

My CareSource Account

Registering for a My CareSource® account is quick and easy!

My CareSource Portal

1 Go to https://My.CareSource.com

2 Click Sign Up

	English *
My CareSource®, your personal online account.	
Get the most out of your member experience.*	
Change your doctor	
Request a new ID card	
View claims and plan details	
Update your contact information	
And more	
Login Sign Up	
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3 Complete the *First Name* and *Last Name* fields

4 Type an email address in the <u>What is your email?</u> field

a. The email address registered will also be your username



5	Enter a password	in	the
	<u>Password</u> field		

a.	Your password will need
	be at least 8 characters
	containing at least
	one number, one lowercase
	letter, one capital letter and
	one special character
	(such as an exclamation
	point or dollar sign)

Note: If you speak a language other than English, you can view the form in another language: Click the *Language* drop-down, then select your preferred language.

dicates a required field	
hat is your name?	
st Name *	Last Name *
First Name	Last Name
	Enter your last name exactly as it appears on your member ID card.
hat is your email? *	
Email	
ur email address will be your username (username@example.com).	
eate a password: *	
Password	
e at least 8 characters. Password must contain at least one number,	one lowercase letter, one capital letter and one special character (such as I, @, \$, and %).

6 Click the I would like to add a health insurance plan to this account check box

a. Enter the information in the Add a Plan box exactly as it appears on your member ID card

b. While adding a plan is optional, many features of the My CareSource secure member portal will be unavailable as the experience is tailored to your specific plan and information

c. You may add additional plans after logging in by visiting the Account page

- 7 Enter your *First Name* and *Last Name* as they appear on your ID card
- 8 Type the 11-digit member ID in the <u>Member ID</u> field
- 9 Click the <u>Birth Date</u> drop-down > select the appropriate day, month and year
- 10 Click the applicable button for the *Relationship* field
 - **a**. If adding a plan for a child or for an individual that you have guardianship, custodianship, or power of attorney for, please select the matching option under the *<u>Relationship</u>* heading

Click Register

Add a Pla	n (Optional) 🛛
I would	like to add a health insurance plan to this account.
🗌 Plan ni	me is the same as my account name
First Nam	0
First I	łame
Enter you	first name exactly as it appears on your member ID card.
Last Nam	e
Last I	lame
Enter you	last name exactly as it appears on your member ID card.
Member	D
Memi	ver ID
You can fi	nd this 11 or 12-digit number on your ID card. To report a lost or stolen ID card, please call Member Services.
Birth D	ate
Month ¥	/ Day v / Year v
Relatio	nship
This is	my plan
 I am th 	e parent
 I am th 	a guardian, custodian or power of attorney
clicking t	he Register button, I agree to the Terms & Conditions.
Cancel	Register





12 You will receive an email within 5-10 minutes to activate your account. Once you click the link in the email, a page will display stating the account has been activated and you will be directed to the landing page to login

a. Please check your junk folder if the email does not appear in your inbox

Activate Your My CareSource Account

MyCaresource@caresource.com To 🔍 Member Portal Test Accounts

Thanks for joining My CareSource! My CareSource is making it easier for you to understand and use your health benefits.

To activate your account, click the link.

You will return to My CareSource where you can review your plan benefits, request an ID card and much more.

Please do not reply to this message; the email address is not a monitored email account.



Note: If you need assistance registering for an account, please call Member Services at 1-833-830-2099 (TTY: 711) or by locating the phone number on your member ID card.

