

My Health Toolkit®

Making the right health care decisions is so important. These decisions affect your health and the health of your family members. And they also impact your finances. When you're a member of BlueCross BlueShield of South Carolina, you have one main place to find answers about your health care.

My Health Toolkit® is a one-stop shop for managing your health benefits — customized just for you! Visit the My Health Toolkit website to:

- Learn more about your health coverage.
- Check medical claims.
- Replace your membership card.
- Find a doctor or hospital.
- Estimate treatment costs ahead of time.
- View your medical history.

How to register.

Step 1:

Go to www.SouthCarolinaBlues.com and select Register Now.



Step 2:

Option 1: Enter the member ID located on the front of your BlueCross insurance card along with your date of birth. When submitting your member ID, make sure you include both the alpha prefix and the numbers.

*** Required**

Member Information

Enter your Insurance Card Number and your Date of Birth to begin the registration process.
[Haven't received your insurance card?](#)

* **Insurance Card Number:**

ABC123456789

* **Your Date of Birth:**

mm/dd/yyyy

Member Name
JOHN Q PUBLIC

Member ID
ABC123456789

Option 2: If you don't have your insurance card, enter the Social Security number for the subscriber of the health plan and your date of birth.

*** Required**

Your Information

Enter your Social Security Number and your Date of Birth to begin the registration process.

* **Plan Holder's Social Security Number:**

123-45-6789

* **Your Date of Birth:**

mm/dd/yyyy

Step 3:

To create your profile, choose a username and password.

Next, select a security question and security answer. If you ever forget your username or password, you will be asked to answer the security question instead.

Then, enter your email address and confirm it.

Create Your Profile

Profile Information * Required

Please note: For security purposes, please do not use Social Security Numbers, dates of birth, or dependents' names and dates of birth for your Username or Password. We do not recommend registering with a shared email account.

* **Desired Username:**
member123 Available
Five to 11 characters. Cannot have blank spaces or * < - ' ; , !

* **Password:**
●●●●●●●● Strong
Eight to 25 characters. Cannot have blank spaces or < - ' ; , !

* **Confirm Password:**
●●●●●●●● Match

* **Security Question:**
What was the name of your first pet? ▼


* **Security Answer:**
Fido

* **Email:**
bluemember@email.com

* **Confirm Email:**
bluemember@email.com

Step 4:

To complete your registration, select the delivery method for your explanation of benefits (EOB) notifications. We recommend going paperless!

Go Paperless 

Explanation of Benefits (EOB) Notification

Please note: If we owe you a payment with a check attached to an EOB, you will receive that EOB in the mail regardless of selection.

* **I want to receive my EOBs:**

Online *For Online access, we will send you email notifications to the email address we have on file for you when new EOBs and Summary EOBs are available for viewing online. Please review your email address on this page to ensure we have the right address.*

By Mail

Continue Cancel



South Carolina