

## **READ ME FIRST!**

### **Your guide to the Enrollment Form for the Johns Hopkins 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 *Enrollment 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 1-800-801-9322. We'll be happy to help.**

#### **Please note:**

- If you want to enroll in the Johns Hopkins 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, South Central Pennsylvania, parts of D.C., Delaware, West Virginia and Northern Virginia.
- If you mail this form, use this address: Johns Hopkins US Family Health Plan, 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 1-800-801-9322, Monday through Friday, 9:00am - 5:00pm.  
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 3 pages long – it actually begins on page 4.)

**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.

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.

**Page 2:**

General Instructions (Statement #1 and Statement #2 **are not** applicable.)

Statement #3: For more than two family members you will need to fill out additional copies of page 5.

**Page 4:**

**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.

Please complete Sections I, II, III, VI, and VII and sign the form.

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**Page 5 and 6: Primary Care Manager Preferences (Line h.)**. You can choose your PCP or PCP office location. Go to [www.hopkinsmedicine.org/usfhp](http://www.hopkinsmedicine.org/usfhp) and click on *Members and Visitor* for *Locations*. You can view Bios of a doctor (PCP) of your choice. Your family members should indicate their PCP choices on page 5. 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. If you are unsure about a specific PCP but know the provider location, indicate the location and we will update our records once you select a PCP.

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

**Page 6: 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 2:** 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 6.

**Page 7: Section VII, Payment of Enrollment Fees.** In this section it 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). Refer to *Payment Options Form* for additional instructions.

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We can provide any assistance you need.**



**JOHNS HOPKINS**  
M E D I C I N E  

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**US FAMILY HEALTH PLAN**

Johns Hopkins US Family Health Plan

P.O. Box 815

Glen Burnie, MD 21060-0815

[www.hopkinsmedicine.org/usfhp](http://www.hopkinsmedicine.org/usfhp)

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