

RICHARD J. CARON FOUNDATION · BENEFIT PLAN REVIEW

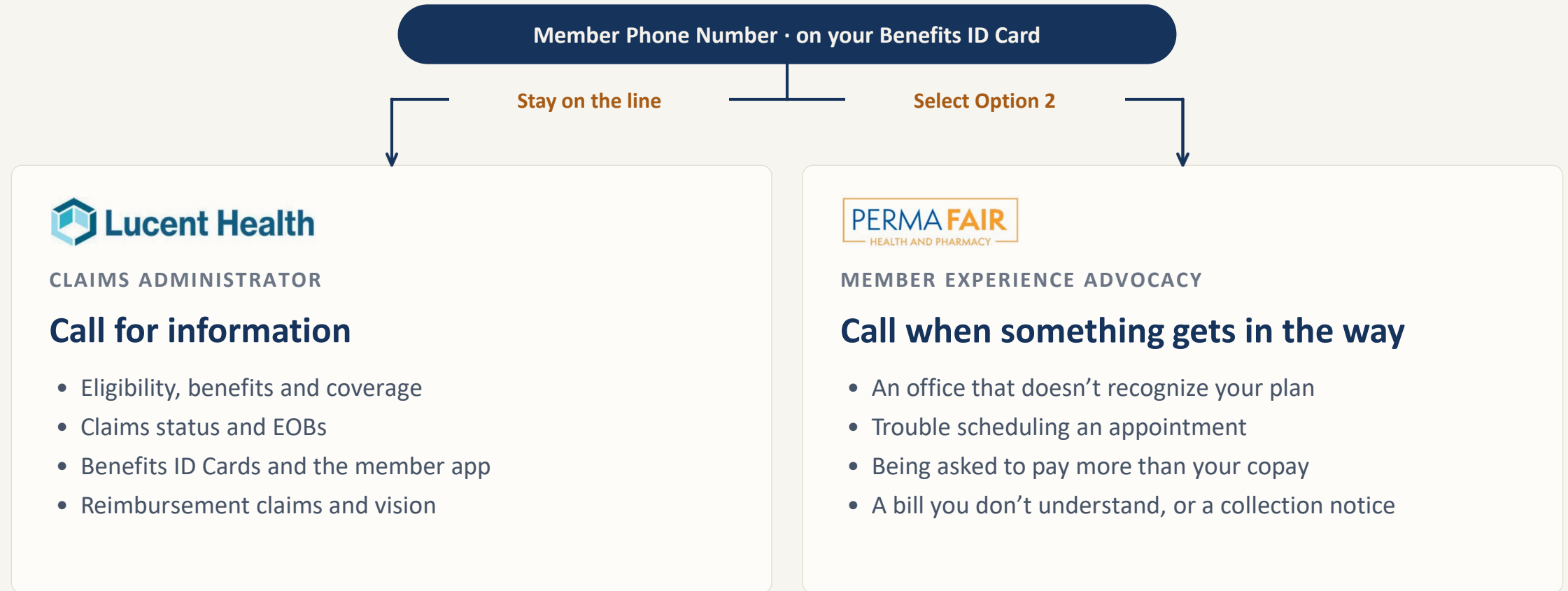
Getting the Most From Your Benefit Plan

One card. One number. Two teams here to help you.



WHO DOES WHAT

Two Partners, One Member Number



WHEN A PROVIDER ASKS WHAT NETWORK YOU'RE IN

What to Tell Your Provider

I have access to the Optional Prime Health network.

My plan is also Open Access: I can see any provider of my choice. Claims are submitted to Lucent Health, my plan administrator.

Provider has questions?

They can call the Provider Number on your Benefits ID Card.

Won't submit claims?

Call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR. We have other solutions.

Bring your Benefits ID Card

It has what the office needs to verify coverage.

Bring the provider letter

It explains your plan and how the office gets paid.

OPTIONAL NETWORK

Finding a Contracted Provider

Contracted providers may make your visit go more smoothly.

PRIME HEALTH

Your Optional Network

<https://primehealthpon.primehealthservices.com/>

- 1 Select “Set Your Location” and enter your location.
- 2 Choose a specialty, or Skip.
- 3 Click Search to see providers near you, including urgent care and facilities.



Don't search the Lucent Health portal or app. Lucent is the Claims Administrator, not your network.



Office has questions? The provider calls the Provider Number on your Benefits ID Card. You can call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR.

OUTSIDE THE NETWORK

You're Free to Choose

1

Go where you choose

Choosing a provider outside the network? You have the freedom to do this.

2

Give them the Provider Information Letter

To keep the process simple, give the Provider Information Letter to your provider.

3

Questions?

Call PERMA FAIR

If your provider has more questions, call the Member Phone Number on your Benefits ID Card and select Option 2.

WHAT WE HAVE HEARD

“They say they’re out of network”

You can still see them.

WHAT PERMA FAIR DOES

1

Contacts the provider on your behalf

2

Confirms eligibility, coverage and your out-of-pocket details

3

Explains your plan and how the office gets paid

Prime Health providers are paid automatically at their contracted rate. Others are paid at the plan’s benefit level.

4

Sends you the plan’s portion if needed

If the provider insists on payment before care, we send a PERMA FAIR electronic payment card directly to you to pay the provider, all while you’re there. You pay only your member responsibility.

WHAT WE HAVE HEARD

“Do I call before every visit?”

No.

Recommended before a first visit

Seeing a new provider for the first time? Call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR before your appointment.

We contact the office for you

Give us the provider’s information. We’ll explain your plan and answer their billing questions before you arrive.

Then schedule as you do today

After that, you book as you always have. Most providers, once they understand the plan, are glad to see you.

WHAT IF I ALREADY PAID OUT OF POCKET?

Filing for Reimbursement

364

days from the date of service for Lucent Health to receive your claim. Later claims can't be paid.

Claim form and Superbill examples

Scan the QR code below or visit the [Caron benefits website](#).



1 Get a Superbill before you leave

Patient name, date of service, diagnosis and procedure codes, amount paid, and the provider's Tax ID, name and billing address.

2 Complete, sign and date the claim form

The Lucent Health Plan Claim Reimbursement Form is on the Caron benefits website. Unsigned website. Unsigned or incomplete forms are returned.

3 Attach proof of payment and check the box

Without both, any payment goes to the provider instead of you.

4 Send it to Lucent Health

Fax 615-255-6654 (Attn: Member Reimbursement Team) or email MedicalMemberReimbursement@lucenthealth.com

CLAIMS SUBMISSION WITH LUCENT HEALTH

Example: Provider Superbill

Ask for a Superbill before you leave. It must show the patient name, date of service, diagnosis and procedure codes, amount paid, and the provider’s Tax ID, name and billing address. Sample data only.

Riverbend Family Practice 210 Oak Street, Cherry Hill, NJ 08002 · 856-555-0400 Billing: PO Box 4412, Cherry Hill, NJ 08034 · Tax ID (TIN) 22-3456789 · NPI 1487562930				SUPERBILL	
Patient Name Jane Doe		Date of Birth 04/12/1986	Date of Service 07/29/2026	Statement Date 07/29/2026	
DATE	CPT / HCPCS	DESCRIPTION OF SERVICE	DX	CHARGE	
07/29/2026	99396	Preventive medicine visit, established patient, 40–64 years	Z00.00	\$268.00	
07/29/2026	36415	Collection of venous blood by venipuncture	E78.5	\$50.00	
Diagnosis codes: Z00.00 — routine general medical examination · E78.5 — hyperlipidemia, unspecified		Total Charges \$318.00	Amount Paid by Patient \$318.00	Balance \$0.00	
SIX THINGS THE SUPERBILL MUST SHOW ☒ Patient name ☒ Date of service ☒ Diagnosis codes ☒ Procedure codes ☒ Amount paid ☒ Provider tax ID, name and billing address			Paid in full at time of service. Receipt issued and attached as proof of payment. Provider signature A. Whitfield, MD		

CLAIMS SUBMISSION WITH LUCENT HEALTH

Example: Completed Claim Reimbursement Form

Fill in every section, then sign and date it. Attach the Superbill and proof of payment, and send it to Lucent Health by fax (615-255-6654) or email (MedicalMemberReimbursement@lucenthealth.com). Sample data only.

IMPORTANT – READ CAREFULLY					
1. Complete this form in its entirety.		2. Indicate "Not Applicable" or "N/A" if a section does not apply.		3. Be sure to sign and date this form at the bottom.	
4. Include the provider's "Superbill" showing patient name, date of service, diagnosis and procedure codes, amount paid, and provider tax ID, name and billing address.		5. Amounts paid by the Plan go to the provider unless you attach proof of payment.		6. Mail to P.O. Box 211466, Eagan, MN 55121; fax 615-255-6654 (Attn: Member Reimbursement Team); or email MedicalMemberReimbursement@lucenthealth.com.	
SECTION I: INSURED / SUBSCRIBER INFORMATION			SECTION III: PROVIDER INFORMATION		
Full Name (as it appears on your paycheck) Jane Doe		Group Number MO-40817	Member ID LH88472913	Provider Name and Address Riverbend Family Practice, Cherry Hill, NJ	
Date of Birth 04/12/1986		Number & Street 118 Larchmont Ave		Tax ID (TIN) 22-3456789	
City Cherry Hill		State NJ	Zip Code 08002	SECTION IV: ACCIDENT, INJURY, OR WORK RELATED ILLNESS	
Email Address jane.doe@email.com		Telephone Number 856-555-0142		Due to accident, injury or work related illness? ☐ Yes ☒ No – skip to Section V	
Employer Richard J. Caron Foundation				Date Occurred N/A	
SECTION II: CLAIMANT (PATIENT) INFORMATION			SECTION V: AUTHORIZATION & SIGNATURE		
Patient's Name Jane Doe		Relationship ☒ Self ☐ Spouse ☐ Child		I/We certify the above information is true and correct, and authorize providers rendering care to furnish Lucent Health with full information regarding treatment. A claim for a spouse or adult dependent child must also carry their signature.	
Gender ☐ Male ☒ Female		Date of Birth 04/12/1986		Employee Signature Jane Doe	Spouse / Adult Dependent N/A
				Date 08/14/2026	
				ATTACHED SUPERBILL	
				DOS 07/29/2026 · Dx Z00.00, E78.5 · CPT 99396, 36415 · Paid \$318.00 · Riverbend Family Practice, TIN 22-3456789, PO Box 4412, Cherry Hill, NJ 08034	
				☒ Receipt attached Fax 615-255-6654 Attn: Member Reimbursement Team	

AT THE PROVIDER'S OFFICE

Don't Leave. Don't Overpay.

If the office questions your plan or asks you to pay more than your normal copay or deductible, call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR, right from the office. We'll speak with the staff while you're still there.

And don't negotiate. Let PERMA FAIR do that. The one exception is an emergency: get care first, then call afterward if you need help coordinating care or with billing questions.

AFTER-HOURS AND URGENT CARE

Match the Care to Your Symptoms

PHONE OR VIDEO, 24/7

Teladoc

U.S. board-certified doctors, wherever you are. Pediatricians too.

- Flu and allergies
- Sinus and ear infections
- Rash, strep throat, UTIs

IN PERSON, SAME DAY

Urgent care

Open evenings and weekends, and costs far less than an ER.

- Sprains, possible simple fractures
- Minor cuts that may need stitches
- Needs an on-site X-ray or lab

EMERGENCY: GO NOW OR CALL 911

Emergency Room

Anything that could be life-threatening or cause permanent harm.

- Chest pain or signs of stroke
- Difficulty breathing
- Severe bleeding or head injury

Unsure whether it's an emergency? Treat it as one. Never delay emergency care to call the plan first.

URGENT CARE

Trouble at Urgent Care

PERMA FAIR IS AVAILABLE

24/7

Day, night or weekend, call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR, right from the front desk.

“We don’t take your insurance.”

Your plan works at any urgent care center, and your cost is the same either way. Show the Provider Information Letter.

“You’ll need to pay in full today.”

Pay only your member responsibility. We can send you a PERMA FAIR electronic payment card for the plan’s portion.

“We’ve never heard of your insurance.”

That’s normal. The office can call the Provider Number on your Benefits ID Card.

Looking for a contracted urgent care center? Search the Optional **Prime Health** network.

EMERGENCY ROOM

In an Emergency, Get Care First

1 • GO NOW

Any ER works

Go to the nearest emergency room or call 911. 911. There is no hospital network. Never delay care to call the plan.

2 • AT THE HOSPITAL

Questions about your plan?

Show your Benefits ID Card. The hospital can call the Provider Number on the card.

3 • AFTERWARD

Follow-up and bills

PERMA FAIR can help coordinate follow-up care. If a bill is higher than your EOB, don't pay the difference. Send it to us.

YOUR RIGHTS UNDER FEDERAL LAW

Emergency Rooms Cannot Turn You Away

EMTALA (Emergency Medical Treatment and Labor Act) is a 1986 federal law for hospitals with ERs that participate in Medicare.

1 • SCREEN

Anyone who asks for care gets an exam to check for an emergency, insured or not.

2 • STABILIZE

If there's an emergency, including active labor, the hospital must treat it until you're stable.

3 • TRANSFER

A move to another hospital is allowed only when it's medically appropriate.

No delays over insurance. The hospital can't hold up your care to ask about payment. **It isn't free care.** Compare the bill to your EOB and send anything that doesn't match to PERMA FAIR.

FOR MANAGERS

How to Respond When a Team Member Has a Benefit Issue

1

Listen

Let them share what happened. You don't need to solve it yourself.

2

Point them to one number

The Member Phone Number on their Benefits ID Card.

3

PERMA FAIR takes it from there

We work directly with the provider to resolve the issue.

THE SOLUTION

Call the Member Phone Number on
on your Benefits ID Card and select
select

Option 2

for PERMA FAIR

Compare Every Bill to Your EOB

1

Find Patient Responsibility

It's on your EOB in the Lucent Health app or at MyLucentHealth.com: the amount you may owe or have already paid.

2

Compare the provider's bill

If the bill is higher than your Patient Responsibility, it's a Balance Bill.

3

Don't pay the difference difference

Call the Member Phone Number on your your Benefits ID Card, select Option 2 for for PERMA FAIR and send us the bill. We'll We'll resolve it with the provider.

You are never responsible for more than the Patient Responsibility shown on your EOB. Got a collection notice? Don't ignore it, and don't automatically pay it. Call PERMA FAIR to assist with resolution.

LIVE DEMO

Your Benefits Website

Richard J. Caron Foundation members have access to resources dedicated to understanding their Open Access plan.

HOW TO GET THERE

- 1 Scan the QR code
- 2 Go to embbenefits.com/caron-benefit

WHAT YOU'LL FIND

- Short videos about how to use your plan
- Claim forms with completed examples, including a Superbill
- Other helpful tools and resources to maximize your plan



Scan to visit the Caron benefits website

embbenefits.com/caron-benefit

QUESTIONS & ANSWERS

Q&A: Please Keep Questions General

IN THIS SESSION

Keep it general

To protect your privacy, questions involving PHI (protected health information) or your specific situation can't be answered in this group setting.

HAVE A PERSONAL QUESTION? CONTACT PERMA FAIR DIRECTLY

1

Call

The Member Phone Number on your Benefits ID Card, then select Option 2.

2

Email

help@permafair.com

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Thank You for Your Time Today

Cheers to good health!

One card. One number. Call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR.

