How to register in My Account from Carefirst BlueCross BlueShield

- 1. Go to <u>www.carefirst.com</u>
- 2. Click on the "LOG IN" button



3. Next, click on the "REGISTER NOW" button



4. Next, click on the "Accept Terms of Use" button

Registration Step 1 of 3: Terms of Use

By clicking the "Laccept terms of use" button, you agree to abide by the Terms of Use. That means:

- · You are solely responsible for maintaining the confidentiality of your user ID and password
- . You will not share your user ID and password with anyone else
- You will not invade the privacy of, or obtain the identity of, any other user of the My Account site.
- You are responsible for all use of My Account services accessed through your user ID and password

Access to My Account Services

My Account provides secure access for registered users to limited personal benefits information.

Registration for My Account

To register for My Account, you must be:

- Enrolled in CareFirst medical, drug, dental or catastrophic plan
- At least 12 years old
- Registering only for yourself

Note: You may not register for any family member who is over the age of 12 years old. If you do, CareFirst reserves the right to terminate that registration immediately.

CareFirst does not permit:

- Anyone except the member to access My Account using a member's ID and Password
- Access through a single user ID being made available to multiple users

Note: You are responsible for preventing all unauthorized use.

Termination

CareFirst may terminate or limit your access or usage of the My Account site and material at any time without notice.

Changes to the Terms of Use

CareFirst may change the Terms of Use from time to time without notice. The Terms of Use statement is not intended to and does not create any contractual or other legal right in or on behalf of any party.



- 5. Type down, your id number starting with **UUY +** 00000 + SPECIFIC ID NUMBER. Refer to example
- 6. Insert your name, your last name and your date of birth
- 7. Select your policy holder option and gender
- 8. Click on the "continue" button

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Registration Step 2 of 3: Member Information	
NOTE: All fields are required. You may need i CareFirst.	information from your Member ID card to register. You also may use your SSN to register, if you have provided it to
Member ID UUY000005463 No space of type 16. Example : SC F556667777 (Yot may also isse your SSN to reg is ter, thyoi kase provide	my ID #? Ied it to Care First)
First Name Juan Last Name	Relationship to Policy Holder Subscriber/Policy Holder Spouse on Policy (Married)
Perez Date of Birth 02 / 18 / 1990 NMM 00 YYYYY	 Spouse on Policy (Divorced/Separated) Dependent on Policy, over age 12 Gender Male Female Continue Cancel
Serving Maryland, the Care First of Maryland, Care First Sine Cross Bin OD Registered track	<u>HIPAA</u> <u>Report Fraud</u> <u>Privacy Statement</u> <u>Site Survey</u> District of Columbia and portions of Virginia. Care First Bine Cross Bine Shieki is the shared business hame of hic, and Group Hospitalization and Medical Services, hic, Care First Bine Choke, hic., an affiliate company, also offers leads be neft products and services on this site. eShieki and Care First Bine Choke, hic, are independent licensees of the Bine Cross and Bine Shieki Association. emark of the Bine Cross and Bine Shieki Association. O Registe red trademark of Care First of Maryland, hic. This site is best viewed in 167.0 or 16.0.0 or Firetox 3.0.

9. Next, you will have to create a username and a password

*The password should have at LEAST one upper case letter, a number and it should be between 6-10 characters long

*If you attempt to log in into your account more than three times with the wrong password, you account would be blocked

*To unblock your account, or if you need technical support please contact:

MyAccount.TechSupp@carefirst.com

or call 1-877-526-8390

* We recommend to write down your username and password somewhere, so you do not forget it!