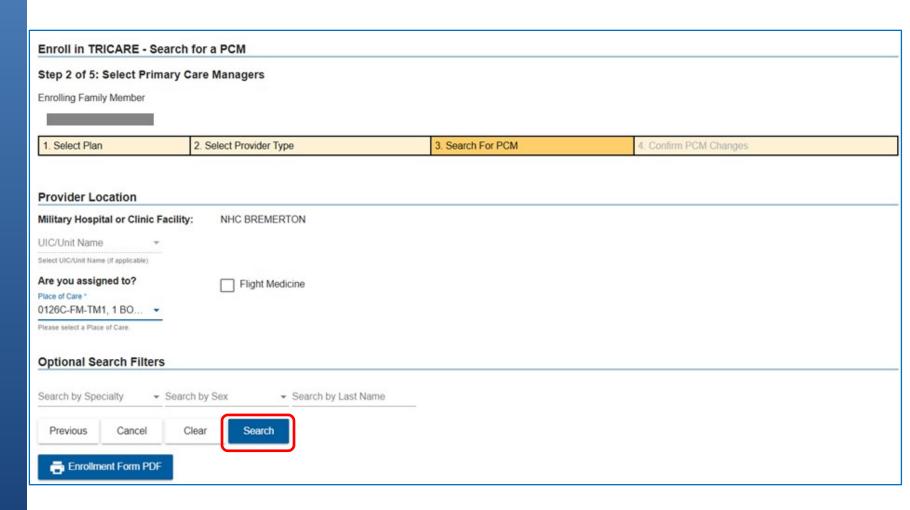
Select a Provider Type, then and select the **Continue** button.







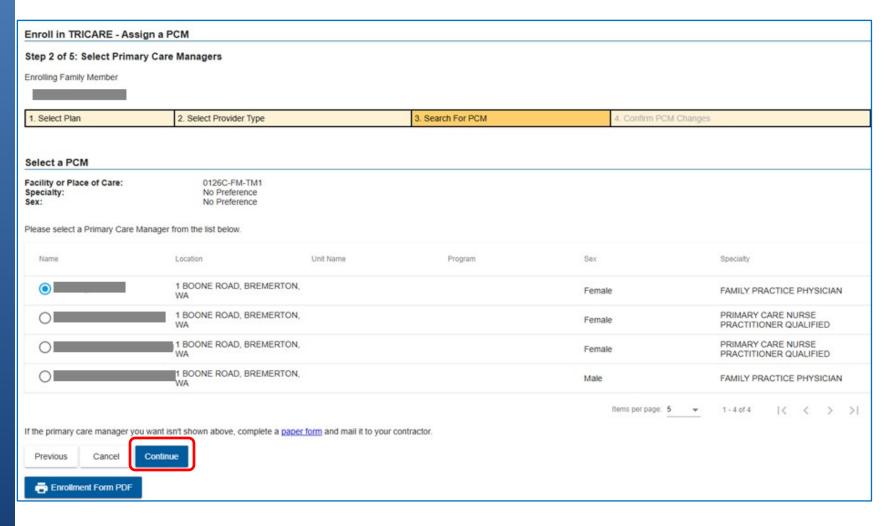
Select a Provider location/Place of Care, then and select the **Search** button.







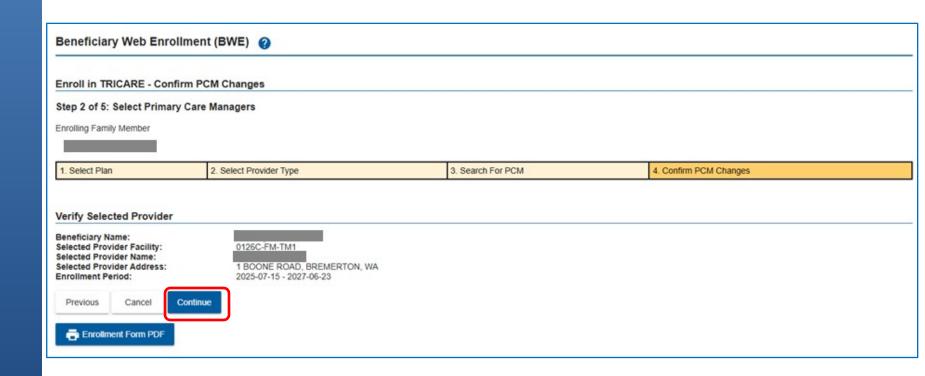
Select a PCM, and then select the **Continue** button.







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







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







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

Beneficiary Web Enrollment (BWE) 2



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.

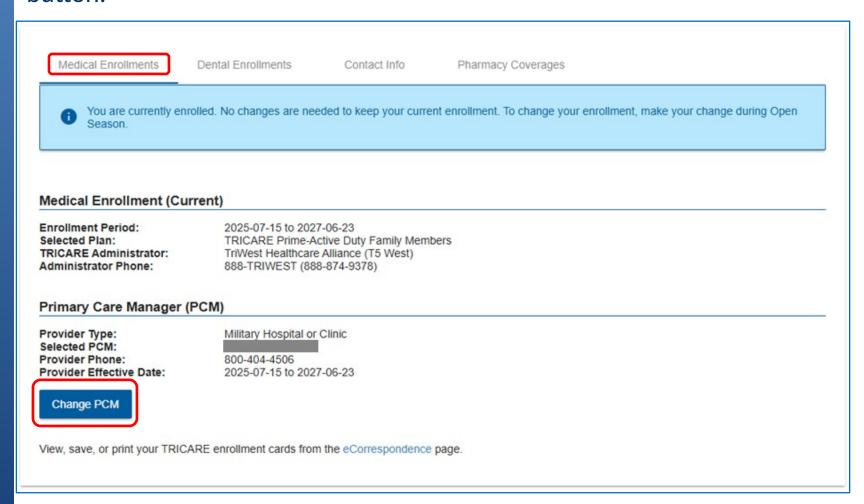






PCM Change

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

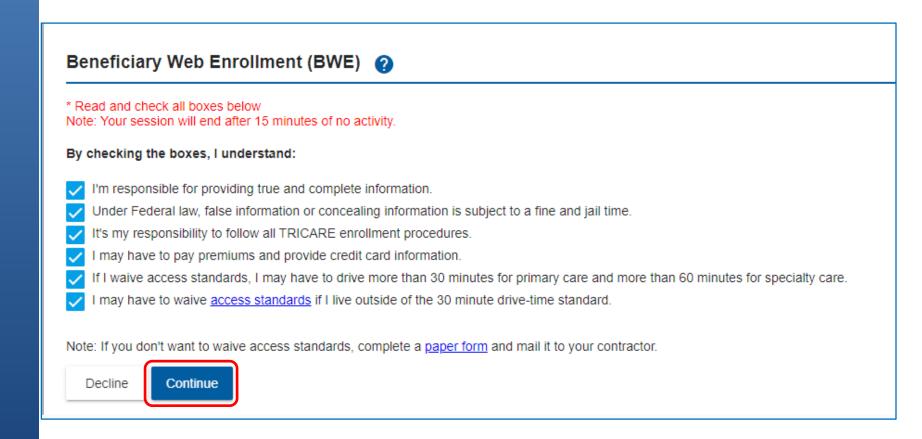






PCM Change (cont.)

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

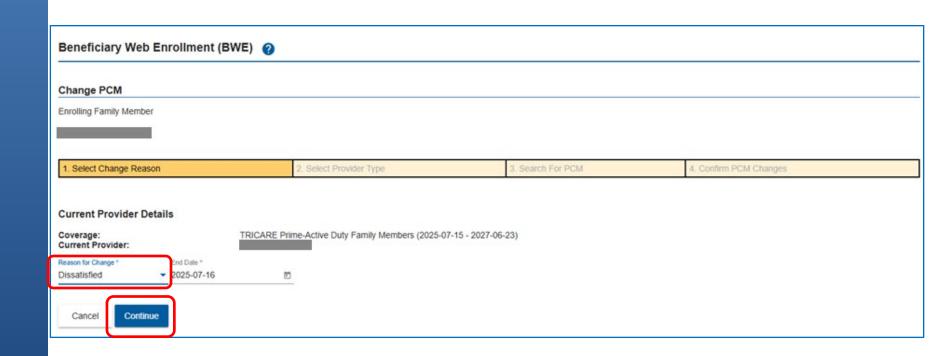






PCM Change (cont.)

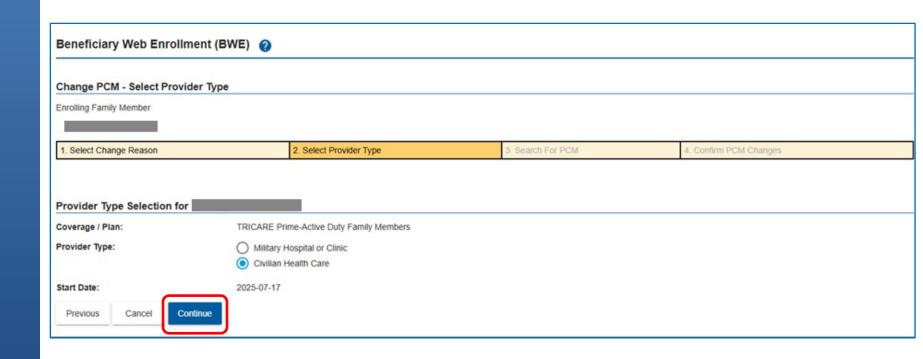
Select the **Reason for Change**, and then select the **Continue** button.







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

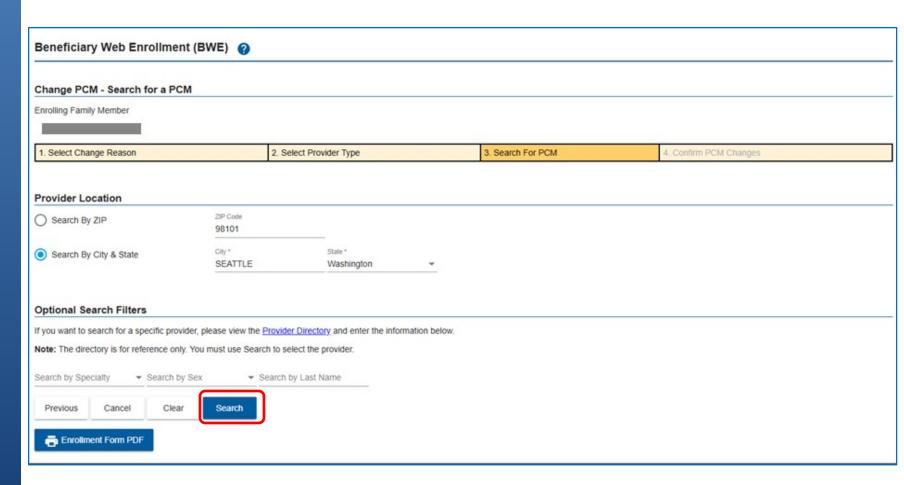






PCM Change (cont.)

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

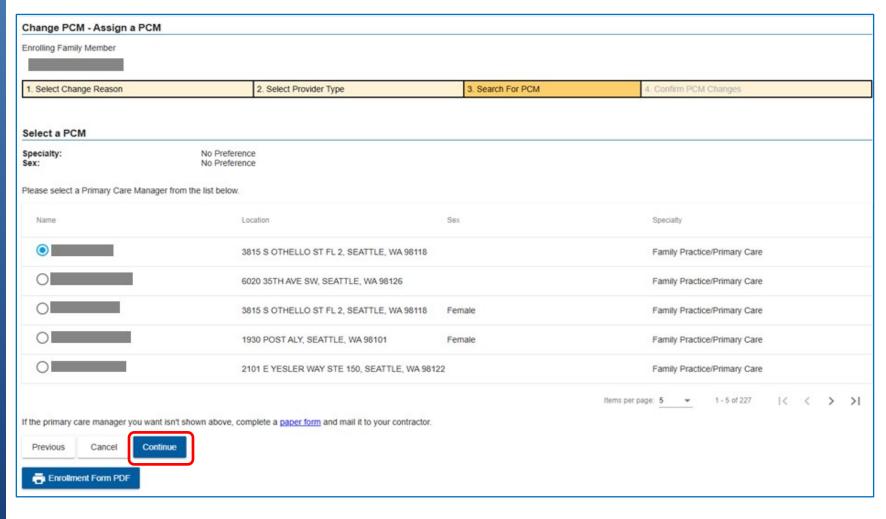






PCM Change (cont.)

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

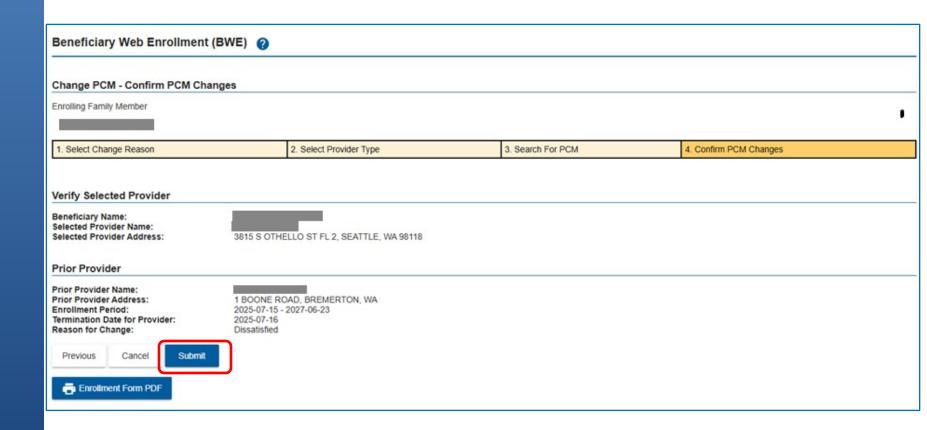






PCM Change (cont.)

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

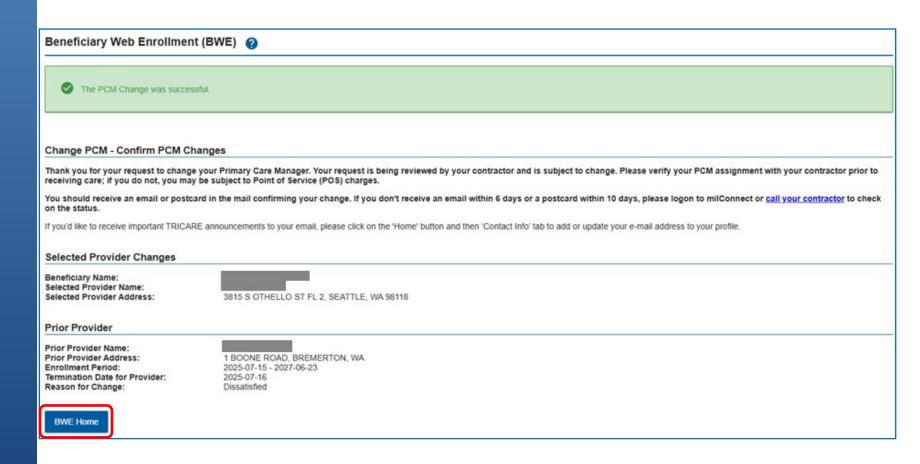






PCM Change (cont.)

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

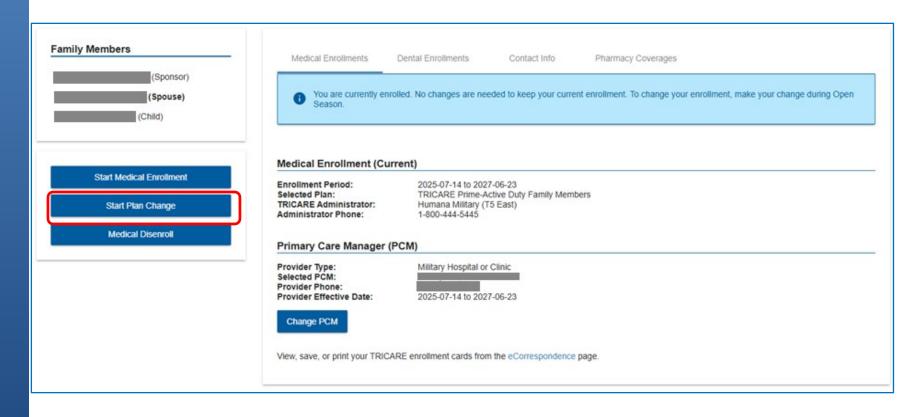






Plan Change

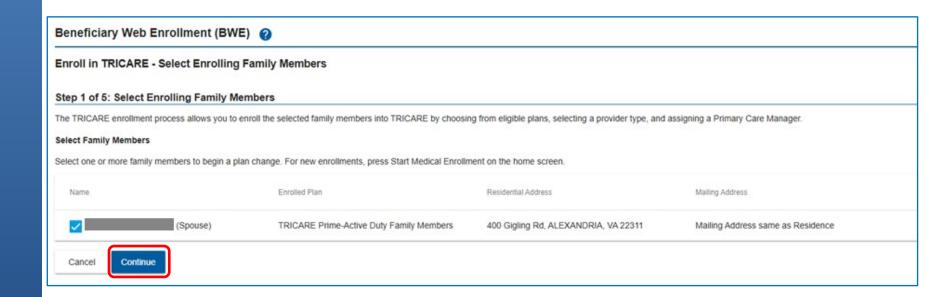
Select the **Start Plan Change** button.







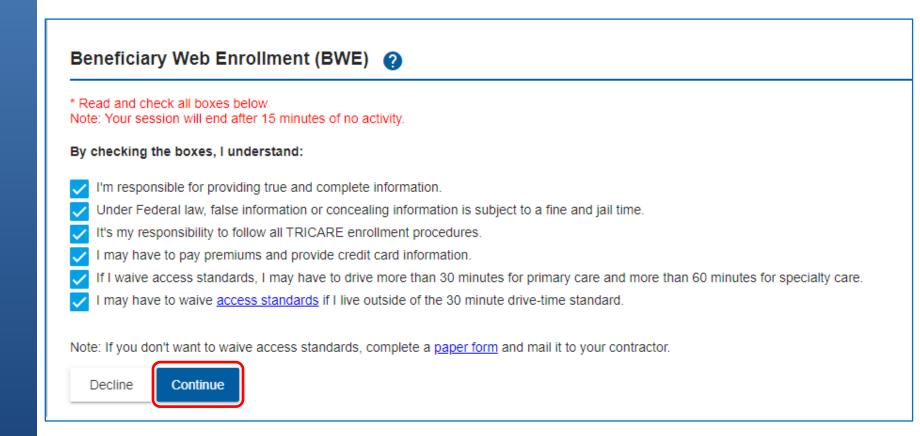
Select enrolling family members and select Continue.







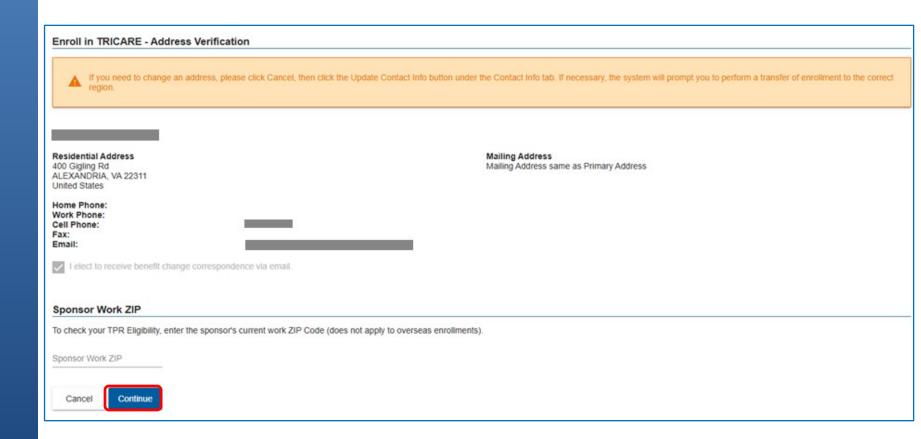
Select the check boxes for Enrollment Procedure Compliance, and then select the **Continue** button.







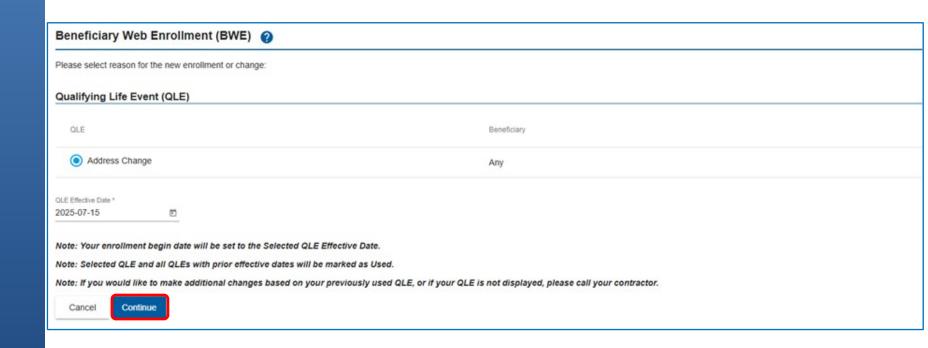
Verify address information, and then select the Continue button.







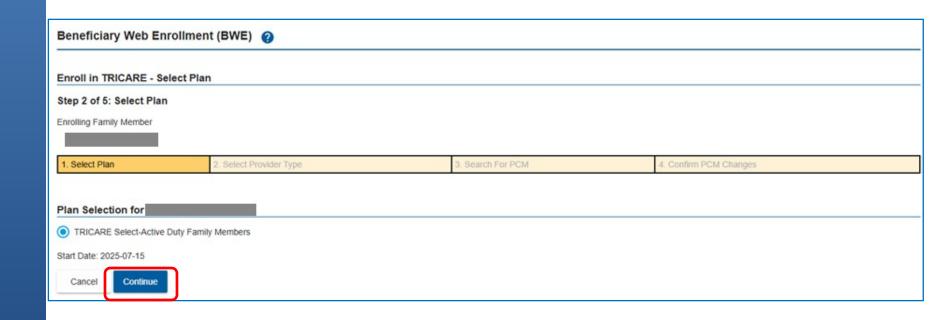
Select Annual Open Season or QLE (if applicable), and then select the **Continue** button.







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







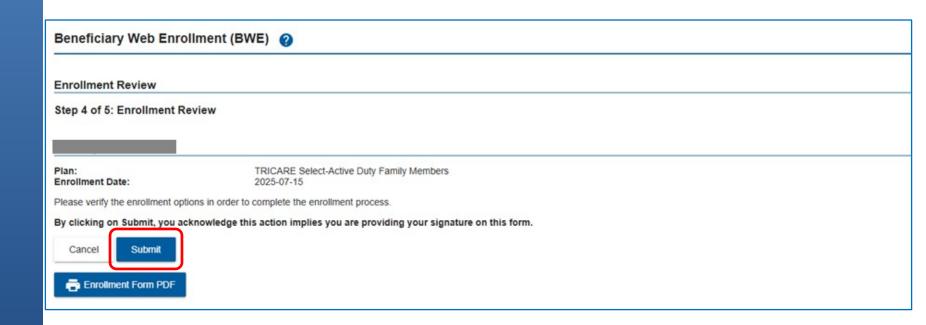
Verify the selected plan, and then select the **Continue** button.







Select the **Submit** button to complete the Plan Change process.





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

Beneficiary Web Enrollment (BWE) 2



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.

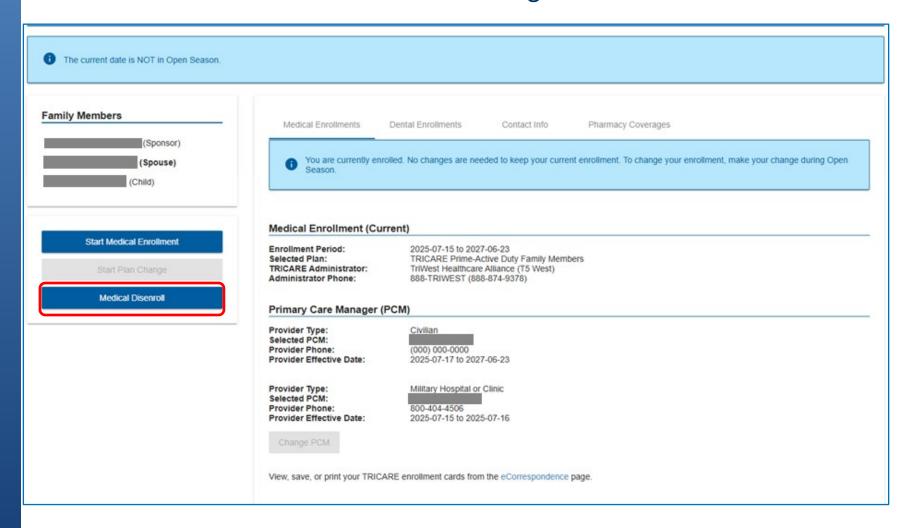






Disenrollment

Select the Medical Disenroll button to begin disenrollment.

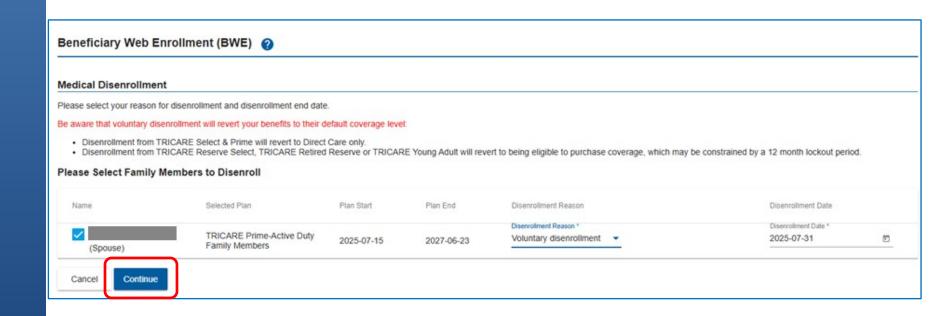






Disenrollment (cont.)

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

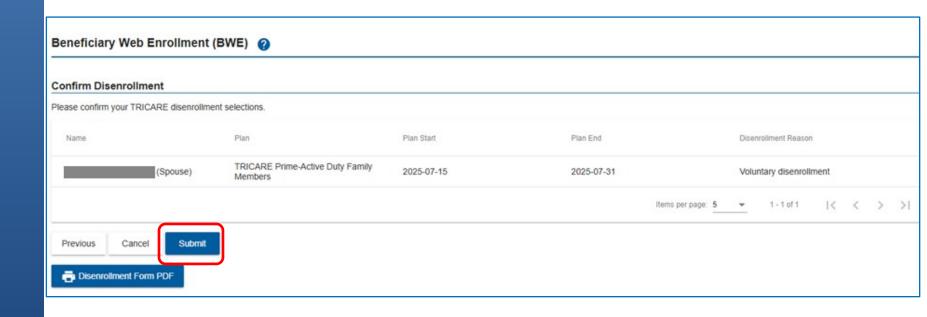






Disenrollment (cont.)

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





Disenrollment (cont.)

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

