

READ ME FIRST!

US Family Health Plan at Johns Hopkins Guide to the Enrollment Form for the US Family Health Plan

Attached is the standard national enrollment application form for the US Family Health Plan and other TRICARE Prime options.

There are some important differences between the US Family Health Plan and other TRICARE plans. Therefore, parts of this form are different, too.

Please read these brief guidelines that specifically pertain to the US Family Health Plan before you start filling out the form.

If you have any questions or need assistance filling out the enrollment form, please call us at 1-800-808-7347. We'll be happy to help.

Please note:

- ◆ If you want to enroll in the US Family Health Plan, this is the right form.
- ◆ Enrollment is open to military beneficiaries of ALL ages including those over age 65.
- ◆ When you enroll in the US Family Health Plan, you choose your Primary Care Provider (PCP). PCP is the same as a Primary Care Manager (PCM), which is the term you'll see on the standard form.
- ◆ Enrollment is open to residents throughout our service area: Maryland, parts of West Virginia, Northern Virginia and Southern Pennsylvania.
- ◆ If you mail this form, use this address: US Family Health Plan at Johns Hopkins, Enrollment Department, P.O. Box 815, Glen Burnie, MD 21060-0815

PLEASE SEPARATE THE PAGES BEFORE FILLING OUT THIS FORM.

By filling out one page at a time, you will avoid marking through all the copies at once.

**Questions? Call us at 1-800-808-7347, Monday through Friday, 8:30am – 4:30pm.
We can provide any assistance you need.**

Page-by-page guide to the Enrollment Application Form and its standard instructions

Page 1: Title Page – This is the “TRICARE Prime Enrollment Application and PCM Change Form” issued by the Department of Defense. Since the US Family Health Plan is a TRICARE Prime option, this is the correct form to use if you want to enroll with us. (Don’t worry; the form itself is only 4 pages long – it actually begins on page 5.)

PCM = PCP – The term “PCM” stands for Primary Care Manager. At the US Family Health Plan, we use the term “PCP” or Primary Care Provider. Your PCP is your personal physician or nurse practitioner. You can choose your PCP from our medical practices. There is a place on the enrollment form to indicate your choice.

Page 2: Who is Eligible? Except active-duty personnel (category 1), military beneficiaries of all ages living in the geographic service area are eligible to join the US Family Health Plan. Please complete Sections I, II, III, and VI and sign the form.

Page 3: General Instructions (Question #1 and Question #2 are not applicable.) Question #3: For additional family members you may also attach a separate sheet of paper listing the appropriate information for each additional family member.

Page 4: Clarification of Question #9: The administrative offices for the US Family Health Plan at Johns Hopkins are located in Glen Burnie, Maryland. Our large network of Johns Hopkins providers, local private providers and hospitals serves Plan members who live in Maryland, Southern Pennsylvania, parts of West Virginia and Northern Virginia.

Page 5: The application starts here. It’s a 4-page form; each page has a yellow copy. Please separate the pages and fill out one page at a time to avoid marking through all the copies at once. Please use a ball point pen. Be sure to check the box in front of your selection/response. For example, check the box in front of the US Family Health Plan.

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Page 5 and 6: Primary Care Manager Preferences (Line 13). Instead of indicating your preferences for a PCM, you can actually choose your PCP. Consult our provider directory (located in this kit) for a provider near you. A provider directory is available online at www.hopkinsmedicine.org/usfhp/where/. Click on the office of your choice and select “Provider Profiles” at the top of the page. Then just print the name of the provider you choose to be your PCP on line 13a.* Your family members should indicate their PCP choices on page 6.* Please indicate if your PCP choice is your current PCP by writing “Current” after the PCP’s name. If the choice is not your current PCP, write “New” after the PCP’s name.

*Once you’ve chosen your PCP(s), there is no need to further describe your preferences (i.e., speciality, gender).

Page 7: Section III. Retirees and their family members should read both questions carefully and indicate their responses. Active-duty families can skip this section and proceed to Section V.

Question 1: Check “YES” if the retiree or any family member carries Medicare Part B, regardless of age or reason. A copy of each Medicare card must be provided for each person carrying Medicare Part B.

Section IV: Skip this section. It is not applicable for a new enrollee.

Section V: If you reside more than 30 minutes drive time to a Primary Care center and would like to waive the access standard for drive times and join the plan, please sign and date this section.

Section VI: Signature – Sign and date your application form on the bottom line of page 7.

Page 8: Section VII, Payment of Enrollment Fees. In the instructions for this section, item 1 states that Medicare-eligible members must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE Prime. This is NOT the case for enrollment in the US Family Health Plan. **Medicare Part B is not required to enroll in the US Family Health Plan, but it is recommended.** If you have Medicare Part B, your enrollment fee for the US Family Health Plan 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 (\$230 for your spouse).

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