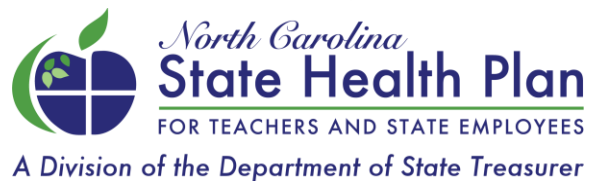




State Health Plan HBR Webinar Lantern Surgical Benefit

**Open Enrollment
Oct. 13-31, 2025**



Lantern Surgery Benefit

The State Health Plan is excited to be partnering with Lantern, a trusted provider that helps connect Plan members to a high-quality, carefully selected surgeon when you need a planned, non-emergency procedure.

There will be NO COST (\$0) for surgery for members who use a Lantern provider—no deductibles or no copays.

Lantern covers more than 1,500 planned, non-emergency surgeries. Lantern surgeons are individually vetted and among the best in their field. A dedicated Lantern Care Advocate will work to match you with an excellent surgeon in the Lantern network as close to your home as possible. When close to home isn't possible, there is a travel benefit members may utilize.

COMMONLY COVERED PROCEDURE CATEGORIES:

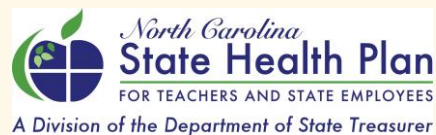
- Spine
- Orthopedic
- Joint
- Ear, Nose, & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine & Ortho Injections
- Urology
- Bariatrics



Members will need to call Lantern to determine if a surgery is covered. Lantern will be sending all eligible* members an ID card to keep in your wallet as a reminder of this great benefit. When you use a Lantern provider, you will utilize this ID card.

Visit the Benefits Booklet at www.shpnc.gov for full benefit details.

**Medicare Primary members and HDHP members are not eligible to participate.*



Meet Lantern, Your Guide to Excellent Surgery Care

2025





Agenda

- What is Lantern
- The Lantern Difference
- What's Covered?
- Lighting Your Path to the Best Surgical Care

What Is Lantern?

Lantern is included as one of your medical benefits through the Plan. Lantern can match you with the best surgeon for planned, non-emergency procedures. Depending on your plan, you could save on your care, too.

Fast Facts

Who Is Eligible?

Members and covered dependents enrolled in the Plan. Medicare Primary members those on an HDHP plan are **not** eligible for Lantern.

Do I Have to Enroll?

No. If you're enrolled in the Plan, you are automatically enrolled in Lantern.

Do I Have to Pay a Premium?

Absolutely not. The Plan covers the cost of the benefit, so you don't owe anything for it.

Do I Have to Use a Lantern Surgeon?

No, but if you use a non-Lantern surgeon, you will have a responsibility to pay the cost-share associated with your Aetna plan. To take advantage of the Lantern benefits outlined today, you will need to choose a surgeon in Lantern's Network of Excellence™.

The Lantern Difference

With Lantern, you have a guide to help with the details, so you can focus on what really matters—your health.

Network of Excellence™

Lantern's network only includes excellent surgeons who are individually vetted for the level of care they provide.

Meaningful Savings

The average Lantern member can save between \$2,000 and \$4,000 on their surgery*.

*Actual savings can vary based on your Plan's coverage, your medical plan, and the procedure you need. Call Lantern to learn about your specific plan.

Concierge Support

Your Lantern Care Advocate is ready to answer your questions and help match you with the best surgeon for you.

Network of Excellence™

Lantern's Network of Excellence™

Our team looks at everything when we choose our partners. Lantern's network only includes excellent surgeons and facilities.

The result:

Our complication rates are **less than 1%**, much lower than the industry standard.

Case Study: Impact of Surgeon-Specific Credentialing of In-Network Orthopedic Surgeons

In major networks

100%

+ Licensed

98%

+ Board Certified

60%

+ Fellowship trained

34%

+ No State Sanctions

28%

+ Reputational review

27%

+ Malpractice review

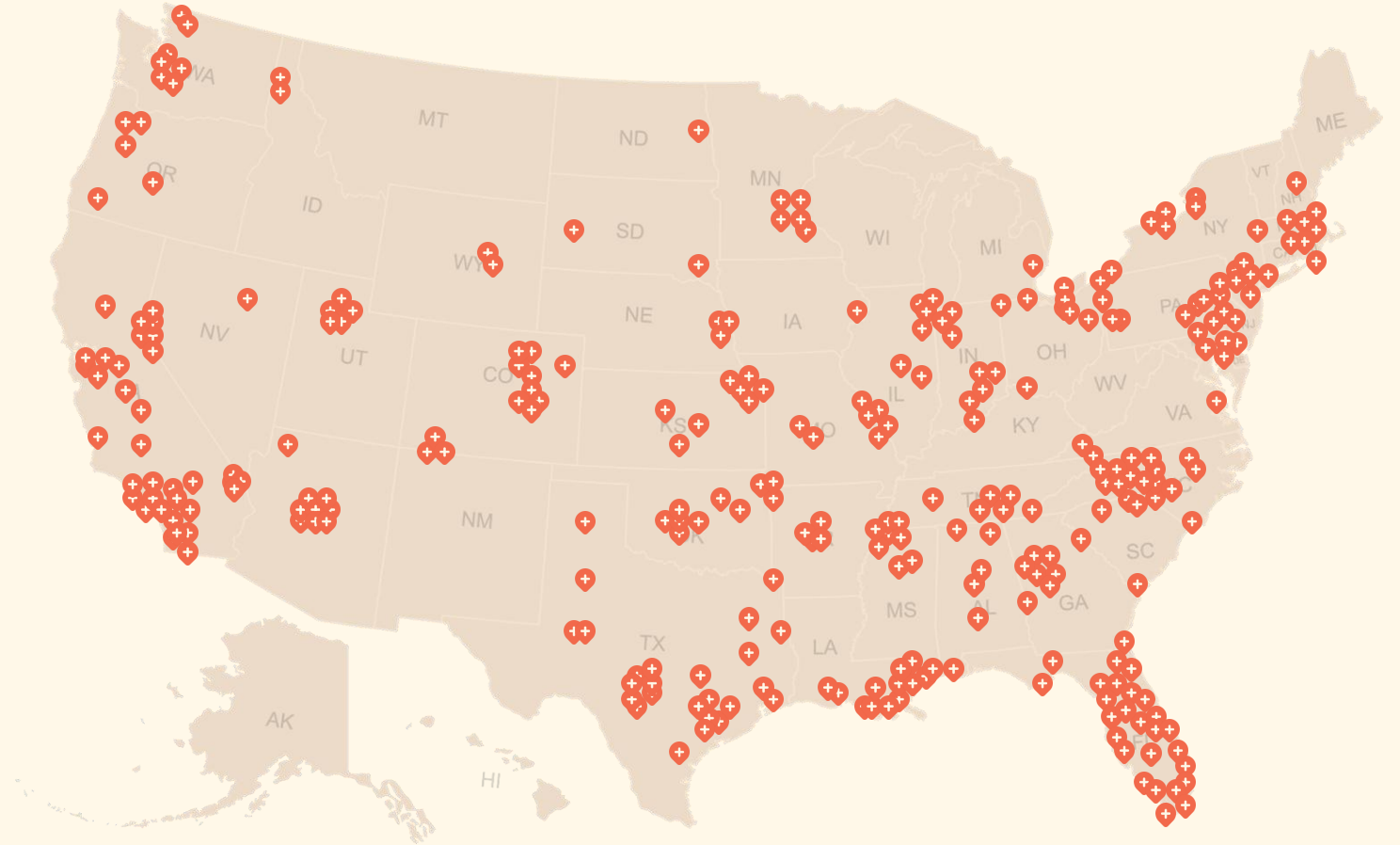
25%

Traditional insurance carriers **DO NOT** require physicians to meet this list of criteria.

Nationwide Network of Over 725 Facilities and 3,000 Surgeons

Our network is built by design
to be a narrow network, with
**provider quality and surgical
outcomes as the top priority**.

A carrier network is intended to have broad access, offering numerous options to members regardless of where they live but isn't focused on quality/cost. The Lantern network is more focused on quality and cost, while still creating access within most major cities in the U.S.



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+
Allowance	\$25	\$50	\$100

Hotel (100+ miles)

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 (200+ miles)

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

Meaningful Savings

Your Cost Savings on the Aetna PPO plans

Coverage	Standard PPO (formally 70/30)	Plus PPO (formally 80/20)	Lantern
Deductible	Indv: \$ 1,500 Fam: \$ 4,500	Indv: \$ 1,250 Fam: \$ 3,750	\$0
Coinsurance	30%	20%	0%
Total	Up to the out-of-pocket maximum: \$ 5,900 – \$ 16,300	Up to the out-of-pocket maximum: \$ 4,890 – \$ 14,670	There is zero cost for your Lantern procedure

What's Covered?

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*

Commonly Covered Procedures

Lantern **covers more than 1,500 different procedure** types. If you need a procedure that you do not see below, Call a Care Advocate to confirm if your procedure is covered.

Joint Replacement and Revision

- Ankle
- Knee
- Elbow
- Shoulder
- Hip
- Wrist

Spine

- Artificial Disk Replacement
- Cervical Disk Fusion
- Laminectomy
- Laminotomy
- Lumbar Interbody Fusion
- 360 Spinal Fusion

Orthopedic

- Arthroscopy (Knee/Shoulder)
- Bunionectomy
- Carpal Tunnel Release
- Ligament Repair
- Rotator Cuff Repair

Cardiac

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

Bariatric*

- Gastric Bypass
- Sleeve Gastrectomy
- Lap Band / Lap Sleeve

Gynecological

- Hysteroscopy
- Hysterectomy
- Myomectomy
- Ovary Removal

General Surgery

- Hernia Repair
- Gall Bladder/ Laparoscopic Cholecystectomy
- Thyroid
- Excision of Mass

Interventional Spine/Pain

- Cervical Epidural
- Lumbar Epidural Steroid
- Stellate Ganglion Block
- Epidural Blood Patch

Gastroenterology (GI)

- Upper GI Endoscopy

Ear, Nose, Throat (ENT)

- Ear Tube Insertion
- Ear Infection
- Septoplasty
- Sinuplasty

*Effective 1/1/2026, bariatric procedures are required to go through Lantern.

Lighting Your Path to the Best Surgical Care

Care and Support When You Need It Most

Your Lantern benefit includes support from your **Care Advocate**. They will help you understand your benefit, find the right care and make sure you feel informed at every stage of the journey.

Lantern Care Advocates can:

- Answer questions about your benefit
- Explain what surgeries and costs are covered
- Help match you with the best surgeon for your care
- Coordinate any consults and appointments with your Lantern surgeon
- Support your needs throughout your surgical journey



The Lantern Member Journey

STEP 1: ONE CALL DOES IT ALL

If you think you need surgery, call Lantern and a Care Advocate will help begin the process. (note: plan-specific information not available until late November)

STEP 2: CONCIERGE SUPPORT

Your dedicated team of Care Advocates will provide personalized support and coordinate everything, including travel if needed.

STEP 3: MATCHING WITH A SURGEON

Your Care Advocate will handpick 3 surgeons for you to evaluate and choose from.

STEP 4: POST-SURGERY CARE

As you recover, your Care Advocate will ensure all your needs have been met.

When should I call?

- You believe surgery may be necessary
- You have been advised to have surgery
- You have surgery planned

You deserve
excellent care.

Call us as soon as you get
your ID card!

lanterncare.com/ncshp/

Plan Comparison ACTIVE and NON-MEDICARE Subscribers



MEDICAL BENEFITS

Annual Deductible
Coinsurance
Out-of-Pocket Maximum combined Medical and Pharmacy
Preventive Services
Primary Care Provider (PCP) Office Visit
Specialist Visit
Behavioral Health Visit
Speech, Occupational, Chiropractic, Physical Therapy
Urgent Care
Emergency Room
Inpatient Hospital Services
Outpatient Surgery
Outpatient Surgery at Ambulatory Surgical Center
Lantern Bundle Program

STANDARD PPO Plan (formerly named Base PPO Plan 70/30)

Network

In Out

\$3,000 Individual \$9,000 Family	\$6,000 Individual \$18,000 Family
30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met
\$6,500 Individual \$16,300 Family	\$13,000 Individual \$32,600 Family
\$0	N/A
\$15 Preferred PCP on ID Card \$40 Other PCP on ID Card \$50 Other PCP	50% after deductible is met
\$50 Preferred Provider \$94 Other Provider	50% after deductible is met
\$15	50% after deductible is met
\$62	50% after deductible is met
\$100	
\$600, then 30% after deductible is met (copay waived with admission)	
\$600, then 30% after deductible	\$600, then 50% after deductible
\$350, then 30% after deductible	\$350, then 50% after deductible
Deductible / Coinsurance	
\$0	

PLUS PPO Plan

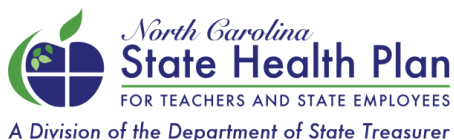
(formerly named Enhanced PPO Plan 80/20)

Network

In Out

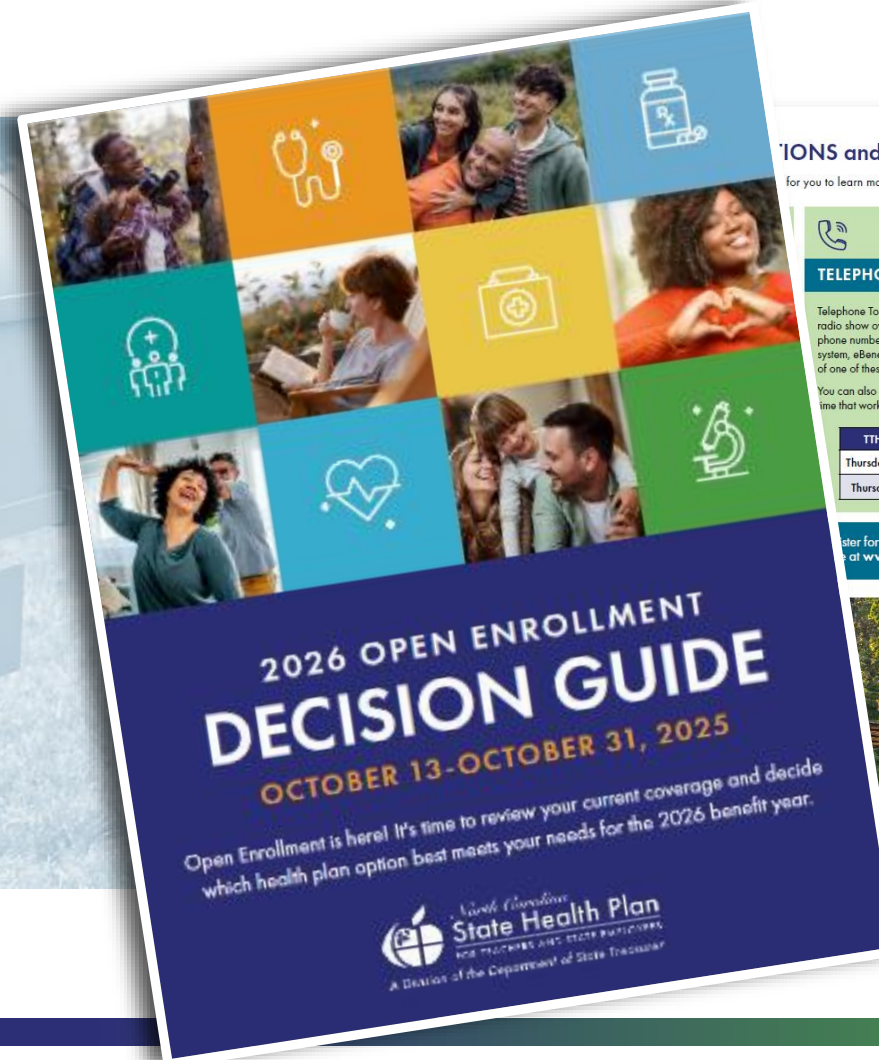
\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met
\$5,000 Individual \$15,000 Family	\$10,000 Individual \$30,000 Family
\$0	N/A
\$10 Preferred PCP on ID Card \$30 Other PCP on ID Card \$40 Other PCP	40% after deductible is met
\$40 Preferred Provider \$80 Other Provider	40% after deductible is met
\$10	40% after deductible is met
\$42	40% after deductible is met
\$70	
\$500, then 20% after deductible is met (copay waived with admission)	
\$500, then 20% after deductible	\$500, then 40% after deductible
\$300, then 20% after deductible	\$300, then 40% after deductible
Deductible / Coinsurance	
\$0	

★ Additional 2026 benefit information is now available on the Plan's website at www.shpnc.gov.



Decision Guides – Check Your Mail

Open Enrollment **DECISION GUIDES** will arrive in mailboxes soon!



CTIONS and STAY INFORMED!

for you to learn more about the changes coming in 2026.



TELEPHONE TOWN HALLS

Telephone Town Halls are a lot like listening to a radio show over the phone. If you have a valid phone number in the State Health Plan's enrollment system, eBenefits, you will receive a call at the start of one of these events, which will prompt you to join.

You can also call **800-303-1480** at the date and time that works best for you. Registration not required.

TTH DATES	TTH TIMES
Thursday, Sept. 25	7 p.m.
Thursday, Oct. 9	7 p.m.

For a WEBINAR visit the Plan's at www.shpnc.gov.

OPEN ENROLLMENT CHECKLIST

- ❑ VISIT www.shpnc.gov for 2026 benefit information. You'll find a plan comparison, rate sheets, videos and Benefits Booklets.
- ❑ When you're ready to enroll or change your plan, starting Oct. 13, 2025, VISIT www.shpnc.gov and CLICK eBenefits.
- ❑ LOG INTO eBenefits. You may be required to create an account if you are a first-time user.
- ❑ REVIEW your dependent information and make changes, if needed. If adding a new dependent, you will need to provide Social Security numbers and will be prompted to upload required documentation.
- ❑ ELECT YOUR PLAN: Standard PPO Plan or Plus PPO Plan.
- ❑ REVIEW the benefits you selected. If you are OK with your elections, you will be prompted to SAVE your enrollment.
- ❑ After you have made your choices, and they are displayed for you to review and print, you MUST scroll down to the bottom and click SAVE or your choices won't be recorded!
- ❑ PRINT the confirmation statement for your records.



FORGOT PASSWORD TO eBENEFITS?

For members that log in directly to eBenefits (not through an employer portal) you can reset your password yourself and DO NOT need to call the Eligibility and Enrollment Support Center to reset your password.

If you are having issues logging into eBenefits, do not continue to attempt to log in or you will lock your account. Instead, you have the option to reset your password. Simply click "Reset your account" from the log-in page, then click "I can't remember my password." From there, you will be prompted to a screen that will ask you to enter your username, or a passcode can be sent to the email address you have in eBenefits.



If you change your Primary Care Provider (PCP) during Open Enrollment, a new ID card will generate immediately. If you want to change your PCP for 2026, you'll need to wait until Jan. 1, 2026 to make that update. As a reminder, PCPs can be changed anytime and ID cards typically arrive 7-10 days after the change is made.

ACTION REQUIRED

All members will be automatically enrolled in the Standard PPO Plan. If you would like to enroll in the Plus PPO Plan you will NEED TO TAKE ACTION during Open Enrollment.

Eligibility and Enrollment Support Center: 855-859-0966

During Open Enrollment, the Eligibility and Enrollment Support Center will offer extended hours.
Monday-Friday: 8 a.m.-10 p.m., Saturdays: 8 a.m.-5 p.m.

Aetna Health Concierge (Customer Service):
Monday-Friday: 8 a.m.-5 p.m. 833-690-1037



KEEP UP-TO-DATE ON STATE HEALTH PLAN NEWS

We have several ways you can stay informed!

FOLLOW US: [f](https://www.facebook.com/SHPNCA) @SHPNCA and [i](https://www.instagram.com/onhealthplan) onhealthplan

SIGN UP: www.shpnc.gov/MemberFocus
Subscribe to the State Health Plan's monthly e-newsletter, Member Focus.

Stay Connected with State Health Plan News

KEEP ENGAGED so you can be in the know prior to and during Open Enrollment!

SUBSCRIBE to the Plan's monthly e-newsletter by visiting www.shpnc.gov.

FOLLOW the State Health Plan on  [@SHPNC](#) and  [@nchealthplan](#).



WE'VE MOVED TO A **.GOV** WEBSITE

The State Health Plan's website has moved from www.shpnc.org to www.shpnc.gov.

