



**Welcome to The New Loomis Company Member Website, your complete online health plan Information Center!**

**You will be able to access a wide variety of information about your health plan and benefits.**

**View your health plan benefits and summaries**

**Print Temporary ID cards**

**Find a network healthcare provider**

**Access Links to your healthcare products (Prescription, Dental, Medical)**

**View your healthcare claims and deductible/out of pocket balances**

**Access a variety of health and wellness resources**

**Contact Customer Service online**

## **To Get Started**

**You will need to have your member ID card in order to register, it will ask you for the Group Number and Member ID.**

**Your old login and password will not allow you access to the new site you will need to re-register. Unless, you have registered for our mobile application in which case that user name and password will work on this site.**

**If you previously signed up for paperless explanations of benefits you will also need to re-elect that option.**

**To get started click here: <https://secure.healthx.com/loomiscompany>**

Below is the Login screen if you already have a login and password you can sign in here if you do not you can click Proceed to sign up process.



Welcome to The Loomis Company Member Information Center, your complete online health plan resource!



**Login**

Username

Password

**SUBMIT**

[Forgot your username or password?](#)

**Need a username and password?  
[Proceed to our sign up process.](#)**

There are 4 steps to the sign up process.

### Step 1

#### License Agreement

**License Grant.** This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

**Restrictions.** This website is protected by United States copyright law, international treaty provisions, and trade secret, trade dress and other intellectual property laws. Unauthorized copying of or access to this website is expressly forbidden. You may not copy, disclose, loan, rent, sell, lease, give away, give your password to or otherwise allow access to this website by any other person, except that you may allow your spouse or immediate family to use the website for the purpose of processing your own data. You agree to only use this website to process your own data. You agree not to misuse, abuse, or overuse beyond reasonable amounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, disassemble, decompile or otherwise examine the source program code behind this website. You may be held legally responsible for any copyright infringement or other unlawful act that is caused or incurred by your failure to abide by the terms of this Agreement.

**Term and Termination.** This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Disclaimers, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

**Content of the Website.** The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the

**AGREE**

Disagree

## Step 2 is entering information from your Member ID card.

### Step 2 of 4: Verify Information

Please refer to your ID card to assist you in completing the steps on this screen. Enter your Member ID, First Name, Last Name (exactly as they are on your ID Card), Date of Birth, and Group Number.

Please note: If your Group# is Letters for example (ABCD), enter just as it is listed on the card.

If your Group# is numbers only (example - 35246), you must enter leading zeros so that the number totals 10 digits. For example, the Group# above would be 000035246.

If you are a Dependent, please select *Are you a Dependent?* and enter in your First Name and Date of Birth.

Click "Next" when complete.

Are you a dependent?

Member ID

Enter all leading zeros

First Name

Last Name

DOB

Format mm/dd/yyyy

Group Number

For numeric group numbers, enter leading zeros to total 10 digits

Cancel

PREVIOUS

NEXT



#### Need Help?

If you need assistance creating your user account, please contact the Customer Service Phone number listed on the back of your ID Card.

You may send an email to: [healthx@loomisco.com](mailto:healthx@loomisco.com)

**Step 3 is creating your login information. The system also requires an email address be entered. If you do not have an email address there are links to both gmail and yahoo listed as well so that you can sign up for an email address. You will need to choose a few security questions so that if you ever forget your login and password we will be able to reset them for you.**

### Step 3 of 4: Create Login Information

You will use this information to log into your user account.  
Keep this information stored safely so your account information remains secure!

Click "Next" when complete.

Username

Email Address

Confirm Email Address

Password

Confirm Password

Security Question 1

Security Question 2

Security Question 3

Username: Must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash), \_ (underscore) and @ (at sign)

Please enter your full email address, for example, name@domain.com

Password: Must be at least 8 characters in length. Can use alpha-numeric and the following special characters: !, #, %, &, \*, @, =, +, /, ?

#### Don't have an email account?

This site requires a valid email address. If you do not have an email address, you may create a FREE Email account with one of these popular providers:

- [Gmail](#)
- [Yahoo!](#)

Cancel

PREVIOUS

NEXT



**Step 4 is simply to confirm your information is accurate and clicking on finish.**

**Step 4 of 4: User Registration Complete**

Your registration is complete. Please confirm the information below is correct and press the "Finish" button to finalize the process

**Member Information**

<b>Your Name</b>	<b>Address</b>
[REDACTED]	[REDACTED] READING, PA 196020000

**Account Information**

<b>Username</b>	<b>Email Address</b>
[REDACTED]	[REDACTED]



**Next is paperless EOB's to elect or re-elect the paperless explanation of benefits options. You can either click the [HERE](#) button to go paperless or you can simply click proceed to enter your site.**

**Learn About Paperless EOBs**

**Did you know...**

You can save the environment and reduce healthcare costs at the same time?

**Share the Benefits of Technology**

EOBs or Explanations of Benefits let you know when a medical, vision or dental claim is processed on your behalf. By changing from paper EOBs, which are often thrown away – to Paperless EOB notices, you can access the same information electronically, reducing waste and helping our environment.

Electronic EOBs are print-ready, so if you need the paper for any reason you will be able to generate your own copy from this website. If you do not have a printer and need a paper copy of your EOB sent to you, call customer service on the back of your ID card.

Selecting "Paperless" will stop EOB statements from being mailed to you (and to any minor dependents if you are the primary subscriber). By selecting "Paperless", you agree that we may provide you with access to EOB communications in an electronic format and that we may discontinue sending paper communications to you. You may withdraw your consent and begin receiving mailed paper EOB statements again by going to the "Profile" link at the top right of the website screen and selecting "Paperless EOB tab".

 Click [HERE](#) to go to the Paperless election area.

If you choose to sign up for paperless you will be directed to your profile screen. Click the paperless EOB button and you can choose paper or paperless and this can be changed at anytime



Account Info      Security Info      Member Info      Paperless EOB

## Account Information

First Name:

JOHN

Last Name:

MOYER

\*Username:

TLCJMOYER

Created:

1/29/2016 7:14:28 AM

Now you are ready to view your claims, benefits, accumulators, and much more.

Your Home Screen contains a snap shot of your eligibility, dependents, accumulators, and claims.

The screenshot shows the Loomis member portal interface. At the top, there is a navigation bar with links for Home, Coverage & Benefits, Claims, Access Authorization, Provider Networks, and Forms & Resources. The main content area is divided into several sections:

- Welcome:** A message from Loomis Company with a link to view plan coverage.
- Coverage Summary:** A table showing the primary insured (JOHN MOYER), coverage status (Active), and group number (DEMI). It also lists dependents: MELISSA MOYER, CHRIS MOYER, and TERI MOYER, each with a 'View Eligibility' link.
- Balance Summary:** A table with columns for Type, Current YTD, Maximum, and Percent Met. It lists various medical deductibles and out-of-pocket amounts for both individual and family members.
- Quick Links:** A list of links for Health Care Reform, PDR, Print or Request ID Card, Request HIPAA Certificate, WebMD, Ask a Question, and Frequently Asked Questions.
- Contact Us:** A section with a note to call the customer service number on the back of the ID card and a link to 'Learn About Paperless EOBs'.
- Recent Claims:** A table with columns for Claim Number, Service Date, and Provider. The first entry is claim number 160261134.0 on 2/1/2016 from GIBBY DIAGNOSTICS INC.

**Coverage and Benefits – view eligibility and accumulators on individual members of your family. See the drop down box to select family members.**

Home Coverage & Benefits **Claims** Access Authorization Provider Networks Forms & Resources

For: MELISSA MOYER

### Eligibility

Member: MELISSA MOYER Group Name: LOOMIS  
 Member ID: 00064755-01 Group Number: 01743  
 Status: Active

PRINT

### Coverages

Name	Effective Date	Term Date
MEDICAL	1/1/2015	
DENTAL	1/1/2015	
VISION	1/1/2015	
FLEX	1/1/2016	

### Accumulators

Name	Type	Amount Met	Maximum Amount	Percent Met
Medical Deductible In Network	Individual	\$200.00	\$2,000.00	
Medical Deductible Out of Network	Individual	\$200.00	\$2,000.00	
Medical Out of Pocket In Network	Individual	\$348.20	\$4,000.00	
Medical Out of Pocket Out of Network	Individual	\$348.20	\$8,000.00	
Family Medical Deductible In Network	Family	\$457.63	\$4,000.00	
Family Medical Deductible Out of Network	Family	\$457.63	\$4,000.00	
Family Medical Out of Pocket In Network	Family	\$1,425.81	\$6,550.00	
Family Medical Out of Pocket Out of Network	Family	\$1,425.81	\$16,000.00	
Home Health Care Maximum	Individual	\$0.00	\$0.00	
Physical Therapy Maximum	Individual	\$0.00	\$0.00	

**Claims – View the claims for each member of your family. See the drop down box to select claims by member or you can filter the claims by member, date or claim number.**

Home Coverage & Benefits **Claims** Access Authorization Provider Networks Forms & Resources

For: CHRIS MOYER

### Claims Search

Filter Claims Results

Showing 2 Claims for User MOYER, CHRIS

Export Results

Claim Number	Member	Date of Service	Provider	Total Charge	Amount Paid	My Responsibility
<a href="#">160361118-0</a>	MOYER, CHRIS	1/2/2016	CHANG DENNIS	\$120.00	\$16.00	\$77.60
<a href="#">150318001-E</a>	MOYER, CHRIS	10/1/2015	CHANG DENNIS	\$120.00	\$16.00	\$77.60

**By Date:**

Select Member: All

Begin Date:

End Date:

Search

**By Claim Number:**

Claim Numbers:

One claim number per line

Search

Reset Filters / View All

Click on a claim to view details. It will give you a breakdown of the excluded amounts, discounts, and what you will owe the provider.

**Claim #160361114-0**

Member: MOYER, JOHN Date of Service: 2/1/2016  
 Member ID: 000804755 Service Provider: QUEST DIAGNOSTICS INC  
 Claim Status: ISSUED

Total Charges	Excluded Amount	Discount	Plan Paid	You Owe
\$462.00	\$52.00	\$301.00	\$133.00	\$0.00

**Claim Details**

Provider Charges		Plan Charges				Member Responsibility		
Description/Code (CPT)	Charge	Excluded Amount	Discount	Plan Paid	Reason Code	Co-Pay	You Owe	Applies to Deductible
LABORATORY SERVICE - HCFA (36415 )	\$21.00	\$3.00	\$3.00	\$18.00	PP	\$0.00	\$0.00	\$0.00
LABORATORY SERVICE - HCFA (80050 )	\$172.00	\$57.00	\$57.00	\$115.00	PP	\$0.00	\$0.00	\$0.00
LABORATORY SERVICE - HCFA (83000 )	\$217.00	\$217.00	\$217.00	\$0.00	PP	\$0.00	\$0.00	\$0.00
LABORATORY SERVICE - HCFA (81001 )	\$52.00	\$52.00	\$24.00	\$0.00	PP, CI	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$462.00</b>	<b>\$52.00</b>	<b>\$301.00</b>	<b>\$133.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

For the Original EOB click the link and an image of the original will download.

The Loomis Company / Benefits Division  
 850 N. PARK ROAD  
 PO BOX 7011  
 WYOMISSING PA 19610-6011



Forwarding Service Requested

**Customer Service**  
 Questions, Please call our Benefits Division at  
**800-782-0392**  
 8:00 AM - 4:30 PM EST  
 Visit us on the web [www.loomisco.com](http://www.loomisco.com)  
 or e-mail [benefits@loomisco.com](mailto:benefits@loomisco.com)

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Date: 2/9/2016  
 Group Number: DEMO  
 Group Name: LOOMIS

JOHN MOYER  
 850 N PARK ROAD  
 WYOMISSING PA 19610

10,737

**Explanation of Benefits**

RETAIN FOR TAX PURPOSES  
 THIS IS NOT A BILL

Line No.	Provider	Date(s) of Service	Benefit Description	Proc Code	Amount Billed	Excluded Amount	Discount Amount	Co-Pay Amount	Deductible Amount	Amount Allowed	Paid At	Balance Paid by Plan
01	QUEST DIAGNOSTICS	02/01-02/01/16	LABORATORY	36415	21.00	0.00	3.00	0.00	0.00	18.00	100%	18.00
02	QUEST DIAGNOSTICS	02/01-02/01/16	LABORATORY	80050	172.00	0.00	57.00	0.00	0.00	115.00	100%	115.00
03	QUEST DIAGNOSTICS	02/01-02/01/16	LABORATORY	83000	217.00	217.00	0.00	0.00	0.00	0.00	0%	0.00
04	QUEST DIAGNOSTICS	02/01-02/01/16	LABORATORY	81001	52.00	28.00	24.00	0.00	0.00	0.00	0%	0.00
<b>Column Totals</b>					<b>462.00</b>	<b>245.00</b>	<b>84.00</b>	<b>0.00</b>	<b>0.00</b>	<b>133.00</b>		<b>133.00</b>
<b>Patient's Responsibility:</b>		<b>0.00</b>										

Claim#: 160361114-0  
 Patient: JOHN MOYER

Patient#: 123425ABC Processor: MM1  
 Subscriber: JOHN MOYER  
 Network: CIGNA


Understanding your EOB link on this page will show you information about what is on your EOB.

The Loomis Company  
Benefits Division  
PO Box 7011  
Reading PA 19610-8011

**Return Service Requested**

JON Q PATIENT  
100 MAIN STREET  
HOADISTOWN PA, 19308

Page 1 of 2



**Customer Service**

Questions, Please call our Benefits Division at  
800-XXX-XXX  
8:00 AM - 4:30 PM EST  
Visit us on the web [www.loomisco.com](http://www.loomisco.com)  
or e-mail [benefits@loomisco.com](mailto:benefits@loomisco.com)

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Date: 8/1/2013  
Group Number: 000001234  
Group Name: ABC COMPANY

Easy to locate customer service phone number.

Date of processing, group number and employer name.

Reflects span of dates for any claims processed in the shown time period.

**Explanation of Benefits**

RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

For the Period: **05/31/2013 thru 06/02/2013**

Dear JON Q PATIENT  
The information below is a summary of the healthcare claims you incurred for the period 05/31/2013 through 06/02/2013. This information is commonly referred to as an "Explanation of Benefits" (EOB). ~~This is not a bill.~~ It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the provider(s) listed below or suspect fraudulent charges please contact the customer service department at the number listed above.

**Total Amount Billed**      This is the total amount billed for the dates of service of 05/31/2013 thru 06/02/2013.

\$277.00

Questions? click on the "I have a question" link and all the details from the claim will be auto filled and sent to customer service. The response will be sent to the email that you provided for the site.

Ask a claim question

Ask a claim question  
Have a question about a claim that was processed? Please provide the necessary information below to have your question addressed.

Group Number \*

First Name \*

Last Name \*

Patient ID \*

Patrol Name

Claim Number \*

Total Amount Charged

Member May Due

Question \*



# Access Authorization – Grant or deny access to your information to other members of your family.

Due to HIPAA privacy rules, you or your family members are not able to view online claims information for your spouse or dependent without their consent.

**Grant/Deny Access:** If you would like to authorize your family members access to your online claims information, you may do so by clicking on the **Grant** button below next to their name. You are also able to **Deny** access to your online claims information. *Note:* You are only able to grant/deny access to family members that have an account.

**Request Access:** If you would like to request access to one of your family members online claims information, you may click on **Request Access**, next to their name below, and send an email to your family member requesting they authorize your access. They will need to sign up for an account to grant your access to their information.

**Other Options:** A printable form "[Authorization for Release of Information](#)" is available in the forms section to grant access to claims information.

## Access to your account

Grant or deny members on your account access to your personal health information.

MELISSA MOYER  Grant  Deny  
 CHRIS MOYER  Grant  Deny  
 TERI MOYER  Grant  Deny (No Account)

## Request Access

Your family member will receive an email asking them to login to the site and grant you access.

MELISSA MOYER [Request Access](#)  
 CHRIS MOYER [Request Access](#)  
 TERI MOYER [Request Access](#)

## Quick Links

- [Health Care Reform](#)
- [PDR](#)
- [Print or Request ID Card](#)
- [Request HIPAA Certificate](#)
- [WebMO](#)
- [Ask a Question](#)
- [Frequently Asked Questions](#)

## Contact Us


For questions or comments, please call the customer service number listed on the back of your ID Card.

# Provider Networks – List of all of the networks that you are currently enrolled in under your policy. You can click on the logos to go directly to the networks sites.

### Medical Networks

	<p>Cigna is the PPO network chosen by your employer.</p> <p>To find a provider, click on the Cigna logo to be taken to their website.</p>
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### Dental Networks

	<p>United Concordia is the Dental network chosen by your employer.</p> <p>To find a provider, click on the United Concordia logo to be taken to their website.</p>
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### Vision Networks

	<p>VBA is the Vision network chosen by your employer.</p> <p>To find a provider, click on the VBA logo to be taken to their website.</p> <p>Reach Customer Service at ☎ 800-433-4333 FREE.</p>
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### Rx Networks

	<p>CVS Caremark is the Rx network chosen by your employer.</p> <p>To find a pharmacy, click on the CVS Caremark logo to be taken to their website.</p>	<p>Customer Service ☎ 800-433-4333 FREE</p>
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### Pre-Notification

	<p>Medicus is the Utilization Review vendor chosen by your employer.</p> <p>Before hospital admission or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification).</p> <p>Reach Customer Service at ☎ 800-647-2500 FREE.</p>
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**Forms and Resources – Access to your plan documents, forms that can be completed on line, and frequently asked questions.**

## **Plan documents**



[Current Summary Plan Description \(SPD\)](#)



[Prior Summary Plan Description \(SPD\)](#)



[Dental Plan Documents](#)



[Current Schedule of Medical Benefits](#)



[Prior Schedule of Medical Benefits](#)



[Vision Plan Documents](#)

## **Forms and Resources**

*> Forms & Service Requests*

[Accident Form](#)

[Address Name Change](#)

[Coordination of Benefits](#)

[Direct Deposit Form](#)

[Other Coverage](#)

[Dental Claim Form](#)

[Flex Claim Form - Medical](#)

[Flex Claim Form - Dependent Care](#)

[Medical Claim Form](#)

[Vision Claim Form](#)

[PHI Release Form](#)

## **Frequently asked questions**

### **Frequently Asked Questions**

[What is Coinsurance?](#)

[What is a Copayment?](#)

[What is a Deductible?](#)

[What is an Explanation of Benefits \(EOB\)?](#)

[What is a Formulary?](#)

[What is a Medical Authorization?](#)

[What is a Premium?](#)

[What is a Primary Care Physician or Primary Doctor?](#)

These links and the information will vary depending on your elections.

### Quick Links

Health Care Reform	>>
PDR	>>
Print or Request ID Card	>>
Request HIPAA Certificate	>>
WebMD	>>
Ask a Question	>>
Frequently Asked Questions	>>

**Print or request and ID Card –** This will allow you to view your ID card, download it to a PDF, or you can request a new hard copy of the ID card be mailed to you. There is also an **Understand your ID Card** link with some tips on how to read your ID card and what everything means.

[Request ID Card](#)

[Understand your ID Card](#)

[Download ID Card PDF](#)

### Demo Group

**Member**  
**Employee: JOHN MOYER**  
**Member ID: 000804755**  
**Group #: DEMO**  
"S"  
MELISSA MOYER  
CHRIS MOYER

**Medical Plan**  
Effective: 01.01.2015  
Coverage: Family  
Plan: PPO CIGNA MEDICAL PLAN  
Cigna logo  
www.myCigna.com

**Pharmacy Plan**  
RxBin#: 00????  
RxPCN: ???  
Issuer: ?????  
RxGrp: RX????  
CVS CAREMARK logo  
www.caremark.com  
Pharmacist Help Desk: 866-???-????

20151229B01 Sh: 0 Bin 2  
JC31 Env [39Z] BlkPck 20 CSets 1  
of 1

**Ask a question –** This will populate your information onto the form and you can ask us a question. The answer will come back to you via the email that you provided us.

## Member General Question

Please submit your general question here.

Group Number: \*

First Name:

Last Name:

Member ID: \*

What is your question?: \*