



# REGISTERING FOR MY HEALTH TOOLKIT

BLUECROSS BLUESHIELD OF SOUTH  
CAROLINA

# To Access My Health Toolkit Visit: <https://www.southcarolinablues.com/>



SHOP PLANS

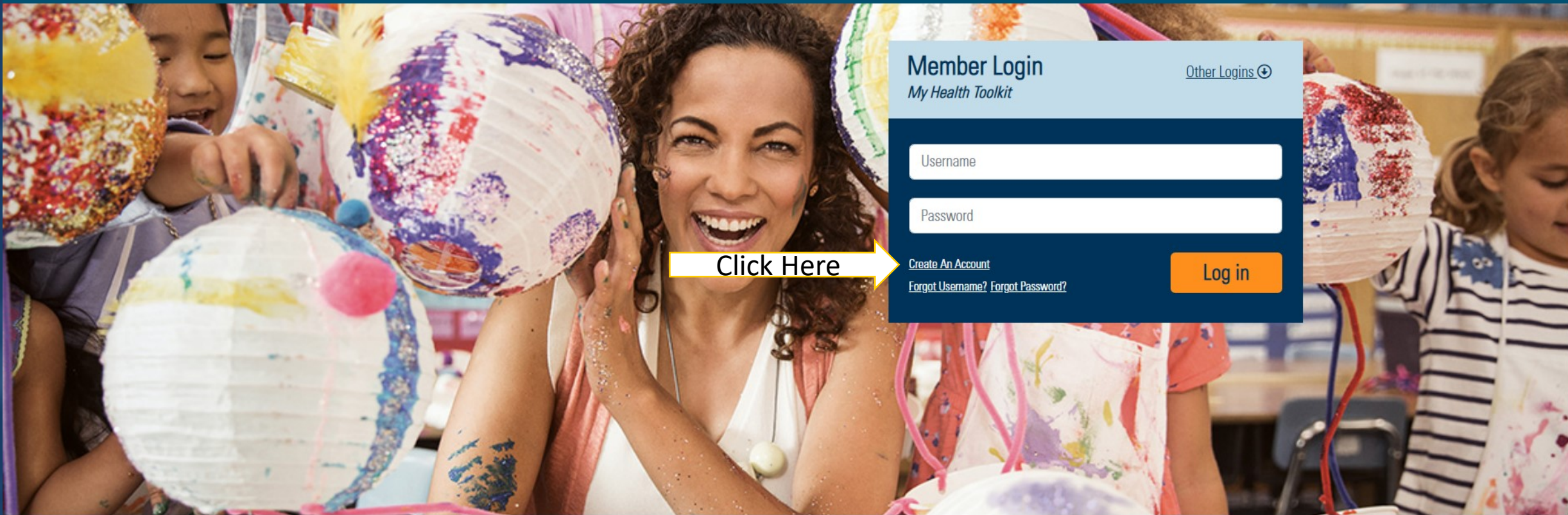
MEMBERS

PROVIDERS

EMPLOYERS

AGENTS

All ▾ Search... 🔍



## Member Login

*My Health Toolkit*

[Other Logins](#) ↕

[Create An Account](#)

[Forgot Username?](#) [Forgot Password?](#)

Log in

Click Here





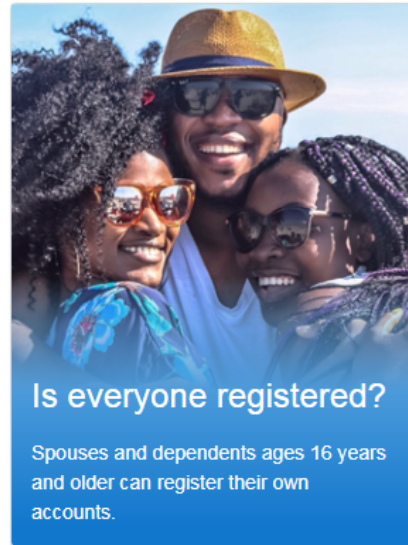
\*Required

## STEP 1:

ENTER THE MEMBER ID ON YOUR CARD OR THE SOCIAL SECURITY NUMBER OF THE SUBSCRIBER. THIS HELPS US LOCATE YOUR POLICY.

## STEP 2:

ENTER YOUR DATE OF BIRTH. THIS TELLS US WHICH MEMBER OF THE HEALTH PLAN IS REGISTERING.



### Tell Us Who You Are

- 1 Enter the Member ID on your card or the Social Security Number of the subscriber. This helps us locate your policy.

**\*Choose One**

**i** Member ID:

or

**i** Subscriber's Social Security Number:

- 2 Enter your Date of Birth. This tells us which member of the health plan is registering.

**\* Your Date of Birth:**



By clicking Continue, you agree to the [Website Usage Agreement](#).

Cancel

Continue

Need help? Check out these [Frequently Asked Questions](#).

Privacy & Legal

Technical Support

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

On a mobile device download the app at  
[www.myhealthoolkit.com](http://www.myhealthoolkit.com)

## My Health Toolkit<sup>®</sup> App

It's everything you love about My Health Toolkit<sup>®</sup> in an app. Download it today!



Click Here



Click Here



CLICK SIGN UP AFTER  
DOWNLOADING AND  
LAUNCHING THE APP.

Click Here



Username

[Forgot Username](#)

Password

[Forgot Password](#)

Log in

Sign Up

[Send Feedback](#)

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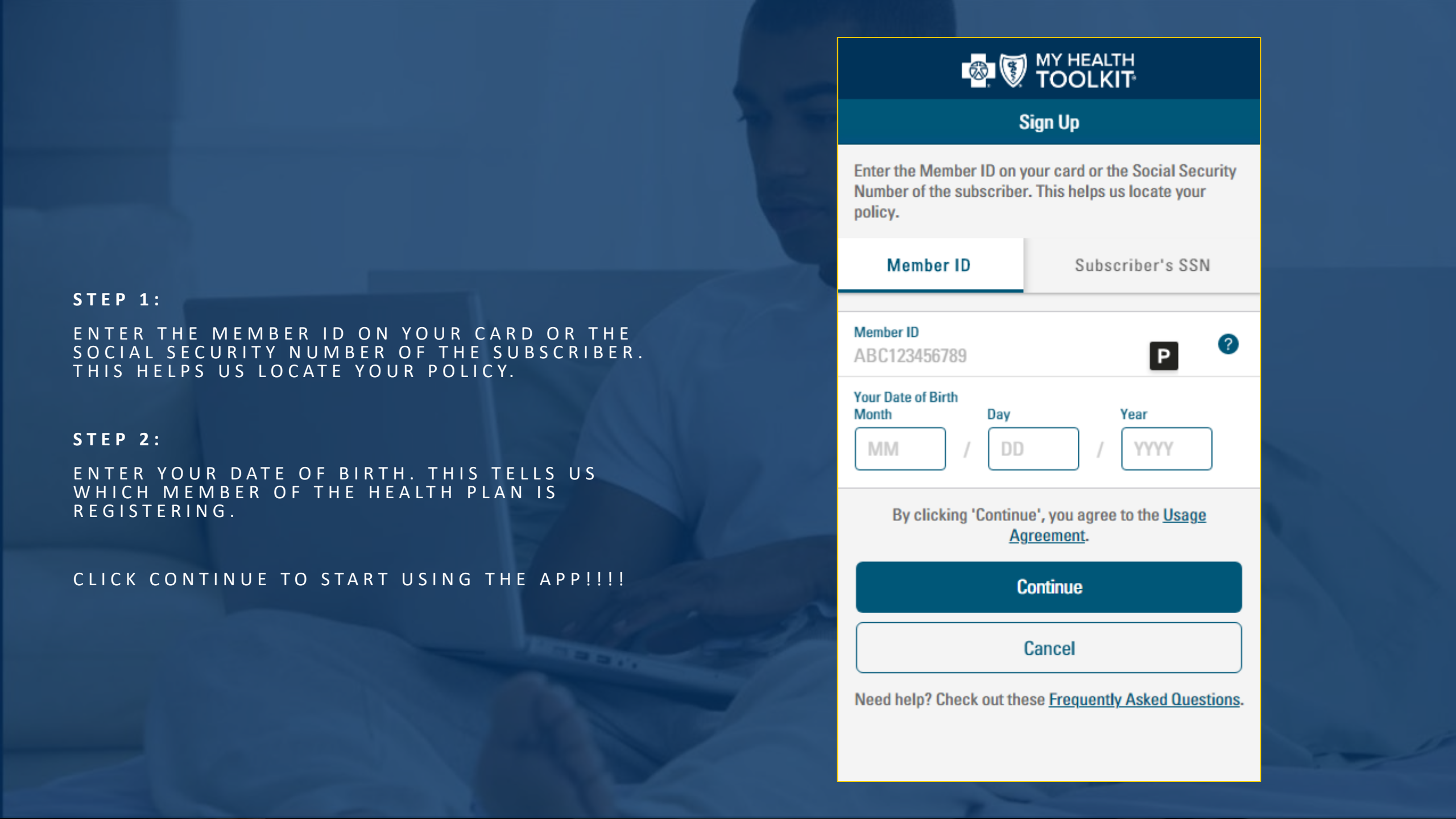
**STEP 1:**



ENTER THE MEMBER ID ON YOUR CARD OR THE SOCIAL SECURITY NUMBER OF THE SUBSCRIBER. THIS HELPS US LOCATE YOUR POLICY.

**STEP 2:**

ENTER YOUR DATE OF BIRTH. THIS TELLS US WHICH MEMBER OF THE HEALTH PLAN IS REGISTERING.

CLICK CONTINUE TO START USING THE APP!!!!





  **MY HEALTH TOOLKIT**

### Sign Up

Enter the Member ID on your card or the Social Security Number of the subscriber. This helps us locate your policy.

**Member ID** | Subscriber's SSN

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**Member ID**  
ABC123456789  

**Your Date of Birth**  
Month:  / Day:  / Year:

By clicking 'Continue', you agree to the [Usage Agreement](#).

**Continue**

Cancel

Need help? Check out these [Frequently Asked Questions](#).



# ORDERING/DOWNLOADING IDENTIFICATION CARDS

CLICK TO (VIEW YOUR CARD)  
DOWNLOAD FRONT & BACK

Click Here

### Family List

**Health** **Dental**

**MICHAEL TESTING**  
10/01/1958

**MARTHA TESTING**  
09/01/1960

**TERRI R TESTING**  
10/01/2002

### Benefits and Claims

Printer-Friendly

Viewing information for **MICHAEL TESTING**:


**Health Benefits**

Deductible	Maximum	Applied	Remaining
Individual	\$250.00	\$0.00	\$250.00
Family	\$500.00	\$0.00	\$500.00

Out Of Pocket	Maximum	Applied	Remaining
Individual	\$750.00	\$0.00	\$750.00
Family	\$1,500.00	\$0.00	\$1,500.00

[View Benefits Detail](#)



GET MY MATCH

Get a personalized

FRONT

BACK

REQUEST YOUR CARD THROUGH THE MAIL

### Insurance Card



Health: [View Your Card](#)  
ZCZ065922516805

Dental: [View Your Card](#)  
ZCZ065922516805


## Health Insurance Card

The Insurance Card shown here applies to the benefit period listed in the Member Information section.

[Request Card Through Mail](#)

**MICHAEL TESTING**  
Member ID  
**ZCZ065922516805**

MyHealthToolkitFL.com 

[View Back of Card](#) | [Fullscreen](#) | [Email Card](#)

#### Member Information

Group: 036011101 - TEST GROUP DO NOT USE      Benefit Period: 04/01/2020 - 04/01/2021

### Insurance Card



Health: [View Your Card](#)  
ZCZ065922516805

Dental: [View Your Card](#)  
ZCZ065922516805

## Health Insurance Card

The Insurance Card shown here applies to the benefit period listed in the Member Information section.

[Request Card Through Mail](#)

Members Call Customer Service for claims filing information.

Providers file claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions, MRI/MRA/PET/CT, spine surgery and pain management will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification. Report emergency admissions within 24 hours.

Blue Cross and Blue Shield of Florida, Inc. provides administrative services only and does not assume any financial risk for claims.

**AX**

[View Front of Card](#) | [Fullscreen](#) | [Email Card](#)

#### Member Information

Group: 036011101 - TEST GROUP DO NOT USE      Benefit Period: 04/01/2020 - 04/01/2021

# REVIEWING CLAIMS AND EOBs

ENTER YOUR MEMBER NAME AND ID NUMBER

**South Carolina**

My Health Toolkit® Benefits Wellness Resources My Profile Search

Welcome, MICHAEL T TESTING Go to Message Center (0 unread) | Ask Customer Service | Log Out

Insurance Card  
Health: [\(View Your Card\)](#)  
Dental: [\(View Your Card\)](#)  
ZCZ065922516805

**Click Here** →

**Claims Status**

[View Your Summary Explanation of Benefits \(.pdf\)](#)

HSA Bank Information

[Frequently Asked Questions](#)

View claims and manage payments from one convenient location. Pay medical claims from your Health Savings Account (HSA), change payment options or view a claim's status. Please note that your available account balance may not reflect pending transactions.

In order to use the claims payment option, you must first activate your HSA Bank debit card. To activate, just follow the directions on your new HSA Bank debit card.

Please be advised there is a limit of 5 transactions per day when using your HSA Bank debit card. This limit includes payments made online and in person.

**hsabank**  
HSA Bank Account  
Account Number: XXXX8392  
Balance: \$0.00  
Please fund your account before you

**Payment Options**  
Current Option: **Automatic Payment** [Change to Claim-by-Claim](#)  
**Available Options:** [Claim-by-Claim](#) or [Automatic Payment](#)  
You can always reimburse yourself by [accessing@](#) your HSA account

Benefits

- Health
  - Prior Authorization
  - Claims Status**
  - Eligibility and Benefits
  - Health Insurance Card
  - Other Health Insurance
- Dental
- Vision
- Pharmacy
- Financial Accounts

**South Carolina**

My Health Toolkit® Benefits Wellness Resources My Profile Search

Welcome, MICHAEL T TESTING Go to Message Center (0 unread) | Ask Customer Service | Log Out

Insurance Card  
Health: [\(View Your Card\)](#)  
ZCZ065922516805  
Dental: [\(View Your Card\)](#)  
ZCZ065922516805

**Summary Explanation of Benefits**

Member Information

Member's Name  Member ID

Please note: Claims for all family members will display on the Summary Explanation of Benefits (EOB).

- The Beginning and End Statement Dates reflect the period when we processed these claims, not the dates when you received service.
- We will divide a large Summary EOB into 50-page sections and note them for your convenience.

**Summary EOB List** Showing 0 Results

You do not have any Summary Explanation of Benefits available to you at this time.

[Back to Claims Summary List](#)

Benefits

- Health
  - Prior Authorization
  - Claims Status**
  - Eligibility and Benefits
  - Health Insurance Card
  - Other Health Insurance
- Dental
- Vision
- Pharmacy



# SEARCHING FOR A PROVIDER & COVERED RXS

My Health Toolkit® Benefits Wellness Resources My Profile Search

Welcome, MICHAEL T TESTING Go to Message Center (0 unread) | Ask Customer Service | Log Out

**Family List**

Health Dental

MICHAEL TESTING  
10/01/1958

MARTHA TESTING  
09/01/1960

TERRI R TESTING  
10/01/2002

**Insurance Card**

Health: [\(View Your Card\)](#)  
ZCZ065922516805

Dental: [\(View Your Card\)](#)  
ZCZ065922516805

**Quick Links**

Rally [@](#)

Find a Doctor or Hospital [@](#)

Teladoc [@](#)

**Benefits and Claims** [Printer-Friendly](#)

Viewing information for MICHAEL TESTING:

**Health Benefits**

**Deductible**

	Maximum	Applied	Remaining
Individual	\$250.00	\$0.00	\$250.00
Family	\$500.00	\$0.00	\$500.00

**Out Of Pocket**

	Maximum	Applied	Remaining
Individual	\$750.00	\$0.00	\$750.00
Family	\$1,500.00	\$0.00	\$1,500.00

[View Benefits Detail](#)

**Health Claims**

**Recent Health Claims**

There are no claims on file.

**GET MY MATCH**

Get a personalized program designed to help you lose weight and take control of your health

[Find my match](#)

Visit the Resources Tab for more Options

When searching for Providers or Facilities

Click Here

**Resources**

**Shopping for Care**

[Find a Doctor or Hospital](#)

**Tools**

**Member Discounts**

**Resources**

**Shopping for Care**

**Tools**

[My Health Toolkit Mobile App](#)

[Plan Comparison Tool](#)

[Teladoc](#)

[COVID-19 and Your Health Coverage](#)

**Member Discounts**

**Find Care**

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**Doctor & Hospital Finder**

Looking for a doctor, hospital, dentist or other health care professional? Whether you are in South Carolina or traveling out of state and need access to BlueCard®, this is our main directory. [Find a Doctor or Hospital](#) .

**Find a Dentist**

Looking for a dental provider in your area? Search our [Dental Directory](#) .

**Healthy Vision**

Find a Healthy Vision professional near you by using the [EyeMed Provider Locator](#) . EyeMed is an independent company that offers a vision provider network on behalf of BlueCross

**Resources**

**Shopping for Care**

**Tools**

**Member Discounts**

[Blue365® Discounts](#)