BCBST Website Registration Job Aid

- 1. Your insurance information will be sent to HR and sent to BCBS by HR. Once this happens it will generate an ID# by the next day. *You WILL need the BCBS ID# to create a login/password*
- 2. Go to www.bcbst.com



3. Then choose Register an account above the Select your account type dropdown:



- 4. The first step is putting in your information (ID#, Group#, DOB and Zip Code):
 - a. The three letters before your member ID# are ORU, but this is usually not needed.

inter your information as it appears on		Subscribe	r ID	
our ID card.	(S)	ABC12	3456789	
Il fields required.	CHRIS B	MEDICAL/DE	NTAL	
advortiber ID	Selector D ABC1234567	89	PPO	
	Greec No. 1229	Cooperate CV SX D1 SS		
	805N 61804	N EDJEDZE		
iroup Number	BOOKP BETCOM BLUE NETWORK	Pescenter-Deco-81 P RX03	EANS-S	
		Group No.	12345	
late of Birth				
ip Code				

			PREFERENCES
this the correct member name?			
've found one or more records matching the information yo t select the name you want to register.	u entered.To Confirm,		
O Marguerite Bashaw			
n't see the right member name?			
can use the subscriber's date of birth, ZIP code and mem	ber ID card information		
nelp you <u>find the name you want to register.</u>			
ou're still having trouble, please call our Customer S	ervice team at	Be sure to select the circ	le next to
800-565-9140. We're right here Monday - Friday 8:00	am to 6:00pm EST.	your name, and then clic	k next.

6. The third step is to create a username/password and security questions:

G MEMBER INFORMATION	NAME VERIFICATION	SECURE ACCOUNT SETUP	(d) COMMUNICATION PREFERENCES
Complete your login details and secu	rity questions.		
ul fields required.			
Isername (D) Your Username must be 3-15 characters long			
assword (D)			
••••••			
Confirm Pareneed			

mail Address () Passe enter a volid email address.			
Requiring Outputing 1			
When we are abilities of the 2			
who was your childhood hero?			
Security Answer 1:			
Security Question 2			
What is your oldest sibling's birthday month a	nd year? 💙		
Security Answer 2:			
iecurity Question 3			
In what city does your nearest sibling live?	♥	Po suro to	click the box under
Security Answer 3:		Be sure to	
		Usage Agre	eement after
		putting in l	Jser ID, password,
aae Aareement		email, and	security questions.
		Then click I	NEXT.
]I agree to the BlueCross BlueShield of TN terms	of service.		
	>		

7. The fourth and final step is choosing your Communication Preferences as seen below:

MEMBER INFORMATION	NAME VERIFICATIO	N (3) SECURE ACCOUNT SETUP	COMMUNICATION PREFERENCES
Go digital, and get your info fa	aster		
Save paper and time by getting many of your plan details or to send you important documents by regular mail.	nline. Sign up for email and text alerts, and we'll send	you a message as soon as we have new info for you. Please note, we'll s	till have
We'll send emails to benson.brook1983@gmail.com			
You can update your preferences at any time and request p	paper copies as needed. <u>Contact Us</u>		
Get available communications via text	e	OFF	
Get available communications via email Or choose the emails you want to receive below		OFF	
Important Plan Information We'll send you details about your coverage including updates to your network, benefits and appeals.	Benefits and Coverage Information Important Coverage Updates	OFF	
Claims Information Get summaries about your share of care costs.	(OFF	
Health & Wellness We'll send you tips and reminders to help you get the care you need and stay well.	Wellness Tips and Checkup Reminders Care Management Newsletters	OFF OFF	
Pharmacy Get information about your drug benefits.	Information on Your Prescription Drugs	OFF	

Our documents are designed to work with all current browsers. Learn More

Our documents are designed to work with all current browsers. Learn More
By checking this box I agree to enroll in email and/or mobile communication
service as member that is 18 or older, or as the legal guardian or personal
representative of a member. I understand that communications via unencrypted
email our the internet and/or via text message are not secure and that there is
a possibility that information included in email and/or text messages can be
intercepted and read by other parties besides the person to whom it is
addressed. By signing up, I accept the risks associated with emailing and text
messaging and understand that message and data rates may apply. Further, by
providing a phone number. I agree that BlueCross, its atflites, and service
providers may contact me using automated dialing systems.

Be sure to click the agreement box and then click NEXT.

- 8. Once you have successfully logged into your account, please verify the address listed on your account is the address you want your insurance card, medical documentation, and tax information to go to.
- 9. You can check this by selecting Account:



11. Once you select My Account Info, verify your information and if anything needs to be change, please reach out to us at <u>HRHealthInsurance@orau.org</u>.

			Welcome, Marg	guerite <u>Accou</u>	Int Document	Center <u>Help</u>	BCBST.com	Log Out
of 7	Tennesse	æ					Blue Acc	cess
BENEFITS & CO	VERAGE	CLAIMS & BA	LANCES	MANAGING Y	OUR HEALTH	FIND CARE	PHARMACY	
Account I We have the folio below. If not, just	nfo wing contact in contact your er	formation on file nployer's health	for you. Depend plan administrate	ling on your plan or.	, you may be able	to make changes		
		Ε)OB:		ID:		-	
ADDRESS	LINE 1			PRIMAR	Y PHONE			
ADDRESS	LINE 2			SECOND	ARY PHONE			
CITY	-							
STATE TN								
ZIP CODE								
COUNTY								

BCBS – Downloading a Temporary Insurance Card

1. Go to www.bcbst.com

2. Enter login information and click Login:

Member	~
Username	1.3
Password	
1	

3. Click Benefits and Coverage, then click ID Card:



4. Click "Get a card for the plan I have today" and click Download ID Card

Download ID Cards

Select the card you want to download to have on hand whenever you need it.

Get a card for the plan I have today.

Get a card for a plan starting at a later date.

DOWNLOAD CARDS

Please make sure your browser's pop-up blocker is disabled.

a. You will then see a PDF of your insurance card. Please save this to your device, and print a copy to take with you until your permanent cards arrive.

BlueCross BlueShield of Tennessee	Medical	BCBST provides administrative services only and assumes no financial risk for claims.	bcbst.com Member Service 1-800-565-9140 Network Provider Outside Tennessee: 1-800-676-2583 (BULE) To use your Behavioral Health: benefits 1-800-888-3773 benefits 1-800-888-3773 Authors Zinora and Liumy: Noro
Subscriber ID Group No. 89513 RXBIN 610014	Copayments: IPH \$200 SPEC \$40 ER \$100 OV \$20	Providers: Submit claims to your local BCBS Plan. Prior Authorization required for admissions and certain medical services.	1-800-934-7141 Prior Authorization required for Advanced Radiological Imaging: 1-888-630-3211 Pharmacists1-800-922-1557 Members show this card and tail your provider to check for prior authorization to acquid additional costs. Check your benefit materials for details. Possession of this card des no guarantee
RXGRP BCTCOMM RX FORMULARY Preferred BLUE NETWORK: P RX04	RX \$10/\$35/\$55	BCBST Claims Service Ctr. 1 Cameron Hill Circle, Suite 0002, Chattanooga, TN 37402–0002	engionity for benefits.

BCBS – Ordering a new BCBS ID Card

1. Go to www.bcbst.com

2. Enter login information and click Login

Member	~
Username	1.2
Password	

3. Click Benefits and Coverage, then click ID Card:



4.) Select the number of New ID Cards you would like to order and press "Order Cards" button:

