



# Member Registration Guide



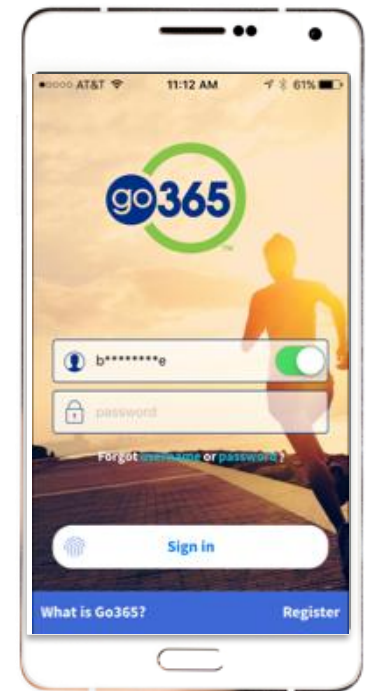
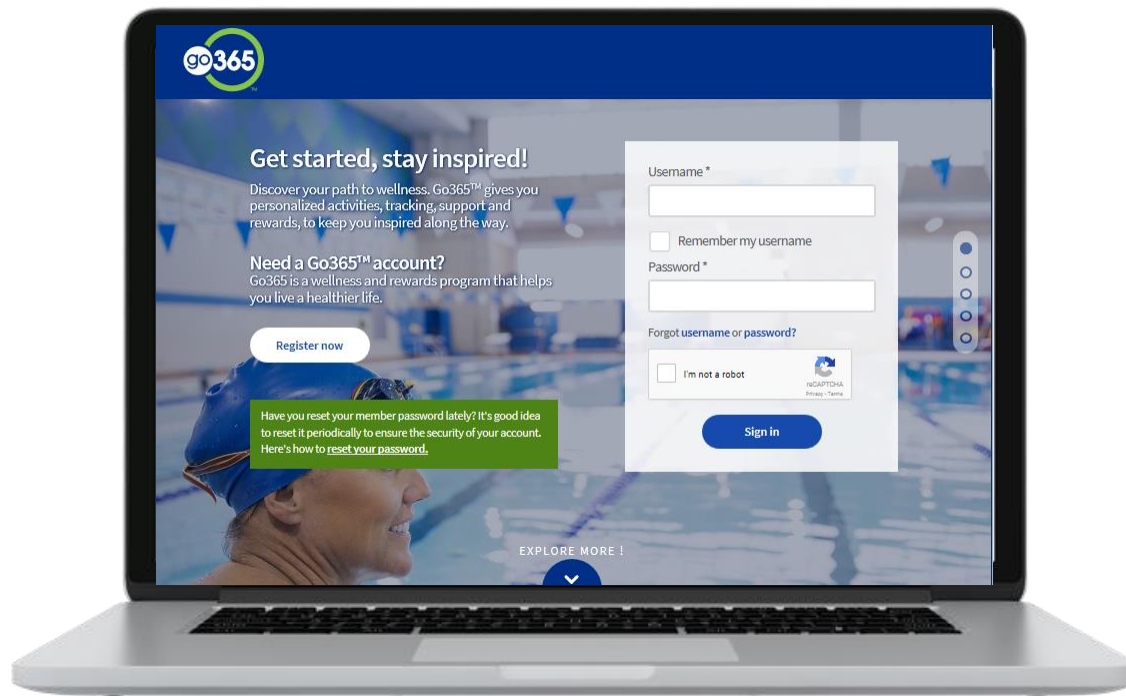
# Go365 Trilogy Member Registration Instructions



**TrilogyFIT**  
*Caring for you as you care for others*

# Two Ways to Register for Go365®

1. [Go365.com](https://www.go365.com)
2. Go365 App (available in the Apple and Google Play Stores)



# Select the Register button on Go365.com or in the App

Go365.com

**Get started, stay inspired!**  
Discover your path to wellness. Go365™ gives you personalized activities, tracking, support and rewards, to keep you inspired along the way.

**Need a Go365™ account?**  
Go365 is a wellness and rewards program that helps you live a healthier life.

**Register now**

Have you ever reset your member password lately? It's good idea to reset it periodically to ensure the security of your account. Here's how to [reset your password](#).

Username \*

Remember me

Password \*

[Forgot username or password?](#)

I'm not a robot

username

password

[Forgot username or password?](#)

Sign in

**Register**

Go365 App

# Complete your member identifying information then select the “Continue” button

## Registration

### Member information

Enter your identifying information to access Go365™, where you can find the tools and support to help you live a healthier life.

If you are a Humana Medicare member, please access Go365 through MyHumana by registering at [Humana.com](https://www.humana.com).

\*Required

Member ID number \* ?

or

Social Security number (Optional) ?

Date of birth \*

ZIP code \*

By continuing, I agree to the [Go365 Online Services and Go365 Web Confidentiality Agreement](#)

Continue

- Your member ID number is a 9-digit number
- Enter your date of birth with all eight digits (i.e. 10/1/1985)
- Zip code must match the zip code currently on file with Go365. If you recently moved and your zip code isn't being accepted, try using your old one.

# Create a Username and Password

## Registration

### Username and password

\*Required

Email

Confirm email

Create username

6 to 15 letters and/or numbers, no spaces or special characters, and not your member ID

Password

Confirm password

Minimum of 8 to 15 characters, not your username, at least 1 number, and no special characters other than # \* \$ or @

Security question

Security question response

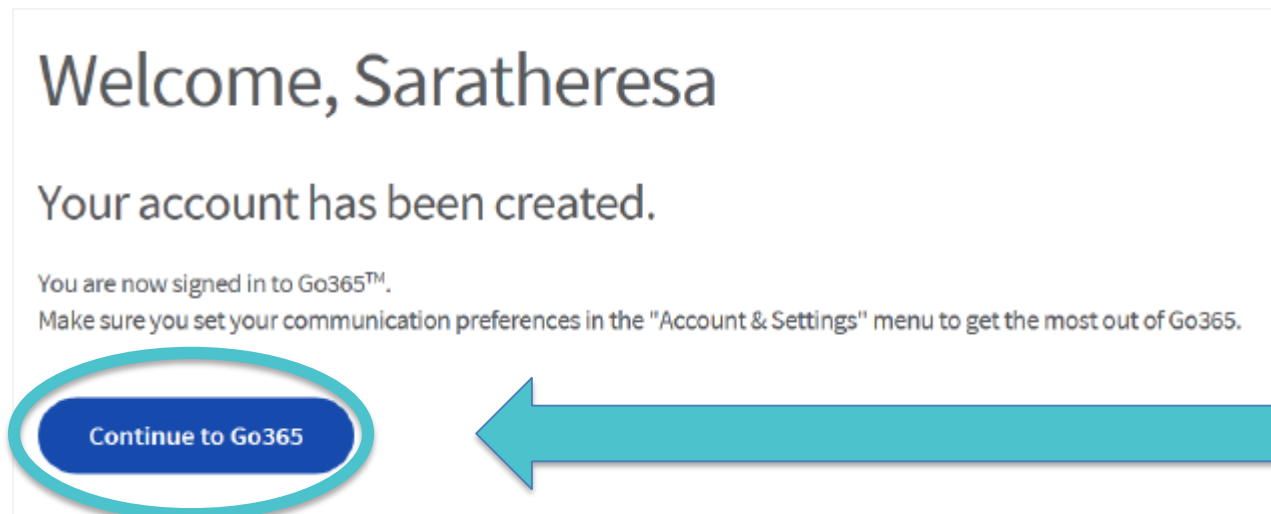
Letters, numbers or these characters (.,'-) only

Submit

- All fields are required
- Username requirements:
  - ✓ 6-15 characters (letters and/or numbers)
  - ✓ No spaces or special characters
  - ✓ Do not use your member ID or Social Security Number
- Password requirements:
  - ✓ Minimum of 8 to 15 characters
  - ✓ Must include at least one number
  - ✓ Case sensitive
  - ✓ No special characters other than # \* or @

**Keep your username and password in a safe place for future use!**

Congratulations! Registration is complete. Select “Continue to Go365” and get going on your personalized journey!



Note: before accessing Go365 online or through the App, you will need to accept the program terms and conditions by selecting “I agree.”

# Looking for next steps? Get out of Blue Status by doing one of the following:

## 1. Complete any section of the Health Assessment

- Select “Go365 Health Assessment” from the online or App dashboard to complete.

## 2. Get a biometric screening

- Select “Activities” after signing into Go365.com > find “Biometric Screening” under the “All” category > click “View details” for more information to complete.

## 3. Log a verified workout

- Select “Quick Links” after signing into Go365.com or access settings in the Go365 App to review device connections or search participating fitness facilities online under “Quick Links.” Review [this compatibility grid](#) and [video](#) for more information to complete.

Adult children can only move a family out of Blue Status by completing a verified workout



# Questions?

## [Visit the Go365 Community!](#)

Go365 is not an insurance product. Not available with all Humana health plans.

### **Discrimination is against the law**

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

**Humana Inc. and its subsidiaries** provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call the number on your ID card or if you use a **TTY**, call **711**. If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618

Lexington, KY 40512 - 4618

If you need help filing a grievance, call the number on your ID card or if you use a **TTY**, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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## Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card.

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị.

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 .

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении.

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou.

**Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej.

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação.

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet.

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちのIDカードに記載されている電話番号までご連絡ください。

**فارسی (Farsi):**

تماس بگیرید. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره تلفن روی کارت شناسایی تان

**Diné Bizaad (Navajo):** D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, n1mboo ninaaltsoos y4zh7, bee n44 ho'd0lzin bik11'7g77 bee h0lne'.

**العربية (Arabic):**

بك. ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة

