



Read me first!

An enrollment application must be completed for all TRICARE® Prime options, including *US Family Health Plan*. Please note however, that there are some important differences between *US Family Health Plan* and other TRICARE plans, so please review the following pages before completing.

FREQUENTLY ASKED QUESTIONS

Who is eligible for *US Family Health Plan* (TRICARE Prime)?

- Enrollment is open to the family members of active duty or activated sponsors, military retirees, and military retiree family members
- Active duty and activated sponsors are unfortunately **not** eligible
- Children are eligible until age 21 but are extended until age 23 if enrolled in school full-time
- If you are unsure of your eligibility status, contact the Defense Manpower Data Center (DMDC) Support Office for verification at 1-800-538-9552

Where is *US Family Health Plan* Available Locally?

- Our headquarters are located in New York, NY, but enrollment is open to residents throughout the following service area: Lower Hudson Valley New York, New York City, Long Island, all of New Jersey, western Connecticut and southeastern Pennsylvania
- Be sure that your address information listed in the Defense Enrollment Eligibility Reporting System (DEERS) shows that you are within our service area to be able to qualify

When Does My Enrollment in *US Family Health Plan* Start?

- You have until the 20th of any given month to be enrolled on the first of the following month (i.e. submit an application by January 20th, you will be enrolled starting on February 1st)
- You may apply for *US Family Health Plan* at any point throughout the year
- If you are transferring from a different TRICARE Prime plan, you will be enrolled the following business day

How Can I Submit An Application?

- **Fax:** (212) 356-4849 or (212) 356-4909
- **Email:** usfamily@svcmcnyc.org
- **Mail:** US Family Health Plan | Attn: Enrollment Department | 450 W 33rd Street – 12th Floor | New York, NY 10001
- **Web:** TRICARE Beneficiary Web Enrollment (BWE) at www.dmdc.osd.mil/appj/bwe/
 - Please call us for assistance on how to use BWE for *US Family Health Plan*

Have Other Questions or Need Assistance with the Enrollment Process?

- Call us directly at: 1-800-241-4848, option 3
- Or send an email to: usfamily@svcmcnyc.org

GUIDE TO THE ENROLLMENT APPLICATION AND ITS INSTRUCTIONS

General Instructions (located on pages 5 & 6)

- Instructions #1 & #2 - Do **not** apply to *US Family Health Plan*
- Instruction #9 - *US Family Health Plan* is headquartered in New York, NY, but enrollment is open to residents throughout the following service area: Lower Hudson Valley New York, New York City, Long Island, all of New Jersey, western Connecticut and southeastern Pennsylvania

Section I – Sponsor Information (located on page 7)

- If the sponsor is active duty or activated, they are **not** eligible for *US Family Health Plan* and can skip to Section II after Line #12
- Line #8, #9 & #10 – You may skip these lines and proceed to Line #11
- Line #13 – The sponsor may either select a Primary Care Physician within the *US Family Health Plan* directory which may be found at: www.usfhp.net/physician_locator.asp, or indicate no preference and one will be assigned for them

Section II – Enrolling Family Member Information (located on page 8)

- Line g. – Family members may either select a Primary Care Physician within the *US Family Health Plan* directory at: www.usfhp.net/physician_locator.asp, or indicate no preference and one will be assigned for them
- If more than two family members are being enrolled, make additional copies of page 8 as needed

Section III – Other Health Insurance (located on page 9)

- Line #1 & #2 – If any enrolling member has either Medicare and/or other health insurance, please also submit a copy of the front and back of each insurance card

Section IV – Reason for PCM/PCP Change (located on page 9)

- You may skip this section and proceed to Section VI – Signature

Section V – Access Waiver (located on page 9)

- You may skip this section and proceed to Section VI – Signature, unless you live outside the *US Family Health Plan* service area but still wish to be enrolled

Section VI – Signature (located on page 9)

- A signature is required to process your application, so please remember to sign and date

Section VII – Payment of TRICARE Prime Enrollment Fees (located on page 10)

- Section VII and the *Enrollment Fee Allotment Authorization Letter* (on page 11) do **not** apply for active duty and activated family members, as they do not have enrollment fees
- Areas shaded in blue are not applicable to *US Family Health Plan*
- If an allotment is the preferred method of payment, please note that the first quarter enrollment fee payment is due at the time of application
- Medicare Part B is not required for enrollment in *US Family Health Plan*, but it is **recommended**
- If you have Medicare Part B, your enrollment fee is waived and there are no co-payments, except for prescriptions
- In the event that you have Medicare Part B and your spouse does not, you would pay just one enrollment fee (\$260 per year) for your spouse