HealthSelect Care Bundles℠ by Lantern

Frequently Asked Questions

What services does the HealthSelect Care Bundles program provide to HealthSelect of Texas® and Consumer Directed HealthSelect℠ participants?

Beginning Jan. 1, 2027, HealthSelect of Texas and Consumer Directed HealthSelect participants will have access to HealthSelect Care Bundles provided by Lantern.

The program offers a lower-cost alternative surgery benefit for eligible participants in Texas. Surgical services offered through Lantern's designated network of providers include certain orthopedic, joint, spine and pain management procedures covered under the HealthSelect medical plan.

Note: Services that are listed as benefit exclusions in the Master Benefits Plan Document (MBPD) are also excluded from coverage through Lantern.

The HealthSelect Care Bundles program offers you:

- Step-by-step support
- Consultation with a participating Lantern provider
- Surgery-related services and supplies such as, but not limited to, anesthesia, the procedure, hospital or surgery facility fees and medication received during your stay

To confirm your specific surgery or procedure can be done by a Lantern provider, contact Lantern at **(855) 210-5284** Monday – Friday 7 a.m. – 11 p.m. Central, excluding holidays. This number is also listed on the back of your HealthSelect medical ID card.

Who is Lantern?

Lantern is a subcontractor of Blue Cross and Blue Shield of Texas (BCBSTX) who provides the services for the HealthSelect Care Bundles program effective Jan. 1, 2027.

Blue Cross and Blue Shield of Texas is the third-party administrator for HealthSelect of Texas® and Consumer Directed HealthSelect℠. Lantern is an independent company providing surgical services through Lantern's designated network of providers as a third-party sub-contractor of Blue Cross and Blue Shield of Texas.
Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Am I eligible to participate in the HealthSelect Care Bundles program?

The program is available in Texas to eligible participants and their eligible dependents enrolled in the HealthSelect of Texas or Consumer Directed HealthSelect medical plans as their primary coverage.

HealthSelect℠ Out-of-State participants, Medicare primary participants and HealthSelect℠ Secondary participants are not eligible for the HealthSelect Care Bundles program.

Care received outside of Texas is not eligible.

Note: Your dependent(s) may be on a different plan than you are. Your dependents must meet all plan and coverage requirements to be eligible for the program.

What's not included in the HealthSelect Care Bundles program?

The following services and equipment may not be covered through the program:

- certain lab and imaging services,
- physical therapy,
- durable medical equipment or
- prescription drugs before or after your surgery facility stay.

You may have to pay the usual out-of-pocket costs (copays and/or coinsurance) under your HealthSelect of Texas coverage for these services. You may also use HealthSelectShoppERS℠ for some of these services not covered under the HealthSelect Care Bundles program.

When should I consider using the HealthSelect Care Bundles program?

If your primary care provider (PCP) refers you to a surgical provider for an orthopedic, joint, spine or pain management procedure, Lantern may be able to provide you with a lower-cost surgery option. Call Lantern at (**855) 210-5284** to see if this alternative benefit is right for you and to see if you are eligible.

Am I required to use the HealthSelect Care Bundles program for my surgery?

No. This program is a lower cost alternative benefit option available to eligible HealthSelect participants. You still have access to other providers through the HealthSelect network, and it is your choice where to get medical care.

If you choose to use a Lantern provider for a planned surgery or procedure, you may have lower out-of-pocket costs from admission to discharge at the surgical facility. This means

you should not receive a separate bill for other facility-based providers like assistant surgeons or anesthesiologists.

NOTE: If you are an eligible participant enrolled in the Consumer Directed HealthSelect medical plan, you must first meet your annual deductible before Lantern services are covered at no additional out-of-pocket cost.

Are referrals required for the HealthSelect Care Bundles program?

Yes, if you are enrolled in the HealthSelect of Texas medical plan. Your PCP is responsible for coordinating your care and can help you decide if you need to see a specialist. If you need to see a specialist, your PCP will establish a referral with BCBSTX. You must have a referral on file with the same specialty as the Lantern provider you select for care. However, you do not need a referral to the individual Lantern provider.

If you are enrolled in the Consumer Directed HealthSelect plan, you do not need a referral.

I have Medicare as my primary insurance and HealthSelect as my secondary coverage. Am I eligible to participate?

No. If Medicare is your primary insurance, you are not eligible for the program. You should use providers who participate in your Medicare network.

My dependent lives outside of Texas and is enrolled in the HealthSelect Out-of-State medical plan. If my dependent travels back to Texas and requires surgery offered through the program, can my dependent use the program for their surgery?

Participants, including dependents, enrolled in the HealthSelect Out-of-State plan, are not eligible to participate in the program. However, if your dependent moves back to Texas and changes their plan enrollment to the HealthSelect of Texas or Consumer Directed HealthSelect medical plan, they may be eligible. All other program eligibility requirements will apply.

What if my PCP refers me to a surgeon that is not a Lantern provider? Can I choose to see a Lantern provider instead?

Yes. Call Lantern at (**855) 210-5284** to confirm you have an appropriate referral on file with BCBSTX. Lantern will confirm if there is a Lantern provider available for your referral type and if you are eligible for the program. Depending on the location, you might still save money overall even if you have to travel to the Lantern provider.

How much does a surgery or procedure cost through Lantern?

If you are an eligible participant enrolled in the HealthSelect of Texas medical plan, you will have no out-of-pocket cost for the services received from Lantern providers.

If you are an eligible participant enrolled in the Consumer Directed HealthSelect medical plan, you must first meet your annual deductible before Lantern services are covered at no additional out-of-pocket cost.

Note: Certain services not provided during your procedure may be billed separately such as x-rays, labs, physical therapy and durable medical equipment. Contact Lantern to learn more.

For certain services not covered as part of the HealthSelect Care Bundles program, you may be able to use Provider Finder® to shop for HealthSelectShoppERS-eligible providers and earn a reward.

Are all services related to my surgery or procedure covered through the HealthSelect Care Bundles program?

Your medical care through the program, including the consultation, surgery services and related pain management during your admission or outpatient stay, are included at no additional cost to you if you are enrolled in the HealthSelect of Texas medical plan. If your Lantern provider sends you to a non-Lantern provider for services such as but not limited to radiology, lab services or physical therapy, you may be responsible for the appropriate cost share under your HealthSelect medical plan benefits even if the services are related to your surgery or procedure.

If you are enrolled in the Consumer Directed HealthSelect medical plan, your medical care through the program, including the consultation and surgery services during your admission or outpatient stay, is covered at no out-of-pocket cost to you **once you meet your annual deductible**. If your Lantern provider sends you to a non-Lantern provider for services such as but not limited to radiology, lab services or physical therapy, you may be responsible for the appropriate cost share under your Consumer Directed HealthSelect medical plan benefits even if the services are related to your surgery or procedure.

What if I need to see another specialist, like a cardiologist, before my surgery or procedure?

If you are enrolled in the HealthSelect of Texas medical plan, a referral is required if you need to see another specialist—even if you need surgical clearance for your Lantern surgery. Lantern will direct you back to your PCP to request the referral to the other

specialist. It's important to make sure you have a valid referral on file before seeing the specialist.

If you are enrolled in the Consumer Directed HealthSelect medical plan, you do not need a referral to see another specialist.

Note: Any specialist visit to a non-Lantern provider is subject to your regular plan costs, including any applicable copay, coinsurance and deductible. It's important to confirm that the specialist you see for surgical clearance is in your HealthSelect network. If you need help locating in-network providers in your regular HealthSelect network, log in to Blue Access for Members℠, and then click on "My Health" at the top of the screen and then "Find Care" from the dropdown. Click the "Find a Doctor or Hospital" button to launch Provider Finder. Or you can contact a BCBSTX Personal Health Assistant at **(800) 252-8039 (TTY:711),** Monday – Friday 7 a.m. – 7 p.m. or Saturday 7 a.m. – 3 p.m. Central.

You can also communicate via secure chat and secure messaging Monday – Friday, 8 a.m.– 5 p.m. Central,after logging in to Blue Access for Members.

If the procedure I get through the HealthSelect Care Bundles program is listed as a rewardable procedure through the HealthSelectShoppERS incentive program, can I earn a reward for using a Lantern provider?

No. This is an alternative surgical benefit and is offered at a lower out-of-pocket cost, so no additional incentives will be awarded through HealthSelectShoppERS.

There is not a Lantern provider near me. Does the HealthSelect Care Bundles program pay for my travel if I need to travel to see a Lantern provider?

No. Any costs associated with travel to a Lantern provider are not covered under the HealthSelect medical plans. Keep in mind that even if you travel for a bundled procedure, you still may save money overall.

If I go to a Lantern provider, and the Lantern provider does not recommend surgery, can I go back to the provider my PCP originally referred me to for surgery?

Yes. Your HealthSelect medical plan does not limit access to care. If your PCP refers you to a non-Lantern provider, your medical plan benefits, including cost-share amounts, will apply to the services you receive.

How will I know which providers participate in the HealthSelect Care Bundles program?

You can call Lantern at **(855) 210-5284** to find participating providers in your area, or you

can log in to the Lantern portal and search for providers in your area. You should also confirm the provider is in the HealthSelect network by calling BCBSTX at **(800) 252-8039 (TTY: 711)** Monday–Friday 7 a.m. – 7 p.m. and Saturday 7 a.m. – 3 p.m. Central.