

To create your MyBLUEPRINT account follow the link below.
Click Register (highlighted in blue below)

https://myblueprint.arkansasbluecross.com/login/create_an_account.aspx

MyBLUEPRINT

Create an account

Sign up to access your personalized member profile and health care resources.

[Register](#)

Arkansas BlueCross BlueShield

[Legal Notice](#) | [Privacy Notice](#)

Language Assistance Available

Arkansas Blue Cross and Blue Shield is an Independent License of the Blue Cross and Blue Shield Association and is licensed to offer health plans in all 75 counties of Arkansas

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Enter your verified information from your Arkansas Blue Cross and Blue Shield ID card. Follow step by step instructions and click Continue (highlighted in blue).

The screenshot shows the 'MyBLUEPRINT' registration interface. At the top, the logo 'MyBLUEPRINT' is displayed with a blue shield icon. Below the logo is a circular icon containing a person silhouette and a checkmark. The main heading is 'Verify your member information'. A progress bar at the top of the form area shows five steps: 1. VERIFY YOUR MEMBER INFORMATION (highlighted in blue), 2. CREATE YOUR SECURE ACCOUNT, 3. EMAIL AND ACCOUNT OPTIONS, 4. REVIEW AND PRINT, and 5. ACCEPT SECURITY & PRIVACY NOTICE. The first step is active, and the instruction reads: 'Enter the information **exactly** as it appears on your Arkansas Blue Cross and Blue Shield ID card.' The form contains several input fields: 'Member ID Number *', 'First Name *', 'Middle Name or Initial', 'Last Name *', and 'Date of Birth *' (with a placeholder 'mm/dd/yyyy'). A blue 'Continue' button is located at the bottom left of the form. On the right side, there are two informational boxes: 'Who can register?' with a list: 1. Policyholder, 2. Covered Spouse, 3. Covered Dependent; and 'Who Cannot Register?' with a list: 1. [Federal Employees](#).

Click continue (highlighted in blue) to move to next screen once you have entered all required information.

Create Username:

Username must be 8 to 20 characters and only include letters and numbers.

Create Password:

Your password must be at least 8 to 12 characters in length and contain three of the following:

- 8 to 12 characters**
- At least 1 uppercase letter**
- At least 1 lowercase letter**
- At least 1 number**
- At least 1 special character (!@#\$_&*)**

Repeat Password:

Security Question #1:

--Select secret question #1--

Enter Your Answer:

Repeat Your Answer:

Security Question #2:

--Select secret question #2--

Enter Your Answer:

Repeat Your Answer:

[Continue](#)

Enter your Email and account information and click Continue (highlighted in blue).

Email and account options

1 VERIFY YOUR MEMBER INFORMATION 2 CREATE YOUR SECURE ACCOUNT 3 EMAIL AND ACCOUNT OPTIONS 4 REVIEW AND PRINT 5 ACCEPT SECURITY & PRIVACY NOTICE

Sign up

Email **Mobile Phone**

Retype Email Address:

Members-Only Communication

Receive personalized reminders about what your plan offers, including information about covered benefits and tools that can help you manage your healthcare.

Email Me **Text Me**

Personal Health Statements

Sign up for paperless delivery and get access to your personal health statement through your inbox, not your mailbox.

Email Me

Message and data rates may apply.

[Continue Registration](#)

Be sure to click PRINT (highlighted in blue) before clicking CONTINUE REGISTRATION (highlighted in blue).


1. You will need your username and password to re-enter My Blueprint.
2. Print this page for future reference.
3. Remember your password; it will not be displayed to you at any time.
4. For security reasons, never store your username and password in the same place.

[Continue Registration](#)

[Print](#)



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Accept the security and privacy notice and click COMPLETE REGISTRATION (highlighted in blue)

MyBLUEPRINT

Accept security & privacy notice

1 VERIFY YOUR MEMBER INFORMATION 2 CREATE YOUR SECURE ACCOUNT 3 EMAIL AND ACCOUNT OPTIONS 4 REVIEW AND PRINT 5 ACCEPT SECURITY & PRIVACY NOTICE

My Blueprint Security and Privacy Policy

Your registration will not be complete until you read and accept the following Security and Privacy Notice.

Protecting Your Personal Health Information

My Blueprint has been designed to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which established standards for the privacy of individually identifiable health information (protected health information*). We have implemented security procedures on this Web site in an effort to protect your personal medical information. It has always been the policy of Arkansas Blue Cross and Blue Shield through our Code of Business Conduct to protect the confidentiality of personal medical information.

*Protected Health Information (PHI) is defined as health information, including demographic data collected, which permits identification of an individual or could reasonably be used to identify that individual. It includes information regarding the diagnosis, medical treatment, care, advice or counseling of an identified member, the physical or mental condition of the member, or prescription drug therapy for the member.

I accept the security and privacy notice.

[Complete Registration](#) [Cancel Registration](#)

Arkansas BlueCross BlueShield

