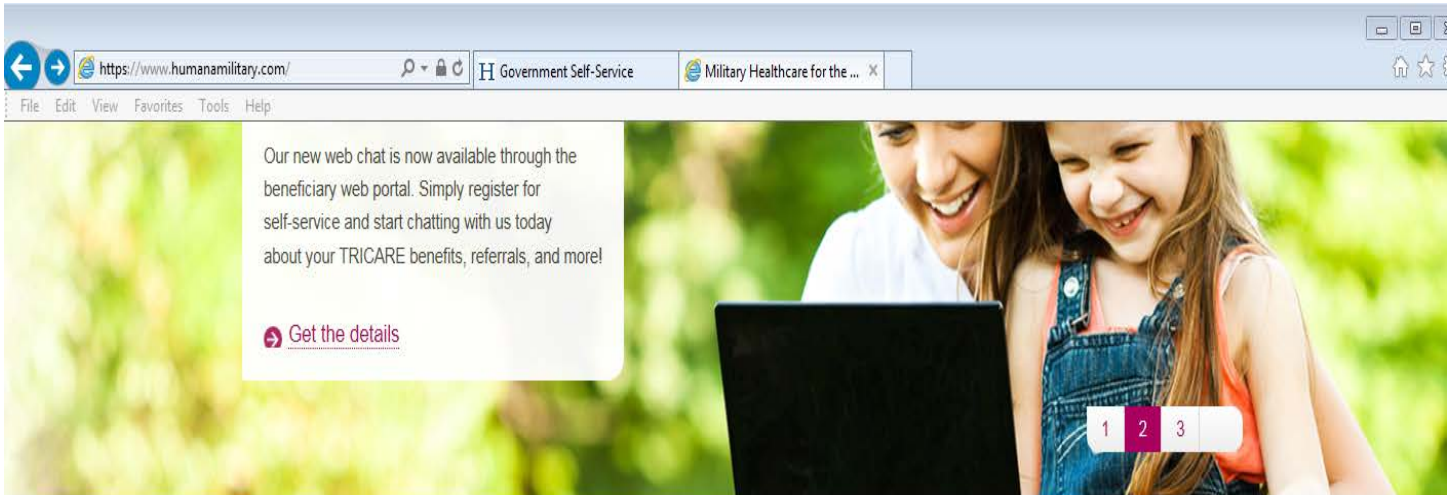


Humana Beneficiary Self-Service Registration Steps

www.humanamilitary.com

Click on “Log in/register for self-service” button



Welcome to TRICARE South

Humana Military is the proud administrator of the TRICARE contract in the South Region. Humana Military has been an active partner with TRICARE for 19 years, proudly serving retirees, active duty service members and their families.



Beneficiary Information

- Enrollment
- Make a payment
- Claims
- Plans and programs
- Provider locator
- Resources
- Easily navigate our phone system with this guide

→ [Log in/register for self-service](#)



Click on “Register for an Account today” Link

Humana Military.

[Beneficiary](#) [TRICARE Plans](#) [Enrollment](#) [Health & Wellness](#) [Tools & Resources](#) [Find a Provider](#)

[Home](#) [Self-Service](#) [Self-Service Log In](#)

Beneficiary Self-Service Log In

I Already Have an Account

Self-Service Log In

User ID:

Password:

[Login](#)

[Forgot User ID?](#)
[Forgot Password?](#)

I Do Not Have an Account

By Registering you can:

- Verify eligibility
- Check referrals & authorizations
- Change communication preferences
- Check claims & more

[Register for an Account Today!](#)

Deactivate Your Account

[Deactivate User ID](#)

I Have an Existing DS Logon

Log in to the Self-Service secure portal with a [DoD Self-Service Logon](#) Premium Account.


Please note that once you access this site using DS Logon you will no longer be able to log in using your Self-Service for Beneficiaries account.

Consent Notification

You can access Humana Military Healthcare Services Automated Information System. By using this system you consent to the terms of the Privacy Act Statement.

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by Humana Military Healthcare Services Automated Information System (Humana Military) and how it will be used



Fill out all your information. Use the Drop down arrow menu to select “Your Relationship to Sponsor”

Beneficiary TRICARE Plans Enrollment Health & Wellness Tools & Resources Find a Provider

Self-Service Registration Page 2

Self-Service Registration Wizard

Step 2 - Enter information about you and your Sponsor.

Create Self-Service User ID

1 Review Information 2 Demographic Information 3 Create User ID and Password 4 Email Confirmation 5 Verify Information 6 Disclaimer

All information is required. Your Zip Code is validated against our Enrollment records, all other information is validated against DEERS.

* Your Name: First Name MI Last Name

* Your Gender: [Dropdown]

* Your Date of Birth: [Date Picker]

* Your Relationship to Sponsor: [Dropdown]

* Sponsor SSN: [Masked Input]

Do not enter your SSN unless you are the Sponsor!

* Sponsor Branch of Service: Navy [Dropdown]

* Is the Sponsor Retired? Yes No

* Your Zip Code: 78418 [Click here for information about Zip Code validation.](#)

Continue

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Read Privacy Act and Consent Statement Click Continue

[Click here to see a registration example](#) or click "Continue" to begin the registration process.

Consent Notification

You can access Humana Military Healthcare Services Automated Information System. By using this system you consent to the terms of the Privacy Act Statement.

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by Humana Military Healthcare Services Automated Information System (Humana Military) and how it will be used.

AUTHORITY: 10 U.S.C. 1079 and 1088; 38 U.S.C. Chapter 17; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and E.O. 9397 (SSN), as amended.

PURPOSE: To obtain information from individuals to validate their eligibility as beneficiaries, grant access to the Humana Military website, and provide beneficiary services available through Humana Military to validated individuals, including physician referrals, healthcare authorizations, claims payment, assignment of beneficiaries to physicians, and informational contact with validated beneficiaries.

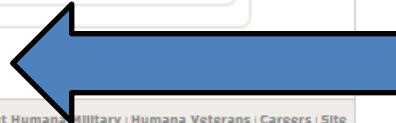
ROUTINE USES: Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. Information may also be used and disclosed in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD "Blanket Routine Uses" published at: <http://dpcid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>

Information collected from you may also be shared with the Departments of Health and Human Services and Homeland Security, and other Federal, State, local, and foreign government agencies, private business entities under contract with the Department of Defense, and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.


DISCLOSURE: Voluntary; however, failure to furnish all requested information will result in an individual not being able to access beneficiary services available through the Humana Military website.

For more information on Humana Military's privacy practices, including web site Terms of Use and Internet Privacy Statement [click here](#).

Continue



Create your user name and password-Click Continue

Humana Military. 

Beneficiary TRICARE Plans Enrollment Health & Wellness Tools & Resources Find a Provider

Home Self-Service Registration Page 3

Self-Service Registration Wizard

[Help ?](#)

Step 3 - Create User ID and Password

Create Self-Service User ID

1 Review Information 2 Demographic Information 3 Create User ID and Password 4 Email Confirmation 5 Verify Information 6 Disclaimer

* User ID: User ID must be 6 to 12 letters and/or numbers and contain no special characters.

* AKA Name: AKAName is used for receiving help without giving out your password or userid over the phone! It must be 6 to 12 letters and/or numbers.

* Password: Password must be 8 to 12 characters and must contain at least one letter, one number and one of the following special characters: \$ @ # ! - + _ =

* Confirm Password:

* Reminder Question: ▾


* Answer: Please use lower case and no special characters.

* For security purposes, enter the last 4 digits of **your SSN:** (Person Registering)

* Confirm last four digits of **your SSN:**

Continue

Enter your email. Keep in mind that this is the email that will be used to notify you once a referral has been built for you. You will also have to log in to this email to confirm it. Click Continue

Humana Military. 

[Beneficiary](#) [TRICARE Plans](#) [Enrollment](#) [Health & Wellness](#) [Tools & Resources](#) [Find a Provider](#)

[Home](#) [Self-Service](#) Registration Page 4

Self-Service Registration Wizard

[Help](#)

Step 4 - Email Confirmation

Create Self-Service User ID

Review Information Demographic Information Create User ID and Password **4** Email Confirmation 5 Verify Information 6 Disclaimer

* Indicates required information.

* Email:

* Confirm Email:

Head of household email address
 Not head of household email address

Head of Household refers to the TRICARE Prime sponsor or spouse who has established their communication preferences for the beneficiary newsletter (email rather than U.S. mail).

If you are **NOT** the Head of Household beneficiary, you may view the newsletters on the Humana Military website.


[Internet Privacy Statement](#)

[Continue](#)

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Read disclaimer and either Agree or Disagree-to Continue select Agree

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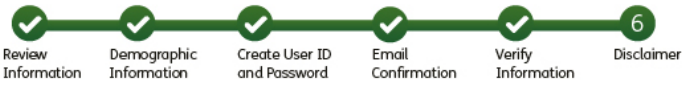
[Home](#) [Self-Service](#) Registration Page 6

Self-Service Registration Wizard

[Help ?](#)

Step 6 - Please read the following information.

Create Self-Service User ID




subsidary of the other Humana Inc party to any tribunal or else stand liable for contempt or suffer other censure or penalty, you may disclose such information to such tribunal without liability hereunder. At the termination of such Agreement, you will promptly, upon the request of the other party, deliver to such party all documents or other matters furnished to you constituting Confidential Material, without retaining any copy thereof. In the event of such request, all other documents or other matters constituting Confidential Material will be destroyed (including all electronic images of Confidential Material), and you will confirm in writing that all Confidential Material has been returned or destroyed. It is understood and agreed that no failure or delay by the other party in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any other right, power or privilege hereunder. If you are in agreement with the foregoing, please indicate by clicking on the "I Agree" button below.

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CONGRATULATIONS! Your Registration is complete. Be sure to log in to your email account and confirm using the email sent to you.

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[Home](#) [Self-Service](#) Registration Page 7

Self-Service Registration Wizard

Step 7 - Registration Complete

Create Self-Service User ID



Review Information Demographic Information Create User ID and Password Email Confirmation Verify Information Disclaimer

Congratulations!

You now have access to Self-Service.

Click [here](#) to begin using the Self-Service portal

[Please Continue to Set Your Communication Preferences and Begin Using Self-Service](#)

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Email is the default setting for all communications. In order to edit please select from the drop down arrow your preference of communication for each category. Then click "Save Change" button.

* If you would like all your categories set to email then click "verified Information" button

The screenshot shows the 'My Contact Preferences' page. At the top left is the ICARE logo. At the top right is a search bar and a 'We' icon. Below these is a green navigation bar with links for 'Beneficiary', 'Provider', 'Government', 'CHCBP', and 'Find a Provider'. The main content area is titled 'My Contact Preferences' and includes a 'Last verified on 7/23/2015 10:05:13 AM by' timestamp and a 'Frequently Asked Questions' link. A box shows 'Email Status: Pending' and a 'Send Again' button. The 'E-mail and Phone Settings' section contains fields for 'E-mail Address', 'Text Phone Number', and 'Voice Phone Number', with a 'Do not send E-mails' checkbox. The 'Set Communication Preferences' section has four dropdown menus, all currently set to 'Email'. A large blue arrow points to these dropdowns. Below this section are 'Save Changes' and 'Information Verified' buttons. A second large blue arrow points to the 'Information Verified' button. At the bottom, a footer contains navigation links and a copyright notice for 2015.

Another New Feature is the ability to chat with a representative online!

 Beneficiary Self-Service

 Chat Available



My Secure Messages (1) 

Eligibility data was successfully retrieved from DEERS, it is current as of 07/23/2015 08:56:00 AM.

My Profile [Hide List](#)

Name: _____

Email: _____ [Update](#)

Phone: _____ [Update](#)

Text Phone: _____ [Update](#)

TRICARE Eligibility: Eligible (ADSM) [View](#)

TRICARE Program: TRICARE Prime individual coverage for active duty sponsors

User ID: _____ [Deactivate User ID](#)

Last Access: 07/23/2015 09:05:14 AM


Last Password Reset: 07/23/2015 09:05:13 AM [Update](#)

[Request an Address Change](#)

Access this site and other DoD websites securely with one username and password. [Register for a DS Logon today!](#)

My Family [Hide List](#)

Select a family member to view [?](#)

Name	Relationship	Eligibility Status
 _____	Self	_____

[Show Ineligible Family Members](#)

TRICARE Enrollment [Hide List](#)

for _____)

[One-time payment](#)

[Set up recurring payment](#)

[Request a PCM Change](#)

PCM Name: _____

PCM Address: None on file

PCM Phone: None on file

PCM Fax: None on file

[Print Temporary Prime Enrollment Verification](#)

My Communications [Hide List](#)

Title	Type	Date Sent	
Beneficiary Portal Admin	US Mail	07/23/2015	View
Email Confirmation	Email	07/23/2015	View
Email Confirmation	Email	07/23/2015	View
Newsletters	Email	04/13/2015	View

Referrals and Authorizations [Hide List](#)

for _____)

Date Entered	Services Authorized	Provider	Status ?
10/15/2014	General Surgery	Surgical Associates Lp	Approved

[View all for _____](#)

Auth/Order Number:
Case Category: Approved

Patient Information Print

Name:	Sponsor ID:
Date Of Birth:	Patient ID:
Market:	Other Health Insurance:
Service Area:	Patient Phone #:

Provider Information Hide

PCM:	Rendering:
Name: Naval Hospital Corpus Christi	Name:
Address: 10651 E St Corpus Christi, TX 78419-5130	Specialty:
Phone: (877) 628-9633	Group Name:
Fax: (361) 961-2692	Address:
	Phone:
	Fax:

Ordering:	Facility:
Name:	Name:
Address:	Specialty:
Phone:	Address:
Fax:	Phone:
	Fax:

Case Authorization Information Hide

Case Type:	Processed Date:
Submitted Date:	Place Of Treatment: Doctor's Office
Type Of Service:	Number Of Units Or Visits: 4
Valid Dates:	

Reason For Referral:
Initial Diagnosis:

Service	Units	Between Dates
Office Or Op Visit New Patient	03	10/01/2014 10/01/2015
Office Consult New Or Established Pt	01	10/01/2014 03/30/2015

Case Visit Information Hide
 Scheduled Appointment: None Confirmed Service Dates: 10/2015 10:00:00 AM