

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 Usernam	_		
usernam	е		
Password	İ		
SUBMI	7		
Forgot you	r username	or password?	
Need a u	sername a	nd passwore	d?
Proceed t	o our sign i	in 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 eement shall survive termination of this Agreement, including but not limited to the sections relating to ictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Lia and Governing Law.

Con it of the Website. The insurance products, data, and other information referenced in the website are

AGREE

Disagree

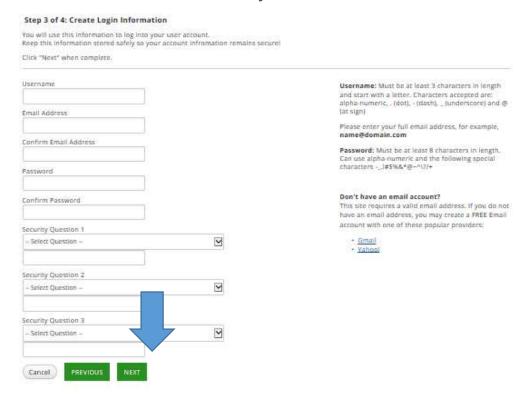
## Step 2 is entering information from your Member ID card.

#### Step 2 of 4: Verify Information

Cancel

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 0000035246. 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? Need Help? If you need assistance creating your user account, Member ID please contact the Customer Service Phone number listed on the back of your ID Card. Enter all leading zeros You may send an email to: healthx@loomisco.com First Name Last Name DOB Format mm/dd/yyyy Group Number For numeric group numbers, enter leading zeros to to

Step 3 is creating your login information. The system also requires and email address 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 4 is simply to confirm your information is accurate and clicking on finish.

#### Step 4 of 4: User Registration Complete



Next is paperless EOB's to elect or re-elect the paperless explanation of benefits options. You can either click the HERE botton 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.

Proceed

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



Account Info

Security Info

Member Info

# **Account Information**

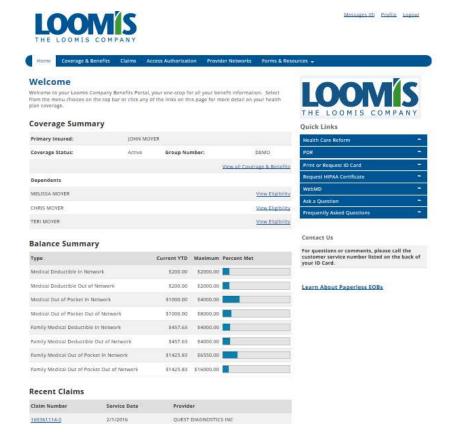
First Name:
JOHN
Last Name:
MOYER
\*Username:
TLCJMOYER

Created:

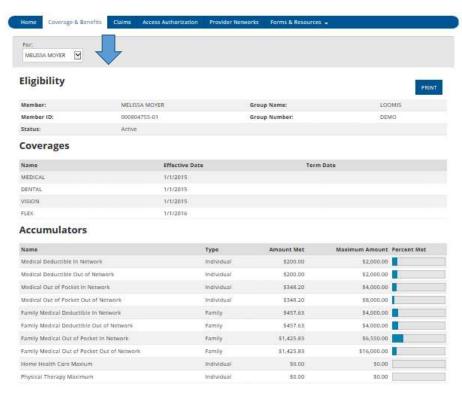
1/29/2016 7:14:28 AM

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

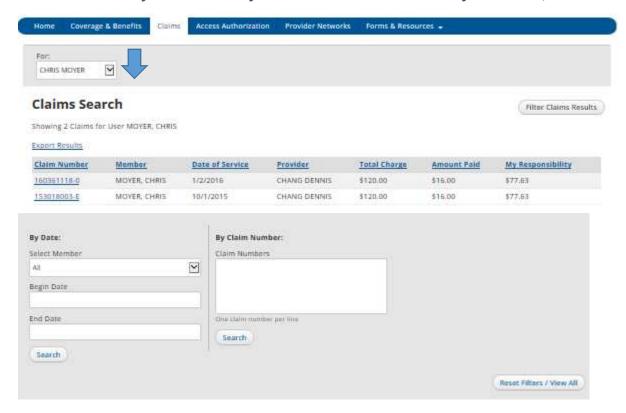
Your Home Screen contains a snap shot of your eligibility, dependents, accumulators, and claims.



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



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.



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
Total	\$462.00	\$52.00	\$301.00	\$133.00		\$0.00	\$0.00	\$0.00

# 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

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

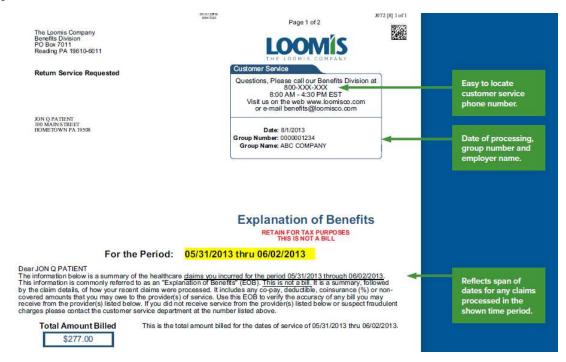
Date: 2/9/2016 Group Number: DEMO Group Name: LOOMIS

# **Explanation of Benefits**

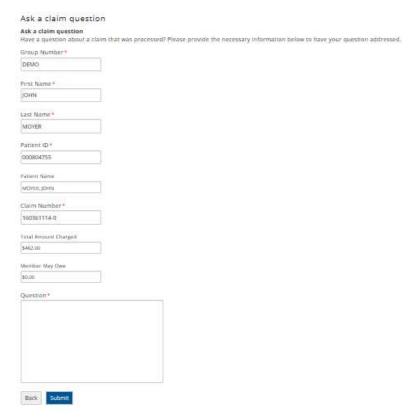
RETAIN FOR TAX PURPOSES THIS IS NOT A BILL

	Claim#: Patient:		1603611 JOHN M			Sub	atient#: 12 scriber: JO etwork: Cl	HN MOYE	R	l	Processor	: MM1	
Line No.	Pro	vider	Date(s) of Service	Benefit Description	Proc Code	Amount Billed	Excluded Amount	Discount Amount	Co-Pay Amount	Deductible Amount	Amount Allowed		Balance Paid by Plan
01	QUEST DIA	AGNOSTICS	02/01-02/01/16	LABORATORY	36415	21.00	0.00	3.00	0.00	0.00	18.00	100%	18.00
02	QUEST DIA	AGNOSTICS	02/01-02/01/16	LABORATORY	80050	172.00	0.00	57.00	0.00	0.00	115.00	100%	115.00
03	QUEST DIA	AGNOSTICS	02/01-02/01/16	LABORATORY	83000	217.00	217.00	0.00	0.00	0.00	0.00	0%	0.00
04	QUEST DIA	AGNOSTICS	02/01-02/01/16	LABORATORY	81001	52.00	28.00	24.00	0.00	0.00	0.00	0%	0.00
				Colu	mn Totals	462.00	245.00	84.00	0.00	0.00	133.00		133.00
	Patient's	Responsi	ibility:	0.00									

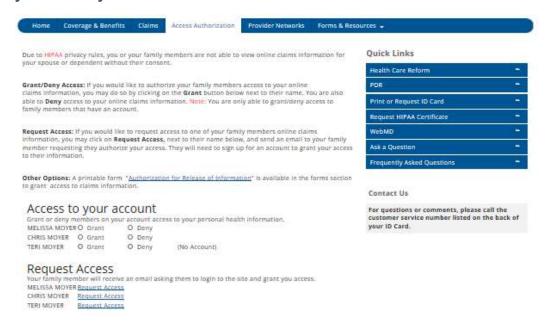
Understanding your EOB link on this page will show you information about what is on your EOB.



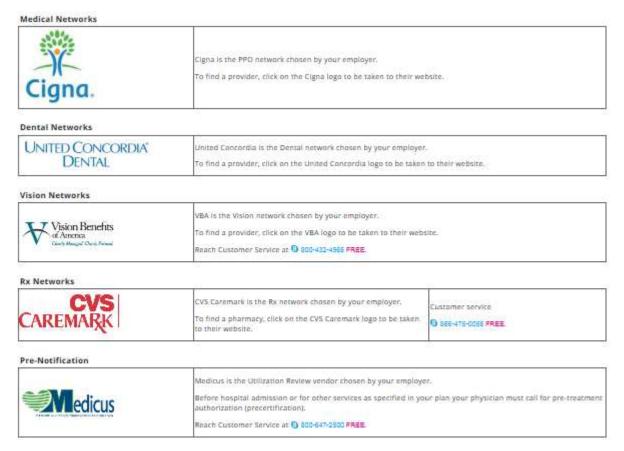
Questions? click on the "I have a question" link and all the details from the claim will be auto filled and sent to customer service. The response will be sent to the email that you provided for the site.



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



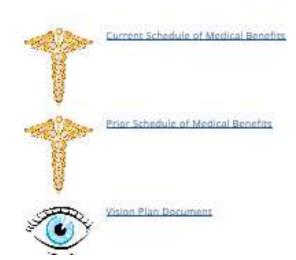
Provider Networks – List of all of the networks that you are currently enrolled in under your policy. You can click on the logos to go directly to the networks sites.



Forms and Resources – Access to your plan documents, forms that can be completed on line, and frequently asked questions.

#### 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

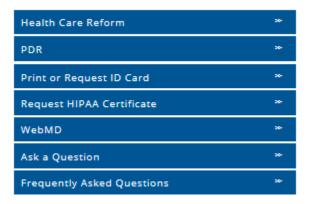
# Frequently asked questions

# **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**

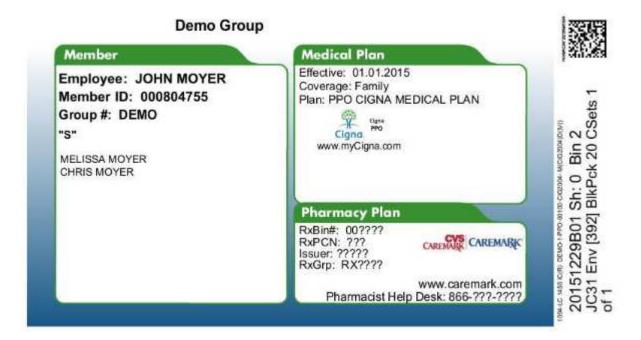


Print or request and ID Card – This will allow you to view your ID card, download it to a PDF, or you can request a new hard copy of the ID card be mailed to you. There is also an Understand your ID Card link with some tips on how to read your ID card and what everything means.

Request ID Card

Understand your ID Card

Download ID Card PDF



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:*	
DEMO	
52.110	
First Name:	
JOHN	
Last Name:	
MOYER	
Member ID:*	
000804755	
What is your question?:*	