State of Delaware Group Health Plan- Lantern
Frequently Asked Questions (FAQs)

For more information, visit de.gov/statewidebenefits

1. **What is the Lantern benefit?**
   Lantern is a supplemental benefit for non-emergency, planned surgeries, which provides high-quality care, concierge-level member service and lower costs. This benefit was previously known as "SurgeryPlus".

2. **What is included in the Lantern benefit?**
   The Lantern benefit includes the following:
   - Healthcare concierge service with a dedicated Care Advocate to assist with surgeon selection, transferring medical records, appointment/procedure scheduling, travel planning (in the event where travel is required), and/or any other logistics. There are situations in which you might need to complete pre-surgery requirements. These requirements should be covered by your State of Delaware Aetna or Highmark Delaware non-Medicare health plan. Your Lantern Care Advocate will review and explain what is covered by Lantern and what is covered through your health plan. Should you need assistance in contacting Aetna or Highmark Delaware, please let your Care Advocate know and they will happily assist.
   - Financial incentives based on the type of surgery*.
   - Travel benefit in the event that travel is required for the procedure.
   - Access to a high-quality, national Surgeons of Excellence Network.

3. **Can I keep my existing plan?**
   Yes. This benefit does not replace your existing health plan. This benefit is available to those enrolled in one of the State of Delaware Aetna or Highmark Delaware non-Medicare health plans and their dependents.

4. **Do I have to enroll?**
   You do not have to enroll. If you are enrolled in one of the Aetna or Highmark Delaware non-Medicare health plans, you and your dependents may automatically take advantage of this benefit.

5. **Is there a cost associated with this benefit? Will my premium increase?**
   No. This benefit is offered at no additional cost to those enrolled in one of the Aetna or

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Highmark Delaware non-Medicare health plans.

6. **Can dependents use the Lantern benefit?**
   Yes. Dependents who are enrolled in one of the Aetna or Highmark Delaware non-Medicare health plans as primary coverage may receive healthcare services using Lantern.

7. **When using Lantern, do I have to choose a provider in my health plan's network?**
   No. Lantern has its own network of providers who may or may not be in your health plan's network. Lantern is independent from your health plan. If you receive services through Lantern, you will use the Lantern network of providers, not your health plan's network. You must pre-arrange services through a Lantern Care Advocate directly by calling 1-855-200-2034.

8. **What if my health plan requires preauthorization for the surgery I am planning?**
   The Lantern surgeon will determine medical necessity, therefore, a preauthorization via your State of Delaware Aetna or Highmark Delaware non-Medicare health plan is not necessary when using Lantern.

9. **What services are not covered by the Lantern benefit?**
   Services not typically covered by the Lantern benefit include services rendered by providers not participating in the Lantern network, diagnostic studies and imaging, physical therapy, durable medical equipment, prescriptions, lab work, pre and post operative labs and testing, including some pre-surgical requirements. These services are typically covered by your State of Delaware Aetna or Highmark Delaware non-Medicare health plan.

10. **I am a member of the Aetna HMO plan, which requires me to obtain a referral from my primary care physician for services. Do I need to obtain a referral to use the Lantern benefit?**
    No. You do not need to obtain a referral to use the Lantern benefit.

11. **How does my primary care provider, specialty provider or health plan know about my decision to use the Lantern benefit?**
    If you would like your provider to be made aware of your decision to utilize your Lantern benefit, it is your responsibility to inform them. Lantern will transfer medical records to/ from any provider you request, so long as you have signed a consent form for Lantern to release your records. Your health plan will also receive information directly from Lantern for any completed procedures.

12. **Do I have to use Lantern for my planned surgery?**
    Maybe. Beginning July 1, 2023, all bariatric surgeries will be required to be completed through the Lantern benefit. For all other types of surgeries, Lantern is a voluntary benefit.

13. What are the financial incentive* amounts?

The financial incentive amount varies based on the type of procedure you receive.

TIER A $3,000	TIER B $3,000	TIER C $1,000	TIER D $500
Joint Replacement & Revision	Cardiac	Orthopedics	Gastroenterology (GI) Preventive colonoscopies not eligible for incentive
Spine		Ear, Nose, & Throat (ENT)	Pain Management
		General Surgery	Other Minor Procedures
		Genitourinary (GYN)	

Effective July 1, 2023, financial incentives do not apply to bariatric surgery.

14. Can the financial incentive be added to my salary?

No.

15. Are financial incentives considered taxable income?

If your financial incentive is over $600, you will receive a 1099 tax form from Lantern.

16. How long does it take to receive my financial incentive*?

Lantern will transfer financial incentive amounts within two months of the date of the procedure. If you have questions about the status of your incentive, call a Lantern Care Advocate at 1-855-200-2034.

17. What happens if my dependent earns a financial incentive*?

If your dependent is under 18, the custodial parent will receive the financial incentive and the 1099 tax form if necessary.

18. Does the Lantern Network include surgeons located in Delaware?

Yes. Lantern works with surgeons and facilities across the United States, including Delaware.

19. Why is a financial incentive* offered?

Lantern negotiates a single cost (bundled rate) with your surgeon for the entire surgical procedure. The combination of the bundled rate and high-quality surgeons results in a savings for the State of Delaware Group Health Insurance Plan. These savings are passed on to members using the benefit in the form of a financial incentive.

*Some surgeries and procedures may not be eligible for a financial incentive

20. **How do I learn more about Lantern.**
    You can visit the SBO website or DE.Lantern.com. If you would like to speak to a Care Advocate, call 1-855-200-2034.

21. **Are employees, spouses and dependents eligible for Lantern if they are enrolled in a State of Delaware Aetna or Highmark Delaware health plan as secondary?**
    No, employees, spouses and dependents who are enrolled in a State of Delaware Aetna or Highmark Delaware non-Medicare health plan as secondary are not eligible for Lantern except for those seeking bariatric surgery.

Bariatric Surgery

22. **Will I be able to obtain bariatric surgery through my State of Delaware Aetna or Highmark Delaware non-Medicare health plan?**
    As of July 1, 2023, you will no longer be able to obtain bariatric surgery through your State of Delaware Aetna or Highmark Delaware non-Medicare health plan. All bariatric surgeries are required to be completed through the Lantern benefit and performed by a surgeon in the Lantern network.

23. **How do I complete the pre-surgical requirements required by my bariatric surgeon under Lantern?**
    All members will need to engage with a Lantern bariatric surgeon to determine all bariatric presurgical requirements. Presurgical claims will be processed through your State of Delaware health plan, but the supervision of your specific needs will be managed by the Lantern surgeon. The Lantern surgeon will determine and provide an optimized presurgical plan that is specific to your medical needs. For members who may have started the bariatric presurgical process prior to July 1, 2023, you should call Lantern at 1-855-200-2034 and review your specific medical situation with a Lantern Care Advocate who can connect you with a Lantern surgeon. The Lantern surgeon will then determine the next steps.

24. **What is required if my spouse or dependent is enrolled in a State of Delaware Aetna or Highmark Delaware non-Medicare health plan as secondary and is seeking bariatric surgery?**
    Members covered as secondary under the State of Delaware Aetna or Highmark Delaware non-Medicare health plan will be required to obtain their bariatric surgery

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under their primary coverage. The GHIP will reimburse the member any difference between the member responsibility under their primary coverage and the member responsibility under the member's State of Delaware health plan coverage.

For the Highmark Comprehensive PPO and Aetna HMO health plans, the member responsibility is $100 per day up to a 2-day maximum for in-patient bariatric procedures performed at a COE facility and if the procedure is done on an outpatient basis, the member responsibility is $50 at a freestanding surgery center $100 at a hospital. (The copay increases from $100 to $150 for procedures done on an outpatient basis at a hospital as of July 1, 2023). DHR/SBO will handle the coordination of benefits determination and issue the payment to the members.

If the member's primary coverage does not include bariatric surgery, the State of Delaware will pay/cover the bariatric surgery as if the member were primary (essentially paying in full with no member out of pocket costs).

25. **Will I receive a financial incentive for my bariatric surgery completed under the Lantern network?**
    No. Bariatric surgeries are required to be completed through the Lantern benefit and performed by a surgeon in the Lantern network as of July 1, 2023; therefore, financial incentives for bariatric surgery do not apply.