



Your Lantern Benefit – Member Guide

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Hi. Welcome to Lantern.

Who We Are

When you're facing surgery, it can feel like you're trying to find the best path to healing alone. But with Lantern, you have a team of guides ready to support you. Helping members like you find the right care is central to everything we do.

For some members, that might mean care in a hospital setting. Care at a local ambulatory surgery center is a better option for others. Sometimes, our network surgeons can help members find a better path by avoiding surgery altogether.

By ensuring our members get excellent care in the best place for them, we can help you get back to doing the things you love as soon as possible.

Note: Your plan dictates your coverage, including what is available to you through Lantern and what your financial responsibility may be; This is intended to be an informational guide about your Lantern benefit, and you should still consult your plan documents or a Care Advocate for additional details. For questions or concerns related to plan administration, financial responsibility, or appeals/grievances, please reference your health insurance plan documents. Call 911 in the event of any medical emergency.

Excellent Surgeons

With an industry leading complication rate of less than 1% and a nationwide network, you'll receive excellent care close to home with Lantern.

Lantern's network of surgeons is individually vetted to ensure they offer patients the highest quality care. The surgeons in our network of more than 3,000 providers have extensive experience. Lantern covers thousands of procedures, too. Be sure to talk to your Care Advocate about any surgeries you or covered members of your family might need.



Highlights of Your Lantern Benefit

Pre-Surgical Consultations:

Meet with an expert surgeon to see if surgery is right for you. Get your questions answered and explore your treatment options.

Surgical Procedures: If surgery is the right choice for you, then you'll get excellent care. Plus, you'll save money on your care, including facility and anesthesia costs.

Post-Surgical Follow-Ups:

Your post-surgical follow-ups are covered at no additional cost for up to 90 calendar days after your surgery. If you require additional follow-up care after 90 days, contact your Care Advocate for coverage.

Travel: If you're eligible and must travel for your care, Lantern can help. Pre-booked travel and accommodation or funds to cover needed travel and accommodation could be part of your benefits.

Financial Rewards: Depending on your employer's plan, you may be eligible for a financial reward to help offset the out-of-pocket costs if you use Lantern. You can use it to help pay for testing, pre-operative evaluation or other services.

Personalized Support

Your Care Team

With Lantern, you can expect personalized support and guidance at every step of your surgery journey.



Dedicated Care Advocate

Your dedicated Care Advocate is your primary point-of-contact for your Lantern benefit, and your dedicated administrative support. We assist with everything from scheduling to billing to transportation, making the experience easy for you and your family.

Here are a few questions you might want to ask your Care Advocate:

1. What types of surgeries are covered through this benefit?
2. What is my out-of-pocket cost?
3. How does billing work?
4. What should I expect from my consultation with the surgeon?



Clinical Care Specialists

You also have access to our Clinical Care Specialist team, a set of individuals with deep clinical experience. They are here to support you and your Care Advocate with questions and concerns throughout your journey.

You may want to ask your Clinical Care Specialist these questions:

1. How is my Lantern surgeon different than other surgeons?
2. Why would I travel to see a surgeon?
3. My surgeon recommended I have additional testing done, what does that entail?

Your Clinical Care Specialist may connect with you when you are reviewing your recommended surgeons, before and after your consultation or your surgery. Ask your Care Advocate if you have questions or want to request a callback from a Clinical Care Specialist.

Digital Tools



Lantern Member App and Portal

The Lantern member portal is available on the web and through the mobile app. You can use it to review recommended surgeons, documents, account and claims information, communicate directly with your Care Advocate, request a copy of your Lantern member ID card, review upcoming appointments and more. Learn more at my.lanternicare.com.



My Medical Images, MMI

You can use a secure cloud-based application to electronically share your medical images with Lantern. Your Care Advocate can share those images directly with your Lantern surgeon. If you would like to use MMI to share your imaging, your Care Advocate can help you start the process and get a starter kit for you. The starter kit will include all instructions on how to upload your images. It may take up to 10 business days to arrive.



How to Start

It's easy to start the process with Lantern. Call us to activate your benefit and connect with your Care Advocate.

Here's What to Expect from Your Care Advocate During the Call

1. Confirm Your Eligibility

The person receiving treatment must be enrolled in an eligible health insurance plan to access the Lantern benefit. You may be asked to provide a copy of your health insurance card, member ID, and group number to verify eligibility.

2. Review Your Benefit

The Care Advocate will explain your Lantern benefits, review our network of surgeons, potential cost savings and your personalized guidance throughout your journey.

3. Explain Your Financial Responsibility

This includes any out-of-pocket expenses you may incur during your surgical journey, and how and you can expect to pay. As a reminder, your employer's health coverage determines your financial responsibility.

4. Answer Questions

Review and receive guidance on any questions you may have when beginning your surgical process. Your Care Advocate can also help you connect with a Clinical Care Specialist.

5. Register for the Portal

Registering for the member portal or mobile app will give you access to track your journey as you work with your Care Advocate where you can view your recommended surgeons, documents, account and claims information, communicate directly with your Care Advocate, obtain a copy of your Lantern member ID card, review upcoming appointments and more.

You may receive documents to complete and submit. These can include but are not limited to medical questionnaires, medical record release forms and traditional insurance cards. Each document helps ensure your journey is smooth and could also be used to confirm eligibility, financial responsibility or surgical requirements.

Finding the Right Surgeon

Choosing your surgeon is an important personal choice – here are some things to consider:

- Are they experts in your procedure?
- Do they perform this surgery often?
- Do you feel comfortable with your surgeon?

Following your first call with your Care Advocate, you will receive a welcome letter and member questionnaire. Our team will review your questionnaire and use your answers to suggest the surgeons best suited for your needs.

1. The surgeons will be sent to you through email or via mobile app/portal (if you have registered.)
2. Your Care Advocate or Clinical Care Specialist will call to ensure you have received the surgeon list and walk through any questions you may have.
3. Then you'll choose your surgeon.

If you have any questions or want to review your surgeon options, your Care Advocate can contact you with your Clinical Care Specialist.



Your Lantern Member ID Card

Your Lantern member ID card is the best way to make sure that your provider's office is billing your procedure correctly.

There are multiple ways to access your member ID card. You may have received a card in the mail. If you don't have your card, don't worry. You can download a digital copy on the portal or mobile app. You can also add it to your digital wallet in your phone.

You will also receive a copy of your Member ID card from your Care Advocate before your consultation. Bring it to your initial consultation and every subsequent office visit and procedure. Tell the provider's office and/or facility administrator that the card is for your primary insurance. You can provide your other insurance cards for any items that are not covered under your Lantern benefit.

Here's what your card looks like.



Explanation of Covered Procedures and Services

Your plan dictates your coverage, including what is available to you through Lantern and what your financial responsibility may be; This is intended to be an informational guide about your Lantern benefit, and you should still consult your plan documents or a Care Advocate for additional details. For questions or concerns related to plan administration, financial responsibility, or appeals/grievances, please reference your health insurance plan documents.

The list of covered services through Lantern is outlined below. If a service or procedure is not listed, you should assume that it is not covered by Lantern but may be covered through your regular medical insurance. In addition, certain covered services may require specific authorization. Always confirm specific benefits and requirements with your dedicated Care Advocate prior to treatment or testing.

Initial Consultation

Your coverage includes surgical consultations associated with each covered procedure that may be needed throughout the plan year. Depending on your specific circumstances, there may be tests performed by your surgeon that are not covered by Lantern but may be covered under your health insurance plan. You can always contact your Care Advocate to clarify if a specific test is covered by Lantern.

Covered services are subject to your financial responsibility. **See the Financial Responsibility section for more information.** Please note, your covered services may be billed across several invoices.

How Your Care Advocate Can Help

- Prior to your consultation, your Care Advocate will send you a medical records release form through DocuSign for your signature. This will help our timely retrieval of your records.
- Once your medical records release form is received, your Care Advocate will help transfer any medical records or imaging you have completed to your surgeon's office. Retrieving these records will help your surgeon outline the best treatment options for you. To transfer these records, you may be asked to provide the names of previous doctors, imaging centers, facilities or administrators where your medical records may be.
- After we have gathered your relevant records, your Care Advocate will connect directly with the surgeon's office and share the records and additional documentation. Then your initial consultation can be scheduled.
- To schedule your appointment, you may receive a call or email from the surgeon's office. Your Care Advocate can also help coordinate scheduling if preferred.

What To Do When You Arrive for Your Consultation

1. Confirm with the office that your insurance is Lantern, which will cover the consult
2. Provide a copy of your Lantern member ID card to verify your coverage
3. Confirm you have no member responsibility owed directly to the office

What To Do After You Leave Your Consultation

1. Call to confirm your treatment plan details with your Care Advocate
2. Schedule any testing or appointments requested or required by the surgeon before surgery
3. Confirm with your Care Advocate if you want to connect with your Client Care Specialist for additional questions

Preoperative Work Up

In certain circumstances, your provider may recommend a preoperative work up that may include services such as bloodwork, EKG, diagnostic imaging to fully evaluate your surgical candidacy before performing surgery. Medical necessity for these items is determined by your surgeon. In most circumstances, these preoperative items are not covered by Lantern.

After your consultation, you will discuss these requested items with your Care Advocate who will confirm coverage of each item and help coordinate appointments for services covered through Lantern. You can always contact your Care Advocate to clarify if a specific service is covered by Lantern.

Surgical Procedures Covered Under Your Lantern Benefit

In-Office Procedures

In-office surgical procedures take place in the same location as a provider's clinic. These surgical procedures normally use local or regional anesthesia and tend to be more minor in nature. During the procedure, a biopsy may be taken and sent to a pathology lab for review. If you are utilizing Lantern for procedures including but not limited to pain management injections, colonoscopy or endoscopy, your procedure may take place in-office.

Facility-Based Procedures

Facility-based procedures take place in either a hospital or ambulatory surgical center. These surgical procedures commonly use general anesthesia (you will be asleep, and a machine is breathing for you during surgery). Various interventions may be administered during surgery including but not limited to imaging, bloodwork and delivery of medications. If these additional services are administered during your surgery, they may be included in your Lantern coverage. If the additional services are administered outside of your surgery, they may not be included in your Lantern coverage. Please contact your Care Advocate to confirm if a specific service is covered by Lantern.

Preparing for Your Procedure

If you have financial responsibility due prior to your surgery, as outlined by your health plan coverage, your Care Advocate may send an invoice with your financial responsibility through the mobile app or member portal. You can register at my.lanterncare.com. All financial responsibility due before your surgery must be paid at least five business days prior to your surgery date. Otherwise, your surgery may be cancelled or rescheduled. The collection timing is determined by your plan. Learn more in the Financial Responsibility section below.

What to Bring to Surgery

1. Your Lantern member ID Card. Your Care Advocate can provide a copy, or you can download it from the member portal or mobile app
2. A companion (over the age of 18) who can make medical decisions for you
3. Medical records or an imaging CD, if requested by your surgeon

When You Arrive at the Facility or Office

1. Confirm with the facility that your insurance is Lantern, which will cover the surgery
2. Provide a copy of your Lantern member ID card to verify your coverage
3. Confirm you have no member responsibility due directly to the facility or provider

What to Do After Surgery

1. Give yourself a chance to recover. You've earned it!
2. Review your post-operative instructions to ensure you don't have any questions
3. Make sure you have any prescriptions needed in hand or sent to your pharmacy
4. Confirm with your Care Advocate when your first post-operative follow-up date is scheduled with your surgeon

Post-Operative Follow-Ups and Services

Your Lantern coverage includes post-operative follow-ups associated with each covered procedure that may be needed throughout the year. Depending on your specific circumstances, there may be tests performed by your surgeon that are not covered under Lantern but are likely covered under your regular health insurance. You can always contact your CA to clarify if a specific test is covered by Lantern.

Covered services are subject to your financial responsibility. **See the Financial Responsibility section for more information.** Please note, your covered services may be billed across several invoices.

Covered Procedure Types

The information provided here is intended to be general and informative. Your treatment plan will be tailored to your individual conditions and medical history. Always consult your surgeon with any specific questions you may have.

1. Bariatric

Metabolic/bariatric surgery is a long-term treatment option for obesity resulting in significant weight loss, and the improvement, prevention or resolution of many related diseases including type 2 diabetes, heart disease, hypertension, sleep apnea and certain cancers.

Different types of bariatric procedures include but are not limited to gastric bypass, duodenal switch and sleeve gastrectomy.

What to Expect

i. Before Surgery

1. Your surgeon may order certain testing to be completed before scheduling surgery. Examples of some pre op testing that might be ordered:
 - a. Lab work
 - b. Sleep study
 - c. Chest X-ray
 - d. Cardiac clearance
 - e. Dietitian visits (this could be more than one visit)
 - f. Psychiatric evaluation
 - g. Pre op class (pre op diets, post op diets, vitamins, protein sources will be discussed at this time)

ii. Avoiding Surgery

1. There is a chance your surgeon may advise “against” surgery at this time. If so, they will likely provide you with options to try before moving forward with surgery.
2. Options could include medication therapy, dietitian visits, counseling, etc.

iii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs. These can range anywhere from 1-2 days post op, 1-2 weeks post op, 8 weeks post op, 6 months post op and yearly after that.
2. During this time, you may be given diet progression instructions or be required to complete post op tests and labwork.

2. Cardiac

Cardiovascular surgery, also referred to as heart surgery, includes any surgical procedure that involves the heart or the blood vessels that carry blood to and from the heart. They are common for individuals who have heart disease, have had a heart attack, stroke or individuals who are at a high risk for developing these issues. Cardiac surgery can also be used to treat irregular heartbeats, opening arteries and repairing congenital heart problems.

Types of cardiac surgery include but are not limited to heart bypass, pacemaker insertion, catheter ablation, stent placement, etc.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine heart testing before surgery. Examples include:
 - a. Electrocardiogram (EKG)
 - b. Chest X-ray
 - c. Stress Test
 - d. Heart MRI
 - e. Echocardiogram (Echo)
 - f. Coronary Angiography

ii. After Surgery

1. Depending on the complexity of your procedure, you may be required to stay overnight at the facility for a duration of time. If you are not required to stay overnight, you will be released with a detailed recovery plan. Your recovery plan may include items such as how much and when activity is appropriate, prescribed medications, and avoidance of some activities for a period of time.
2. Post-operative consultations
 - a. You will have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.

3. ENT

ENT (Ear, Nose and Throat) surgery includes any surgical procedure that may affect those areas of the body and potential structures of the head and neck.

Types of ENT surgery include but are not limited to ear tubes, adenoidectomy and tonsillectomy.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. Audiogram
 - b. Tympanogram, eardrum mobility/pressure
 - c. Sleep test
 - d. CT scan

ii. After Surgery

1. Travel may be limited if you are having a procedure on a body part that can be severely impacted by additional pressure, like your ears
2. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.

4. Gastroenterology

Also known as GI surgery involves the function and diseases of the digestive system and its disorders. The digestive system includes multiple organs including the esophagus, stomach, small intestine and large intestine among others.

Types of GI surgeries include but are not limited to colonoscopy and endoscopy.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. Nutrition Counseling
 - b. Barium Swallow Test (Esophagram)
 - c. Fluoroscopy

ii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.

5. General Surgery

General Surgery is a surgical specialty that focuses on the alimentary canal and abdominal contents including but not limited to the esophagus, stomach, small intestine, large intestine, liver, pancreas, gallbladder, appendix, bile ducts and sometimes thyroid gland.

Types of general surgeries include but are not limited to gallbladder removal, hernia repair, appendix removal, among others.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. Lab work
 - b. Sleep study
 - c. Chest X-ray
 - d. Cardiac clearance
 - e. Psych evaluation
 - f. Any other specialty type clearances
 - g. Additional X-rays or imaging

ii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery.
The duration and timing will vary based on your specific healthcare needs.

6. Gynecology

Gynecology, also known as GYN, is the specialization of women's health and treatment of the female reproductive organs. Urogynecology includes the previously mentioned treatments areas in addition to specialized focus on pelvic floor dysfunction, including organs like but not limited to the bladder, vagina, uterus and rectum.

Types of gynecology surgeries include but are not limited to hysterectomy, bladder repair, tubal ligation, and cyst or fibroid removal.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. Colposcopy
 - b. Pelvic Ultrasound

- c. Endometrial or Cervical Biopsy
- d. MRI
- e. CT Scan

ii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.

7. Infusions

Infusions are a specialty method of delivering medication or fluids directly into the bloodstream and are used to treat a variety of diseases and infections

Types of diseases treated with infusions include, but are not limited to, autoimmune diseases, blood disorders, heart conditions, cancer, chronic pain, nutritional support and gastrointestinal disorders

8. Orthopedic

Orthopedics is the branch of surgery focused on conditions involving the musculoskeletal system (MSK). The MSK system includes all joints, ligaments, muscles, bones and tendons. There are multiple subspecialties within this category including adult reconstructions, pediatrics, sports medicine, trauma, spine, foot, hand, shoulder and elbow.

Types of orthopedic surgery will vary by subspecialty and include but are not limited to joint reconstruction, revision, or replacement, ACL/MCL repairs, tendon release and sports injuries.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. Additional imaging
 - X-rays
 - MRIs
 - Members being seen for nerve procedures, like carpal tunnel, may need EMG or similar type testing

ii. Avoiding Surgery

1. There is a chance your surgeon may advise against surgery at this time. This just means they will provide you with options to try and relieve the pain before doing surgery like physical therapy, pain injections, using devices such as joint braces, etc.

iii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.
2. Physical therapy
 - a. Members going through an orthopedic surgery may need to participate in physical therapy post-operatively.
3. Weight-bearing restrictions
 - a. There is a chance your doctor may have weight-bearing restrictions on your operative site for a given amount of time after surgery.

9. Pain Management

Interventional Pain Management is the practice of using minimally invasive techniques to lessen an individual's pain. IPM is commonly used in the spine but can also be utilized in other areas of the body like joints.

Types of pain management include but are not limited to nerve blocks, radio frequency ablations, steroid or epidural injections.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. X-rays
 - b. MRIs
 - c. CT Scans

ii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.

10. Spine

Spine surgery is the branch of surgery focused on the back. These procedures are used to treat issues such as herniated discs, degenerative disc concerns, compression within the spine.

Types of spine surgery include but are not limited to laminectomy, laminotomy, spinal fusion, and disc replacement.

What to Expect

i. Before Surgery

1. Your surgeon may require you to complete routine testing before surgery. Examples include:
 - a. X-rays
 - b. MRIs
 - c. CT Scans

ii. Avoiding Surgery

1. There is a chance your surgeon may advise against surgery at this time. This just means they will provide you with options to try and relieve the pain before doing surgery like physical therapy, pain injections, using devices such as joint braces, etc.

iii. After Surgery

1. Post-operative consultations
 - a. You may have multiple post-operative visits with your provider after surgery. The duration and timing will vary based on your specific healthcare needs.
2. Physical therapy
 - a. Members going through an orthopedic surgery may need to participate in physical therapy post-operatively.
3. Weight-bearing restrictions
 - a. There is a chance your doctor may have weight-bearing restrictions on your operative site for a given amount of time after surgery.

Your coverage for the procedures listed above may vary depending on your benefit coverage. Please call your Care Advocate to confirm these procedures are covered under your Lantern benefit.



Mandatory Procedures

Depending on your Lantern plan design, you may be required to utilize one of our high-quality, in-network surgeons for certain surgeries. Depending on your health plan, this may be a requirement for categories like spine, joint replacement and bariatric surgery. Should you need one of these surgeries, your Care Advocate will be able to confirm if your surgery is required through the Lantern network. If so, your Care Advocate will help you find a surgeon in the Lantern network to complete the needed surgery.

If your benefit plan requires you to use a Lantern surgeon and you choose to see a surgeon outside of the Lantern network, you may be liable for some or all the cost for that surgery. **For more information, see the Mandatory Procedure Cost section under Financial Responsibility.**

Non-Covered Services

Services not listed in the Member Guide may not be covered through your Lantern benefit. Always connect with your Care Advocate prior to beginning treatment to understand what is covered and if any additional authorization is required. In some cases, you may need to obtain an authorization from your health insurance provider, in addition to confirmation of coverage through Lantern. In these instances, services rendered by a medical provider without an authorization may not be covered by Lantern or your health insurance. If an authorization is required through your health insurance, Lantern or the in-network provider will submit the authorization on your behalf and communicate any decisions made by the carrier back to you. There are some services that are not covered by Lantern that may be covered by your medical plan (e.g. bloodwork, physical therapy, home health agencies) To avoid unexpected out-of-pocket costs, ensure your provider is in-network. Costs associated with non-covered services are your responsibility. Please check with your medical plan to confirm coverage and for more information.

Ancillary Services

Based on your provider, you may have additional coverage for services not usually available through Lantern. These services could include but are not limited to imaging, pathology, lab work, physical therapy, and more. Please contact your Care Advocate to confirm what services are available and covered.

Travel Assistance Program

The Lantern Travel Assistance Program helps members looking to see a surgeon who may be farther away from your home address. Should you need to travel, your employer may offer financial assistance for eligible services to help offset your out-of-pocket expenses.

Eligible expenses may include:

- Mileage fees
- Hotel bookings or reimbursements
- Airfare bookings or reimbursements
- Per diem expenses

These costs may be covered by you and an eligible companion. If your plan covers travel assistance, your Care Advocate will confirm your most up to date address and send a prepaid debit card. Before using your card, you will need to verify the last four digits on the card. This helps ensure the card will be used by the appropriate covered member. Your card will be loaded at least one business day before your eligible date of service, barring any technical issues that may impede the processing of funds.

In some circumstances, hotel and flight reservations will be managed by your Care Advocate and provided to you prior to your travel dates. In other circumstances, you may be responsible for booking your own travel and accommodation. If so, your Care Advocate may load your prepaid card based on the travel benefits provided. Before making any travel arrangements, confirm with your Care Advocate to ensure what type of travel coverage your plan may offer.

Funds loaded to your prepaid debit card for per diem or mileage purposes should be used for items such as buying a meal on the day of travel, purchasing gas, or purchasing public transportation to commute to the office or facility.





Financial Responsibility

Understanding Your Financial Responsibility

Your financial responsibility, which may include copays, deductibles and co-insurance, will be determined based on treatment and services administered through your Lantern benefit as well as any financial responsibility related to your health insurance plan. Lantern administers your benefit according to your employer's plan design and will invoice you for your financial responsibility. Your Lantern financial responsibility does contribute towards your medical plan, in most cases, meaning your Lantern financial responsibility will reflect towards your health insurance financial responsibility.

During your surgical treatment, you must list Lantern as your health insurance to avoid potential billing issues and extra financial responsibility on your part. Your surgeon and facility will submit a claim directly to Lantern payment. Lantern will then process the claim and apply your financial responsibility as defined by your employer's plan.

Depending on your employer's plan, you may be invoiced for your financial responsibility before, after, or a combination of before and after your services. If you are invoiced before your services, your balance must be paid at least 5 business days before your scheduled service. If your account balance is not paid, your service may be cancelled. If you are invoiced after your services, your balance is due within 30 days of receiving your invoice. When you receive your Lantern invoice, you can submit payment through the member portal or app, my.lanterncare.com.

After your payment is received and processed, we will provide documentation to your health insurance to reflect the financial responsibility met with Lantern.

Note: You should never receive an invoice from the surgeon or facility or pay them directly for services covered by Lantern. You should only receive an invoice from Lantern. If you are asked to pay or receive an invoice for services covered by Lantern, please contact your Care Advocate.

Mandatory Procedure Cost Coverage

Depending on your Lantern benefit plan design, you may be required to utilize one of our high-quality, in-network surgeons for specific surgeries. In the event you choose to utilize a surgeon and facility not within the Lantern network, you may be responsible for additional out-of-pocket costs that are not included in your health insurance coverage. This means that you would be responsible for the entire cost of your surgery, the deductibles and out of pocket maximum limits would not be applicable as there is no coverage included in your policy. The surgeon, facility and any other healthcare entities would bill you directly for their entire cost.

How to Pay Your Invoice

It's important to pay your invoice. Paying your invoice on time will ensure all services are covered correctly through Lantern. Log in to the member portal or app, my.lanterncares.com.

For Portal Users

1. Once logged in, locate the dropdown menu by hovering over your employer's name in the top right corner
2. Select Invoices from the menu
3. Select the invoice(s) to be paid
4. Enter payment details and confirm payment

For App Users

1. Once logged in, choose "More" from the bottom menu bar
2. Select Invoices from the menu
3. Select the invoice(s) to be paid
4. Enter payment details and confirm payment

After payment has been successful, a receipt will be available to view or download.

Financial Rewards

Through your Lantern benefit, you may be eligible for a financial reward when utilizing a Lantern surgeon. This can come in the form of a cash credit or a contribution from your employer to your HSA/HRA account. If you are eligible for a financial reward, Lantern will ensure all claims associated with your service have been processed and paid before reviewing your reward eligibility.

Cash Rewards

After all claims have been processed, Lantern will review your financial responsibility. If there is a remaining balance, Lantern will reconcile the reward amount against this balance. If the reward amount covers the total financial responsibility, you will receive a notification that your financial responsibility has been met. If there is an excess, the remaining reward amount will be administered through your prepaid card or directly through your employer W2.

HSA/HRA Rewards

After all claims have been processed, Lantern will review your reward eligibility and amount. We will inform your employer, or an entity they have appointed, to process your reward directly into your HSA/HRA account. If you do not have an HSA or HRA account, the entity processing the reward will contact you as needed.

Taxable Expenses

Through Lantern, some of your benefits including rewards and travel reimbursements may be taxable under your employer's elections. If there are taxable expenses during your surgical journey, Lantern will report the expenses directly to your employer. Your employer will process them, and you will see the expenses as a line item on your W2 or applicable tax forms.

Frequently Asked Questions

1. What is Lantern?

Lantern is part of your employer benefits package and is separate from your medical coverage carrier for non-emergency, planned procedures.

2. Does Lantern cost me anything?

You're automatically enrolled in the benefit as part of the medical benefits offered by your employer at no additional cost to you.

3. How does this save me money?

Lantern bundles the doctor, facility, and anesthesia bills to provide you with the best possible costs. Our costs are negotiated differently than most medical insurance carriers which means you will pay less overall than if you used your medical insurance for your procedure.

4. What is the difference between Lantern and my health insurance?

Your medical insurance carrier and Lantern each cover different costs for your procedure. Lantern covers the most expensive costs including the doctor, hospital and anesthesiology. Your medical insurance carrier will still work the same way it does today for services covered by them, like prescriptions, X-rays or MRIs or bloodwork and medical equipment.

5. Will I have to pay for testing again?

The doctor will decide depending on how long ago your testing took place and if there have been any changes since that point, but normally they are able to use what you already have.

6. Are the doctors in the Lantern network not the same as my network?

While it's possible for a doctor to be in both networks, not all surgeons in your medical insurance carrier network are a part of the Lantern network.

7. Can I use my doctor for the Lantern benefit?

Lantern does not have out of network coverage which means that if your doctor is not in the Lantern network, you will not be able to use your Lantern insurance coverage for your surgery.

8. Can I add my doctor to your network?

We are always looking to grow our network and are happy to submit your doctor's information so our provider review team can reach out to them for consideration. Adding a doctor to the network can be a long process.

9. What makes your network of surgeons unique?

Lantern surgeons are individually vetted to ensure they provide patients with the best possible care. The vetting process includes ensuring surgeons are:

- Licensed in their state
- Board-certified
- Completed a surgical fellowship*
- Pass a 50-state review for state sanctions
- Pass a medical malpractice review
- Pass a reputational review

10. What is the purpose of a Care Advocate?

Your Care Advocate will be your first point of contact and handle all administrative tasks for your surgery process. They will work with you to ensure your medical records are transferred and handle other duties to make your surgery process smoother.

11. How do I know if a service is covered?

Any services not listed in the Member Guide are not covered through your Lantern benefit. For questions on specific services, call your Care Advocate for additional details.

12. What will my surgery cost?

Your financial responsibility is determined by the coverage your employer has elected through Lantern. You may have financial responsibility including co-pays, deductibles, and co-insurance. For specific amounts of what you may pay, please call your Care Advocate.

13. What happens after my surgery?

Two to three days after your surgery, your Care Advocate will call to check in on you. They will confirm that you have your first post-operative consultation scheduled with your surgeon and answer any questions you might have. You may also receive a call from the provider or facility to check in on your recovery.

14. What isn't covered by Lantern?

Generally, your pre-operative consultation(s), surgery, and post-operative consultations with a Lantern provider will be covered under your benefit. Surgery costs include your doctor, facility, and anesthesia components. All other testing, imaging, or ancillary services should be considered not covered unless confirmed by your Care Advocate.

Frequently Asked Questions about Mandatory Procedures

1. Do I still have to use Lantern if my PCP is referring me to a specific surgeon?

Yes, your employer requires you to use Lantern for certain procedures. If your primary care physician has referred you to a surgeon not in the Lantern network, you will not have medical insurance coverage for the procedure should you proceed.

2. Why was I just informed of this requirement?

Your employer and Lantern partnered together to send communications for plan and benefit changes. Some of the examples of this will be through open enrollment, emails, ID cards, and more.

3. Why can't I use my primary insurance for the procedure if I am paying a monthly premium?

Your primary insurance does not provide coverage for this specific procedure type, to ensure you receive coverage your employer has enrolled you into this benefit to provide coverage with cost savings, high quality doctors, and a concierge service.





To learn more about your benefit,
call your Care Advocate today!