

## Most Common Procedures We Help With

### Procedures by Category

#### Knee:

- Knee Replacement
- Knee Replacement Revision
- Knee Arthroscopy
- ACL/MCL/PCL Repair

#### Hip:

- Hip Replacement
- Hip Replacement Revision
- Hip Arthroscopy

#### Shoulder:

- Shoulder Replacement
- Shoulder Arthroscopy
- Rotator Cuff Repair
- Bicep Tendon Repair

#### Foot & Ankle:

- Ankle Replacement
- Bunionectomy
- Hammer Toe Repair
- Ankle Fusion
- Ankle Arthroscopy

#### Spine:

- Laminectomy / Laminotomy
- Anterior Lumbar Interbody Fusion (ALIF)
- Posterior Lumbar Interbody Fusion (PLIF)
- Anterior Cervical Disk Fusion (ACDF)
- 360 Spinal Fusion
- Artificial Disk

#### Wrist & Elbow:

- Elbow Replacement
- Elbow Fusion
- Wrist Fusion
- Wrist Replacement
- Carpal Tunnel Release

#### General Surgery:

- Gallbladder Removal
- Hernia Repair (inguinal, ventral, umbilical, and hiatal)
- Thyroidectomy

#### GI:

- Colonoscopy
- Endoscopy

#### GYN:

- Hysterectomy
- Bladder Repair (Anterior or Posterior)
- Hysteroscopy

#### Cardiac:

- Defibrillator Implant
- Permanent Pacemaker Implant
- Pacemaker Device Replacement
- Valve Surgery
- Cardiac Ablation

#### ENT:

- Ear Tube Insertion (Ear Infection)
- Septoplasty
- Sinuplasty



Members are required to use Lantern for ALL Spine & Joint Replacement Procedures

# Lantern Care

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## Covered Costs With Lantern

\*There are some pre- and post-procedure costs that Lantern does **NOT** cover, such as:

- Physical therapy
- Home health
- Advanced imaging/diagnostics
- Durable medical equipment



● Pre-surgery consultation with doctor\*

Admission to facility for surgery

● Surgeon

● Hospital/Surgery Center

● Anesthesia

● Every other component of surgery from the moment you were admitted to the facility to the time of discharge.

Discharge from facility

● Post-procedure visits\*

## Travel Program Details

Most Lantern members can find the **best care close to home**. But if you do need to travel, your benefit covers your travel costs to ensure that you have access to the best providers.

### Mileage (car)

Miles Traveled	0 – 99	100 – 199	200+
<b>Allowance</b>	<b>\$25</b>	<b>\$50</b>	<b>\$100</b>

### Hotel

Hotels must be 3 stars or higher and are booked by your Care Advocate in advance of your trip

### Per Diem

\$35 per person per day is provided to member and one companion to cover meals and travel-related expenses

### Airfare

Lantern will book economy flights, if appropriate, for the member and a companion

# Lantern Care

## Your Cost Savings on the PPO Plan

Coverage	Anthem Blue Access PPO 1800	Anthem Blue Access PPO 5300	Lantern
Deductible	\$1,800 / \$3,600 Individual / Family	\$5,300 / \$10,600 Individual / Family	\$0
Coinsurance	20%	30%	\$0
Surgical Copay	N/A	NA	NA
<b>Total</b>	Up to the out-of-pocket maximum: \$3,300 / \$6,600 Individual / Family	Up to the out-of-pocket maximum: \$7,150 / \$14,300 Individual / Family	There is zero cost for your Lantern procedure

# Lantern Care

## Your Cost Savings on the HDHP (PPO+HSA) Plan

Coverage	Anthem Blue Access PPO HSA 2300	Anthem Blue Access PPO HSA 3300	Lantern
Deductible	\$2,300 / \$4,600 Individual / Family	\$3,300 / \$6,600 Individual / Family	\$2,300 / \$4,600 Individual / Family
Coinsurance	20%	30%	\$0
Total	Up to the out-of-pocket maximum: \$5,300 / \$7,450 Individual / Family	Up to the out-of-pocket maximum: \$6,850 / \$13,700 Individual / Family	You will only owe up to your remaining annual deductible for your Lantern procedure