

[Go to ibx.com/login](https://ibx.com/login)

# Log in

## Members and employers

Username

[Forgot username?](#)

Password

[Forgot member password?](#) [Forgot employer password?](#)

[Log in >](#)



Are you a provider's office?

[Learn about the PEAR portal here >](#)



Are you a broker?

[Log into the Sales Portal here >](#)



### New to IBX?

Register today to find a doctor, view your ID card, and learn more about your health plan. You can even register 15 days in advance of your plan start date.

[Register >](#)

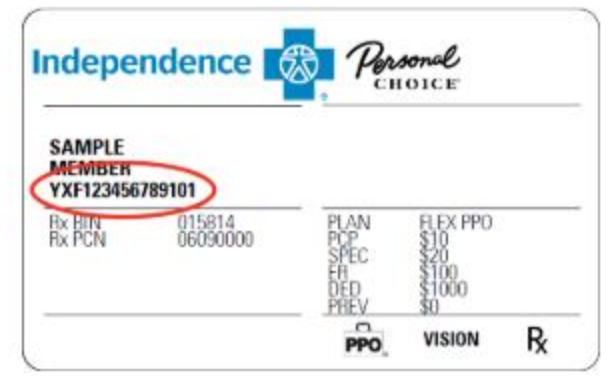
[Register or Login](#)

## Registration

STEP 1 of 4

### Member Eligibility

Enter the information of the member enrolled with Independence Blue Cross Insurance and match what is on the ID Card (all fields are required)



The information found on your Insurance card will help you register for the Portal. Please use the highlighted portions to complete this form.

Member ID or Social Security Number

Enter your SSN here

First Name

Enter your first name here

Last Name

Enter your last name here

Date of Birth

Enter your date of birth here

Zip Code

Enter your home zip code here

\*If there is a problem here...your info may have been entered with a typo or there is a duplicate entry in the system from old Blue Cross insurance you had.


You might have to call 1-800-ASK-BLUE to get it sorted out. Or wait for your physical card to arrive so you can enter your member ID in.

### My Benefits

Member ID:

- Medical: Keystone HMO Silver Proactive
- Pharmacy: Keystone HMO Silver Proactive
- Vision: Keystone HMO Silver Proactive
- Pediatric Dental: Keystone HMO Silver Proactive

### Search for Doctors and Hospitals



Find covered providers for:

Find cost estimates for:

### Claims & Spending

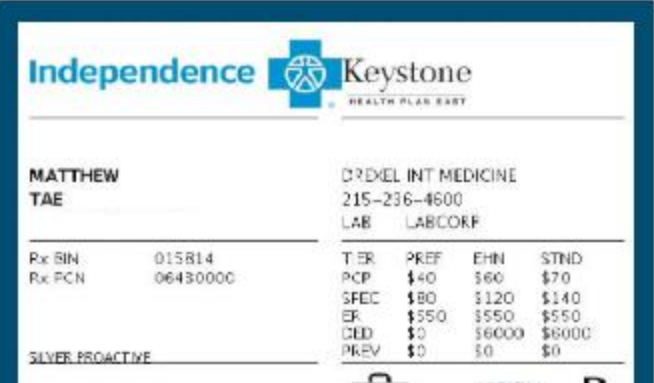
Out Of Pocket

Individual / Combined In And Out Of Network

Total Amount	\$7,900.00
Amount Spent	\$185.00
Remaining	\$7,715.00

2%

[View all claims](#)



**MATTHEW TAE**

Drexel Internal Medicine  
215-236-4600  
LAB LABCORP

Rx BIN	015814	T ER	PREF	EHN	STND
Rx PCN	06430000	PCP	\$40	\$60	\$70
		SPEC	\$80	\$120	\$140
		ER	\$550	\$550	\$550
		DED	\$0	\$6000	\$6000
		PREV	\$0	\$0	\$0

SILVER PROACTIVE

VISION Rx

[Print](#) | [Send](#) | [Order New](#) | [View All](#)

Click Print to Print out a pdf version of your ID card

### My Primary Care Physician

Drexel Internal Medicine  
[Change](#)



Click "My Claims Overview" ----->

to access "EOB's" explanation of benefits

These are great! You can use these for Colonial & Aflac claims... to substantiate / prove medical procedures did happen

**Claims & Spending**

- My Claims Overview
- View/Print Tax Year Report
- Other Insurance/Medicare Eligibility

**My Benefits**

Member ID: 12158860700

- Medical  
Keystone HMO Silver Proactive
- Pharmacy  
Keystone HMO Silver Proactive
- Vision  
Keystone HMO Silver Proactive
- Pediatric Dental  
Keystone HMO Silver Proactive



**Independence Keystone HEALTH PLAN EOB**

**MATTHEW TAE**  
QCH121588607001

Drexel INT MEDICINE  
215-236-4600  
LAB LABCORP

Rx BIN	015814	TER	PREF	EHN	STND
Rx PCN	06430000	PCP	\$40	\$60	\$70
		\$FEC	\$80	\$120	\$140
		EF	\$350	\$550	\$550
		DED	\$0	\$6000	\$6000
		PREV	\$0	\$0	\$0

SILVER PROACTIVE

VISION Rx

Print | Send | Order New | View All

**My Primary Care Physician**

Drexel Internal Medicine  
Change

Find covered providers for  
Medical

Find cost estimates for  
Medical Procedure

**Claims & Spending**



Clindamy/Ben Gel 1.2-5%	Matthew Tae	Sep 11, 2019	Approved	\$15.00
Clindamycin Gel 1%	Matthew Tae	Sep 5, 2019	Approved	\$15.00

[View all claims](#)

Claims

Date of Service Aug 20, 2019 Nov 20, 2019

More filters

View by: Date Category

Matthew Tae Subscriber	My Cost \$15.00
Matthew Tae Subscriber	My Cost \$15.00

Click on the claim you want the EOB for

For dental claims information, members may call 1-866-568-5994. The claims information provided on this website is provided as a service to our members. While Independence Blue Cross strives to maintain the accuracy and reliability of information available through the website, we cannot guarantee the accuracy of the claims information or that all claims will be found by using the 'Search' feature.

Claim Details

Clindamycin Gel 1% Prescription | Add to Category Rx #: 000001100318 Sep 5, 2019 Approved Matthew Tae | Subscriber



Health Plan Paid to Provider

Date:	Sep 5, 2019
Amount:	\$849.75

Procedure Breakdown CLINDAMYCIN GEL 1%

View Proof of Claim

Then click here

My Note Add a note... Maximum 500 characters (500 remaining)