



## Guide to the Enrollment Form for the US Family Health Plan (READ ME FIRST!)

Attached is the standard national enrollment application form that must be completed for all TRICARE Prime options, including the US Family Health Plan.

**There are some important differences** between the US Family Health Plan and other TRICARE plans. For example, the US Family Health Plan is the only TRICARE Prime option available for beneficiaries 65 years of age and older. So parts of this form and its instructions are different, too.

To avoid any confusion, please read these brief guidelines that specifically pertain to the US Family Health Plan before you tackle the form itself.

**If you have any questions or need assistance in filling out the enrollment form, please don't hesitate to call us at 1-888-241-4556. 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.
- ▶ When you enroll in the US Family Health Plan, you choose your Primary Care Provider (PCP). **PCP** is the same as **PCM** (Primary Care Manager), which is the term you'll see on the form. They both mean the same thing.
- ▶ Our administrative offices are in Portland, Maine, but enrollment is open to beneficiaries throughout our service area. This includes all of Maine, New Hampshire, and Vermont, as well as portions of northern Massachusetts and most of northeastern New York. We have a large local provider network serving members in these areas.
- ▶ If you mail this form, use this address: Enrollment, US Family Health Plan at Martin's Point, P.O. Box 9746, Portland, ME 04104-9895.

Questions? Call us at 1-888-241-4556, Monday–Friday, 8:30 am–4:30 pm.  
We can provide any assistance you may need.



US FAMILY HEALTH PLAN

331 Veranda Street • P.O. Box 9746 • Portland, ME 04104-5040



## PAGE-BY-PAGE GUIDE TO THE ENROLLMENT APPLICATION FORM AND ITS STANDARD INSTRUCTIONS

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**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; there are just a few pages that need to be filled out. The form itself is only 4 pages long—it actually begins on page 5.)

**PCM = PCP.** As explained above, 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 the provider you call when you need health care. You can choose your PCP from our network—there’s a place on the enrollment form to indicate your choice.

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**Page 2: Who is Eligible?** (Which sections of the form should you complete?) Except active-duty personnel (category 1), military beneficiaries of all ages are eligible to join the US Family Health Plan. Please complete Sections I, II, III, and VI (including your signature) of the enrollment form.

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

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**Page 4: Clarification of Statement #9.** The administrative offices for the US Family Health Plan at Martin’s Point are in Portland, Maine. Our large network of providers and hospitals serves active-duty family members, retirees, and their eligible family members who live in Maine, New Hampshire, and Vermont as well as portions of northern Massachusetts and most of northeastern New York.

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**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 yellow copies at once. Please print in ink. Where there are boxes to check mark, check the box *in front* of your selection/response. For example, check the box *in front* of US Family Health Plan.

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**Pages 5 and 6: Sponsor and Family Member Names.** Please indicate gender of applicant for any names that may require clarification (such as “Chris” or “Pat”).

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**Primary Care Manager Preferences (Line 13).** Instead of merely indicating your preferences for a PCM, you can actually choose your PCP. Consult our network lists or search online at [www.martinspoint.org/usfhproviders](http://www.martinspoint.org/usfhproviders) for providers near you. Then simply 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. If you chose a PCP, there is no need to further describe your preferences. **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 do not indicate “Current” or “New” on your enrollment form, we may have to contact you, which could delay your enrollment.**

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**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 VI to sign and date the enrollment application. **Accurate information about other health insurance greatly increases our ability to coordinate your benefits.**

**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.**

**Sections IV and V.** Skip these sections; they are not applicable.

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

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**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 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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**Help us process your enrollment quickly!**  
**Did you remember to:**

- Select a Primary Care Provider (PCP) for each enrollee?  
(See [www.martinspoint.org/usfhpproviders](http://www.martinspoint.org/usfhpproviders) for PCPs.)
- Enclose payment for at least the first quarter (if applicable)?
  - Sign the enrollment form?

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