

Edward Jones Lantern Program FAQ – Associate

Q: Was Lantern previously known as SurgeryPlus?

- A. On January, 1 2025, SurgeryPlus changed its name to Lantern. Members will receive new ID cards in early 2025. Also, keep an eye out for new branding within the member portal, app and within vendor communications.

Q: What is the Lantern benefit?

- A. Lantern is a benefit for non-emergency, planned surgeries. It provides care navigation and high-quality care from board-certified surgeons, with reported lower complication and re-admission rates. It also can lower your costs.

Q: Why is Edward Jones offering this program?

- A. We are offering Lantern to you and your covered dependents to simplify the surgical process from start to finish, provide concierge-level service with a Care Advocate and decrease costs for you and the plan. Surgeons undergo a rigorous evaluation process to ensure you receive high-quality care from specialists in the area related to your need. Lantern negotiates a bundled rate for surgery, which results in savings for you and the plan.

Q: Who is eligible for Lantern?

- A. All U.S. associates and their dependents covered under the Edward Jones Anthem Gold or Silver medical plans are eligible for Lantern.

Q: Does Lantern cost anything?

- A. No, this program is available to you and your covered dependents at no additional cost.

Q: Am I required to use the Lantern program?

- A. No, this program is voluntary.

Q: Why should I use Lantern?

- A. Some advantages include:
- Access to best-in-class, board-certified surgeons
 - Better surgical outcomes
 - Concierge-level service to assist you through your surgical journey
 - Lower costs

Q: Do I need to enroll in Lantern?

- A. No, you and your covered dependents are automatically enrolled in Lantern if you're covered under the Anthem Gold or Silver medical plans. However, you must contact Lantern if you wish to use the benefit for a non-emergency, planned surgery.

Q: How do I access the benefit?

- A. Begin by calling a Lantern Care Advocate at 888-726-1354. They're available from 6 a.m. to 10 p.m. CST. The Lantern Care Advocate will walk you through your surgical journey, educate you on the

benefit, and provide resources to help you make the best decision regarding your care, including how to find the best surgeon within the Lantern network. You can also visit my.surgeryplus.com.

Q: What does the Lantern program cover?

- A. It covers dedicated support and guidance, access to the Lantern network of highly qualified and carefully selected surgeons, consultation and appointments with a Lantern surgeon, anesthesia, and procedure and facility (hospital) fees.

Q: What isn't covered by the Lantern program?

- A. Testing, scans, imaging, durable medical equipment and physical therapy may not be included. However, coverage for these services may be covered under the Anthem medical plan. Contact Anthem at 800-359-0640 for coverage inquiries. You can find additional information in the [Edward Jones Medical SPD](#)

Q: How can I determine whether a procedure is covered?

- A. Begin by contacting a Lantern Care Advocate at 888-726-1354. They're available from 6 a.m. to 10 p.m. CST. You can also visit my.surgeryplus.com for more information.

Q: What are some of the most commonly covered procedures?

Orthopedic Surgery (Joint)	Orthopedic Surgery (Other)	Cardiac Surgery	Bariatric Surgery
Knee Replacement/ Revision Hip Replacement/ Revision Shoulder Replacement/ Revision Ankle Replacement/ Revision Elbow Replacement/ Revision Wrist Replacement/ Revision	Joint Arthroscopy Ligament Repair Rotator Cuff Repair Bunionectomy Carpal Tunnel Release	Defibrillator Implant Pacemaker Implant Pacemaker Replacement Valve Surgery Cardiac Ablation	Gastric Bypass Sleeve Gastrectomy Lap Band Lap Sleeve
Spine Surgery	Genitourinary Surgery (GYN)	General Surgery	Otolaryngology (Ear, Nose, and Throat)
Laminectomy Laminotomy Lumbar Interbody Fusion Cervical Disk Fusion 360 Spinal Fusion Artificial Disk Replacement	Hysterectomy Hysteroscopy Myomectomy Bladder Repair Ovary Removal	Hernia Repair (inguinal, ventral, umbilical or hiatal) Laparoscopic Cholecystectomy Thyroidectomy Excision of Mass/ Biopsy	Ear Tube Insertion Ear Infection Septoplasty Sinuplasty
Gastroenterology (GI)	Interventional Pain Management		

Colonoscopy	Cervical Epidural
Endoscopy	Lumbar Epidural Steroid
	Stellate Ganglion Block
	Epidural Blood Patch

Q: If a procedure such as colonoscopy is considered preventive, should I use Anthem or the Lantern benefit?

- A. Preventive care, such as colorectal cancer screenings, are covered at 100%. You can decide whether you would like to go through Anthem or Lantern for your procedure. However, if during your preventive procedure, diagnostic testing is needed the procedure may no longer be billed as preventive, but as diagnostic and you may be subject to the deductible.

Q: When using Lantern, do I have to choose a provider in the Anthem network?

- A. No, Lantern has its own network of providers who may or may not also be in the Anthem network.

Q: Is preauthorization required for surgeries?

- A. If you use the Lantern benefit, the Lantern network surgeon will determine medical necessity. Therefore, preauthorization is not required.

Q: How will I be billed for Lantern procedures?

- A. You will not be billed for your surgery until the end of the year. If you have additional claims throughout the year, those claims will be applied toward the deductible first. At the end of the year, costs associated with the surgery will be applied to any remaining deductible balance. No coinsurance will be applied to costs related to the surgery. Therefore, it is possible that you will pay \$0 toward costs related to your surgery if you meet your deductible at some point in the plan year. Here are a few examples based on your coverage in the Anthem Gold or Silver plan.

Gold Plan

Individual Coverage – Annual deductible is \$2,000

- You have met \$2,000 of the individual deductible at time of your procedure.
- At year-end, your deductible balance is \$0.
- You will not receive an invoice from Lantern.

Family Coverage – Annual deductible is \$4,000

- Your family has met \$1,500 of the family deductible at the time of your procedure.
- Your family has additional claims throughout the plan year, and the deductible balance is \$500 at the end of the year.
- You will receive a \$500 invoice from Lantern.

Silver Plan

Individual Coverage – Annual deductible is \$4,000

- You have met \$4,000 of the individual deductible at the time of your procedure.
- At year-end, your deductible balance is \$0.
- You will not receive an invoice from Lantern.

Family Coverage – Annual deductible is \$4,000*

- You have met \$3,500 of the individual deductible at the time of your procedure.
- At year-end, your deductible balance is \$100.
- You will receive a \$100 invoice from Lantern.

**This example is used to represent the individual within the family plan who has already met a portion of their individual deductible.*

If you have a balance due, Lantern will email you at the beginning of the next plan year to alert you of the invoice available in your Lantern portal. This applies whether you are active or terminated.

Q: How do I pay my invoice?

- A. The email from Lantern will prompt you to log in to my.surgeryplus.com to review the invoice and make payment.

If you haven't registered on the website, select "Sign up." Enter your first name, last name, date of birth and ZIP code to initiate the eligibility verification.

Once you're registered, you can view and pay your invoice by selecting the "Pay Invoice" link on the homepage. After landing on the "Invoices" page, you'll need to select "View."

Once the invoice is displayed, you can enter your payment information.

If you fail to pay an outstanding amount due to Lantern, the unpaid amount will be imputed as income.

Q: Is there a partnership between Lantern and Hinge Health?

- A. Yes, if you're currently using Hinge Health, Hinge Health will assess whether you're a potential candidate for surgery. Hinge Health will educate you on the Lantern program and connect you directly with Lantern concierge services.

If you're not currently using the Hinge Health program and you contact Lantern, Lantern will assess whether there's a better option than surgery, educate you on Hinge Health and refer you to Hinge Health.

Q: What if there is a not a surgeon within a reasonable distance from me?

- A. If travel is necessary, the Lantern benefit will also help pay for ground mileage, airfare and lodging associated with the covered procedure. Ground mileage will be reimbursed at \$0.21 per mile. Covered airfare will be limited to the cost of a coach class ticket for over 200 miles roundtrip. Lodging costs will be capped at \$50 per night per person (one travel companion permitted) for hotels over 100 miles from your home. You're responsible for booking your own lodging. You will receive a debit card from Lantern with any applicable reimbursements loaded to it.