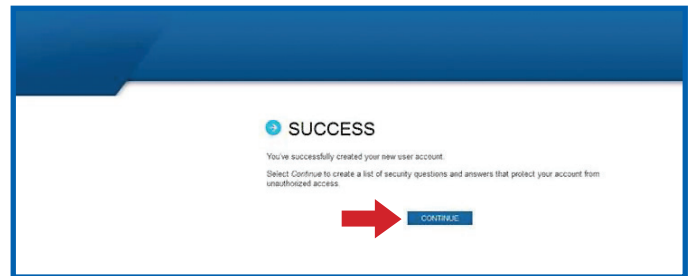


bcidaho.com

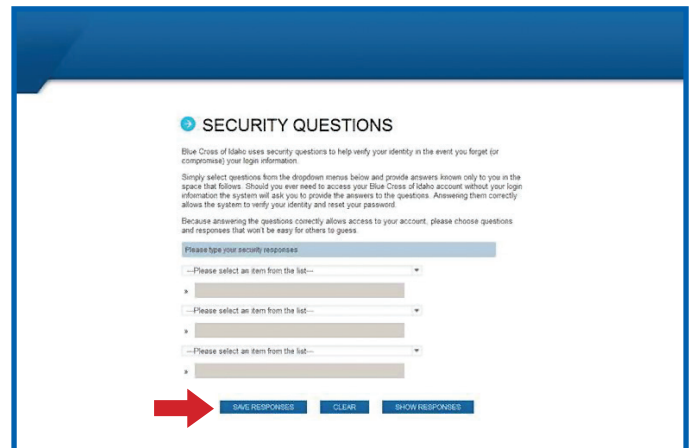
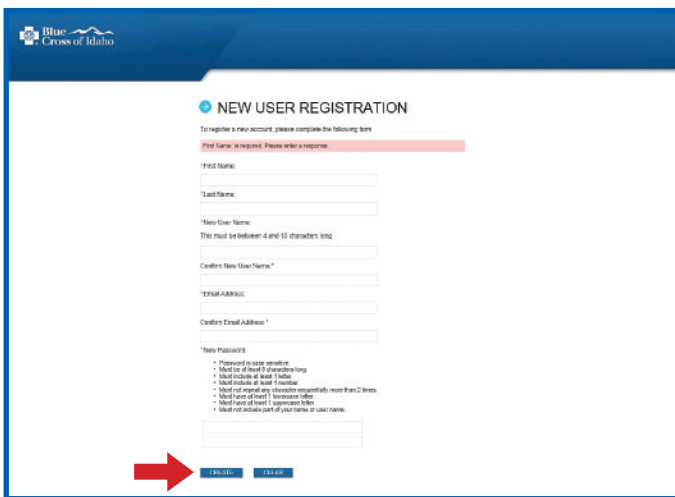
- 1 Visit *members.bcidaho.com*.
Select **Register** from the menu at the top of the page.

- 3 A new screen will let you know if you successfully registered. Select **Continue**.



- 2 Enter your first and last name, email address, create a username and password, and select **Create**.

- 4 To help identify you in the event you forget your password, select three security questions with answers only you know. Select **Clear** if you want to change your responses, and then **Save Responses** when you're finished.



continued

5 You can confirm your questions and answers on the next screen. Select **Confirm Responses** to accept the information, or **Go Back** if you want to change your questions or answers.

CONFIRM PASSWORD RESPONSES

Be sure your answers and questions are correct. Check the spelling and punctuation. In the event you forget your password, you will need to type in the exact answers to the questions below.

What was your first car?
» oldsmobile

In what city did you meet your spouse/significant other?
» elk grove

What school did you attend in sixth grade?
» c b wire

[CONFIRM RESPONSES](#) [GO BACK](#)

6 The final screen confirms if the system accepted your questions and answers. Select **Continue**.

SUCCESS

Your secret questions and answers have been successfully saved. If you ever forget your password, you can use the answers to these questions to reset your password.

[CONTINUE](#)

7 Complete registration by entering your enrollee ID or group number, birth date, gender, selecting if you want to receive electronic notices from Blue Cross of Idaho, check the box indication you've read the Statement of Understanding, and select **Register**.

COMPLETE YOUR MEMBER REGISTRATION

Please Note:

- To complete your registration, your policy must be in effect. Please **only use numbers** when entering your Enrollee ID.
- If you are registering as a **Responsible Party** for your dependents, you will need to register and create an account for each dependent.

Based on your initial registration, we have the following information about you:
Your Name: _____
Your Email Address: _____

[Please proceed to fill in the form.](#) *All Fields Required

Additional Information

In order to register you as a member, please provide us with a little more information about yourself.

* Enrollee ID: _____ * Group Number: _____ * Date of Birth: _____ * Gender: _____
(MM/DD/YYYY) Male Female

Electronic Communications

Would you like to receive electronic communications such as our monthly e-newsletter that gives you advice on using your benefits, tips on health and wellness, and other important reminders?
 Yes No

Statement of Understanding

I affirm I am either the enrollee/member (spouse of 18+ year old dependent) seeking to access my claims and benefits or the parent or guardian of the dependent under the age of 18.
Those members who are dependents (Spouse or Children) on another member's coverage will only see their individual claims and benefits.
To complete your registration, you must check this checkbox.

[REGISTER](#)

If you are having trouble registering or have questions, please contact customer service at 800-627-1188.

8 You've successfully registered a Blue Cross of Idaho website account. Select **Login** from the top menu to enter your username and password information anytime you want to view information about your EOBs, benefits, out-of-pocket amounts, or any other details about your healthcare coverage.

Blue Cross of Idaho

CLAIMS BENEFITS MY CHALLENGES PRESCRIPTION TOOLS HEALTH

MEMBERS

HEALTH INSURANCE 101
Understand your health insurance in 10 minutes or less

Welcome, Member

We are honored you chose Blue Cross of Idaho as your healthcare insurer. For us, healthcare goes beyond insurance. It's about delivering quality services and products and enhancing your member experience. You can count on us to provide professional and friendly customer support. We are committed to YOU.

WHY HEALTH INSURANCE?

WHAT'S NEW

- Learn about Member Discount Programs
- Attending Care Act & Your Membership
- Find a Provider Near You
- Sign up for Electronic Statements

LOG-IN
Click Here

PRESCRIPTION INFORMATION

800-627-1188

- Discount Programs
- Search Tools
- Resources & Forms
- Member Plan Links

Feedback