



Welcome to The New Loomis Company Employer 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 member's health plan benefits and summaries

Print Temporary ID cards

Find a network healthcare provider

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

View member's healthcare claims and deductible/out of pocket balances

Access a variety of health and wellness resources

To Get Started

You will need to have the user login that was provided to you from your Client Account Manager.

Your old login and password will not allow you access to the new site.

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

We will provide your user name and password for you to use the first time that you login to the website. You will be required to change your password the first time that you login for security reasons.



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



Login

Username

Password

SUBMIT

From the home screen you will be able to view your member's, look up claims, complete online forms for your members, view your plan documents and view any online reports that are available.



[Messages \(0\)](#) [Profile](#) [Logout](#)

- Home
- Your Members
- Claim Inquiry
- Resources
- Plan Documents

Welcome Test Employer!

Welcome to The Loomis Company Benefits Portal, your one-stop for quick access to enrollment and claim information, reports, compliance, news from Employee Plans, and more. Select from the menu choices on the top bar or click on any of the links on this page for details.



Quick Links

[Reports](#) >>

Your Members – There are a few things to note in this section.

-The member ID must always be 9 digits. So when entering always add leading zeroes. For example member ID 1235 would be 000001235.

-If your Group# is numeric it must be entered as 10 digits. For example Group# 85658 would be 0000085658.

The search screen below allows you to search by the member ID # or you can view all of your members by clicking View Your Members.



To search for a Member using the Basic Search, select the option to search by Member ID

- Member IDs must be 9 digits - please add leading zeros to make the number 9 digits
- If entering multiple Member IDs, separate each one with a comma
- Click on the "Search" button.

To list all Members and any dependents, click on "View All Members".

To search for a Member using the Advanced Search, enter:

- "Group" to list all Members and any dependents. You must enter at least one group number
- "Last Name" and "Group" to search for a specific Member. You can also enter the "First Name" and/or "Date of Birth"
- Click on the "Search" button

Any Member(s) found will be listed below. To review the current eligibility status for a specific Member, click on the Member's Name.

A screenshot of the 'Eligibility' search interface. At the top, there's a 'Search by' dropdown menu set to 'Member ID'. Below it is a large text input field with the placeholder text 'Separate Member IDs by commas'. To the right of the input field is a 'View Your Members' link. At the bottom left is a 'Search' button. A blue arrow points from the 'Advanced search' text to the 'Search by' dropdown, and another blue arrow points from the 'View Your Members' link to the 'View Your Members' text.

If you click on the Advanced Search in the above screen it will allow you to search by your member's name, date of birth, hire date and a few other options.

A screenshot of the 'Eligibility' search interface with 'Advanced search' selected. The 'Search by' dropdown is set to 'Member ID'. Below it are several input fields: 'First Name', 'Last Name' (with 'moyer' entered), 'Date of Birth', 'Group', 'Location', 'Benefit Plan', 'Hire Date', and 'Sort by' (with a dropdown arrow). At the bottom left is a 'Search' button and a 'View Your Members' link. A red asterisk note at the bottom reads: '* At least one of these fields must be filled'.

After you choose a member there is a variety of information that you will be able to access.

Eligibility -

 JOHN MOYER

 [Print View](#)

850 N PARK ROAD

Member No: 000804755
DOB: 8/13/1975

[View all family members](#)

Eligibility

Member:	JOHN MOYER	Group Name:	LOOMIS
Member ID:	000804755	Group Number:	DEMO
Status:	Active		

Coverages

Name	Effective Date	Term Date
MEDICAL	01/01/2015	
DENTAL	01/01/2015	
VISION	01/01/2015	
FLEX	01/01/2016	

Accumulators -

Accumulators

Name	Type	Amount Met	Maximum Amount	Percent Met
Medical Deductible In Network	Individual	\$200.00	\$2,000.00	<div style="width: 10%;"></div>
Medical Deductible Out of Network	Individual	\$200.00	\$2,000.00	<div style="width: 10%;"></div>
Family Medical Deductible In Network	Family	\$457.63	\$4,000.00	<div style="width: 11%;"></div>
Family Medical Deductible Out of Network	Family	\$457.63	\$4,000.00	<div style="width: 11%;"></div>
Medical Out of Pocket In Network	Individual	\$1,000.00	\$4,000.00	<div style="width: 25%;"></div>
Medical Out of Pocket Out of Network	Individual	\$1,000.00	\$8,000.00	<div style="width: 12.5%;"></div>
Family Medical Out of Pocket In Network	Family	\$1,425.83	\$6,550.00	<div style="width: 21.7%;"></div>
Family Medical Out of Pocket Out of Network	Family	\$1,425.83	\$16,000.00	<div style="width: 8.9%;"></div>
Chiropractic Maximum	Individual	\$0.00	\$0.00	<div style="width: 0%;"></div>

Network Access – These will be the networks associated with your plan.

Medical Networks

	<p>Cigna is the PPO network chosen by your employer. 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. 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. To find a provider, click on the VBA logo to be taken to their website. Reach Customer Service at 800-432-4968 FREE.</p>
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Rx Networks

	<p>CVS Caremark is the Rx network chosen by your employer. To find a pharmacy, click on the CVS Caremark logo to be taken to their website. Reach Customer Service at 866-475-0056 FREE.</p>
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Member ID card will also be available to view and print.

View Member ID Cards

-- Select Member --

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



www.myCigna.com

Pharmacy Plan

RxBin#: 00?????

RxPCN: ???

Issuer: ??????

RxGrp: RX?????



www.caremark.com

Pharmacist Help Desk: 866-????-????

Claim Inquiry Screen – You can Search by Claim# if available or you can do an advanced search for a member.

Home Your Members Claim Inquiry Resources Plan Documents

To search for Member Claims using the Basic Search, select the option to search by Claim Number or Member ID

- If entering multiple Claim Numbers or Member IDs separate each one with a comma
- If searching by Member ID, select date search type (Date of Service or Paid Date) and date range (default range is 6 months)

To list all claims, click on "View Claims for All Members"

To search for Member Claims using the Advanced Search, enter:

- Group number then select the date search type (Date of Service or Paid Date), and date range (default range is 6 months); or
- Group number and a specific Member's Date of Birth
- Click on the "Search" button
- If your Group# is numeric, please add leading zeros to make the number 10 digits. Example if the Group# is 1234, please enter 0000001234.

Claims

Search by Claim Number Advanced search

Separate Claim Numbers by commas

Search [View Claims for All Members](#)

Advanced Search – You will be able to enter a last name, date of birth, date range in order to search for claims. Under the Advanced search the Group # is required to be re-entered.

As a reminder - If your Group# is numeric it must be entered as 10 digits. For example Group# 85658 would be 000085658.

Claims

Search by Claim Number Advanced search

<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> Date of Service	<input type="radio"/> Paid Date
<input type="text"/>	<input type="text"/>	From <input style="width: 150px;" type="text" value="11/26/2015"/>	to <input style="width: 150px;" type="text" value="2/24/2016"/>

<input type="text"/>	<input type="text"/>
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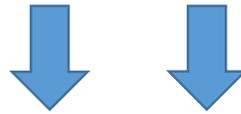
Sort by

[View Claims for All Members](#)

This will bring you a list of claims for the member.

160530901-0	MOYER, JOHN	12/30/2015	\$33,856.63	
160361118-0	MOYER, CHRIS	1/2/2016	\$120.00	ISSUED
160361117-0	MOYER, MELISSA	1/19/2016	\$440.00	ISSUED
160361116-0	MOYER, MELISSA	1/10/2016	\$300.00	ISSUED
160361115-0	MOYER, MELISSA	1/3/2016	\$575.00	ISSUED
160361114-0	MOYER, JOHN	2/1/2016	\$462.00	ISSUED
160361113-0	MOYER, JOHN	1/12/2016	\$250.00	ISSUED
160361112-0	MOYER, JOHN	1/2/2016	\$6,500.00	ISSUED
160361111-0	MOYER, JOHN	1/1/2016	\$462.00	ISSUED
153018006-E	MOYER, MELISSA	12/15/2015	\$440.00	ISSUED

Click on the claim # for more details. You can also view and print the original EOB that was mailed to the member.



Claim 160361115-0 - MOYER, MELISSA EOB View [Print View](#) x

Claim #160361115-0

Member: MOYER, MELISSA **Date of Service:** 01/03/2016
Member ID: 000804755-01 **Service Provider:** ANDERSEN SCOTT
Claim Status: ISSUED

Total Charges	Excluded Amount	Discount	Plan Paid	You Owe
\$575.00	- \$0.00	- \$205.00	- \$181.00	= \$189.00

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
OFFICE VISIT - SPEC (99215)	\$325.00	\$0.00	\$104.00	\$181.00	PP	\$40.00	\$0.00	\$0.00
SURGERY - DR'S OFC (93000)	\$250.00	\$0.00	\$101.00	\$0.00	PP	\$0.00	\$0.00	\$149.00
Total	\$575.00	\$0.00	\$205.00	\$181.00		\$0.00	\$189.00	\$149.00

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



[DR-DR]

Forwarding Service Requested

JOHN MOYER
 850 N PARK ROAD
 WYOMISSING PA 19610

10-737

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
 or e-mail benefits@loomisco.com

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

Explanation of Benefits

RETAIN FOR TAX PURPOSES
 THIS IS NOT A BILL

Claim#: 160361115-0
Patient: MELISSA MOYER

Subscriber: JOHN MOYER **Processor:** MM1
Network: NON PRIMARY NETWORK PROVIDER

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	MEDICAL IMAGING OF	01/03-01/03/16	OFFICE VISIT	99215	325.00	0.00	104.00	40.00	0.00	181.00	100%	181.00
02	MEDICAL IMAGING OF	01/03-01/03/16	SURG OFFICE	93000	250.00	0.00	101.00	0.00	149.00	0.00	80%	0.00
Column Totals					575.00	0.00	205.00	40.00	149.00	181.00		181.00

Patient's Responsibility: 189.00

Provider Payment Amount 181.00
Amount Payable 181.00

Resources – This is a list of all of the correspondence that can be sent back to Loomis electronically.



[Home](#) > [Forms](#)

[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](#)

As an example: This is the beginning of the Other Coverage Questionnaire

Other Coverage Questionnaire

In order to properly process claims for your covered dependents, we need information in regard to any other health plan under which they may be covered.

Please answer the following questions.

*Group Number

*Covered Employee Last Name

*Covered Employee First Name

*Member ID

*Email Address

1. If married, please complete the following.

First and Last Name of Spouse

Spouse Date of Birth

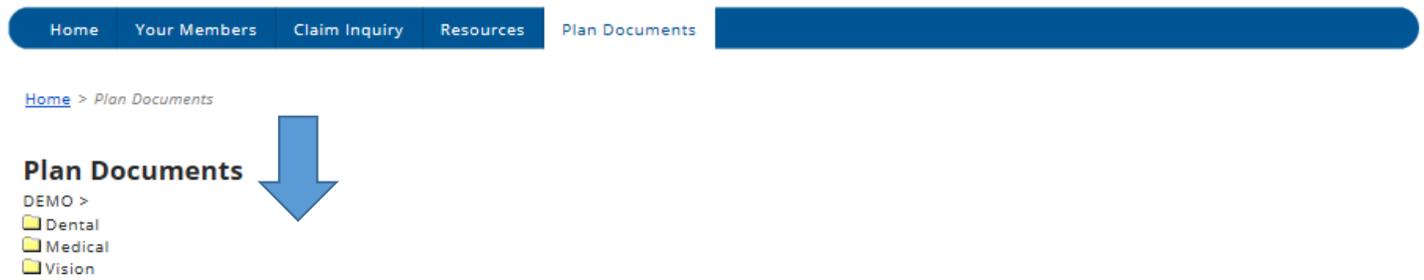
Last Four Digits of the Spouse SSN

Name of Spouse's Employer

Address of Spouse's Employer

Phone Number of Spouse's Employer

Plan Documents - Depending on the coverages there will be a folder for each line of business.



Clicking on a folder will open up the documents for viewing.



To return to the previous screen click on the group# > and the folder that you are currently viewing.



Report - Link to the metaviewer reports.



[Messages \(0\)](#) [Profile](#) [Logout](#)

[Home](#) [Your Members](#) [Claim Inquiry](#) [Resources](#) [Plan Documents](#)

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Quick Links

[Reports](#)

This will take you to the metaviewer interface. You will need to enter your Metaviewer user name and password to gain access.

metaviewer

Log in

Username:

Password:

Remember me

[Log in](#)

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