



BlueCross BlueShield of Illinois

A Member's Guide to registering myBlueElementIL.com

To register as a member on myBlueElementIL.com for the first time, follow these steps:

BlueCross BlueShield of Illinois

Welcome to Blue ElementSM

Sign in to Blue Element

Username

Password

SUBMIT

[Forgot your password?](#)
[Forgot your username?](#)

Find a Doctor
If you want to check providers, click [here](#).

Register

Participant
Find a doctor, check claim status, manage your health and more.

CREATE MY ACCOUNT

Go to **myBlueElementIL.com** and select the **Create an Account** button. Each plan member will need to create their own account.

Enter your information and click **Next**.

BlueCross BlueShield of Illinois

ACTIVATION

Let's get started!
To keep this simple, all of the fields below are required.

Your Member ID or SSN: 012345678

Your Last Name: Sample

Your ZIP/Postal Code: 12345

Your Date of Birth: 01/01/1970

Next

BlueCross BlueShield

Subscriber Name: SAMPLE SAMPLE
Identification Number: XXXXXXXXXX

BC Group: XXXXXX
CS Group: XXXXXX
EBEN: XXXXXX
RPOCN: XXXX
POLGRP: XXXXX

Coverage: Group Plan \$20
Emergency Room \$10
Pharmacy \$0
Dental \$15

Read the consent statement. Click **I Agree** to continue or **I Decline** if you do not wish to continue.

Provide your consent.

To continue, please agree to the terms below.

CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS

Under certain laws, Luminare Health Benefits, Inc., and its vendors are required to obtain your authorization and consent to obtain your electronic signature on any documents related to the services that Luminare Health Benefits or its vendors provide ("Services") and to receive electronically copies of such documents. As a result, we are providing this notice to you in order to obtain your agreement and consent to conduct our business with you electronically, including your consent to sign electronically any documents we ask you to sign and all other documents related to the Services and to confirm your consent to provide us with electronic copies of the

I agree I decline

COMMUNICATION

Enter your contact information.
You must enter your email address and at least one phone number.

Email Address

Mobile Phone

Alternate Phone

Would you like to receive electronic communications?

☐ Yes, please send me texts and automated calls at the number I provide with information about my benefits, reminders for checkups and health screenings, and information about automated calls encouraging promotional services. By electing email or text as a communication option and providing your email address or mobile information, you are consenting to receive electronic communications. You may download EOBs to your hard drive. You have the right to request and obtain a paper EOB free of charge. Your consent can be withdrawn at any time by returning to the information screen and changing your preference for communications. Message and data rates may apply. There is no requirement to agree to receive these message services.

☐ No, I would not like to receive electronic communications at this time.

Next

Enter your contact information and choose whether you'd like to receive convenient electronic communications. Then click **Next**.

VERIFICATION

We will need to verify your information before continuing.
Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Email Address **Start**

Mobile Phone **Start**

Verify your contact information by following the on-screen prompts.

VERIFICATION

We will need to verify your information before continuing.
Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Please enter the verification code that has been sent to your Mobile Phone in the field below.

Email Address **Start**

Mobile Phone **Start**

Verification Code **Verify**

You will be sent a code to your email address or your mobile phone. Enter it and click **Verify**.

PERSONALIZATION

Create your profile.

User Name User name must be longer than 3 characters.

Password At least 8 characters

Re-enter Password Confirm password

Let's keep this secure — answer these 3 security questions.
Remember your answers as you will use these questions in the future if you forget your password!

Select a security question Enter your answer

Select a security question Enter your answer

Finally, finish your profile by creating a user name, password, and three security questions. Make sure to keep this information somewhere safe for future use.