MEMBER SESSION

GETTING THE CARE YOU NEED

Who to call, what to tell your provider, and how we step in when something gets in the way of your care.

Lucent Health

Your claims administrator

PERMA FAIR

Your escalation member advocacy

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Members 877-214-2105 (Option 2) · Providers 888-688-9728

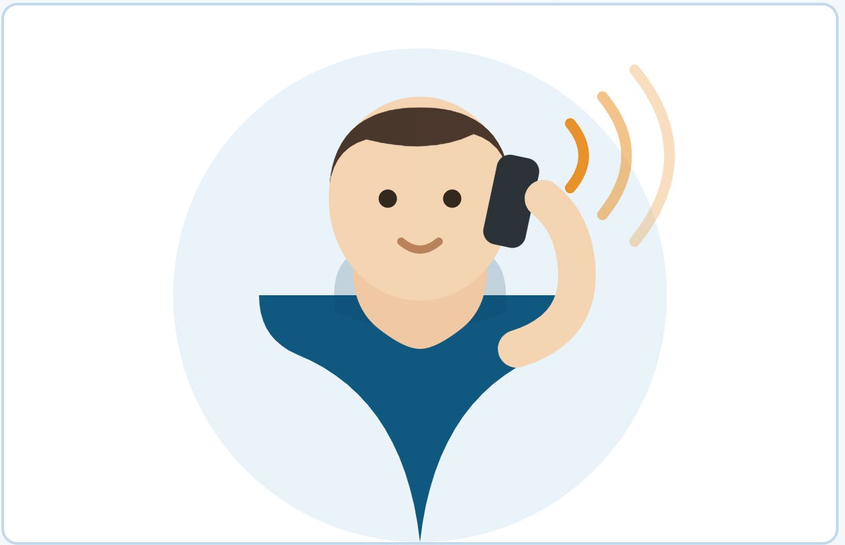
YOU CALL TO MAKE AN APPOINTMENT

Is this patient in-network?

Can we collect the deductible upfront?

Do we have to be in network?

Do you have out of network benefits?



The office has questions. You don’t have to answer them alone.

Who is Lucent Health?

What is PERMA FAIR?

Is a referral required for specialists?

Where do I send the claim?

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GETTING EXTRA SUPPORT WHEN YOU NEED IT

Your support team: Lucent Health & PERMA FAIR

GET THE RIGHT SUPPORT, RIGHT AWAY

START HERE Step 1

Lucent Health

YOUR CLAIMS ADMINISTRATOR

Call the number on the back of your Benefits ID card: 877-214-2105.

CALL FOR

- Benefit and eligibility questions
- Claim and coverage verification
- Clinical programs (precertification, utilization review, case and disease management)
- ID cards
- Using your member portal

NEED MORE HELP?

Select Option 2 for PERMA FAIR

→

You are transferred to PERMA FAIR

CARE ROADBLOCKS Step 2

PERMA FAIR

YOUR ESCALATION MEMBER ADVOCACY

CALL FOR

- A provider refusing insurance, cancelling, or asking for extra payment
- Any issue preventing timely care or treatment
- Arranging or changing appointments, transferring records, setting up a new provider
- Cash pay, balance bills, or collection notices
- Single Patient Agreements or self-pay arrangements
- Trouble scheduling or being seen by a provider

Your care, our priority. Whether it's questions about your benefits or help navigating care, you're never alone.

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HELPING YOUR PROVIDER UNDERSTAND YOUR PLAN

Common provider questions and the answers to give

NJ & NON-NJ RESIDENTS

IF THEY ASK → YOU SAY

What's the name of your insurance?
Lucent Health is the claims administrator for my group benefits plan.

What's your physician network?
New Jersey residents: MagnaCare. All other residents: Prime Health. Both are optional convenience networks of contracted physician and professional providers. I can also see non-contracted providers with the same out-of-pocket responsibility as contracted.

Do you have a network for facilities like hospitals or surgery centers?
No, I can use any facility I choose — there is no facility network.

How do we confirm your eligibility?
Call the Provider Number on the back of my Benefits ID card. A plan representative can confirm details quickly.

Where should we send claims?
The claims submission address is listed on the back of my Benefits ID card.

IMPORTANT REMINDERS

Always bring your Benefits ID card to appointments. If you lose your card, download the Lucent Health app for a digital version, print a copy, or request a replacement.

If your provider needs benefit, copay, coinsurance, or deductible details, ask them to call the Provider Number on your Benefits ID card.

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YOUR OPTIONAL CONVENIENCE NETWORKS

Your Open Access plan does not require you to see a contracted provider. Your out-of-pocket responsibility is the same for contracted and noncontracted providers.

NJ & EVERYWHERE ELSE

NEW JERSEY RESIDENTS

MagnaCare

Your optional convenience network of contracted physicians, professional providers, radiology, labs and urgent care.

TO SEARCH FOR A PROVIDER

Click the orange “Find a Provider” button, choose “Search MagnaCare Providers,” then enter your address and travel distance.

www.magnacare.com

MAGNACARE™

ALL OTHER RESIDENTS

Prime Health

Your optional convenience network of contracted physicians, professional providers, radiology, labs and urgent care.

TO SEARCH FOR A PROVIDER

Select Set Your Location, choose a specialty (or Skip), then click Search to see providers near you.

primehealthpon.primehealthservices.com/Search

PRIME HEALTH SERVICES

Which network applies depends on where you live.

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WHAT WE TELL PROVIDERS

How we answer provider questions and remove barriers so you get the care you need

SEAMLESS ACCESS, EVERY STEP

HOW YOUR PLAN HELPS

- Outreach to the provider on your behalf
- Clarification of eligibility, coverage, and any out-of-pocket details
- Explanation of your Open Access plan and billing guidance for the provider
- Optional convenience network of contracted physicians, professional providers, radiology, labs and urgent care
- Appointments with non-contracted and contracted providers with the same out-of-pocket responsibility
- Support to keep your appointment and care moving forward without delays

ADDITIONAL SOLUTIONS, IF NEEDED

- Provider education on your plan, claims submission and claims payment
- Single Case Agreements for unique or complex situations
- Self-pay discount negotiation, when appropriate
- Virtual Credit Card for payment of plan responsibility (member responsible for their OOP responsibility)

All aimed at preventing delays and keeping your care uninterrupted.

Continue your care: once resolved, appointments are confirmed and claims are processed.

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IF THEY ASK FOR EXTRA PAYMENT

If a provider asks you to pay more than your copay or deductible at the time of service:

THREE STEPS, ONE PHONE CALL

1 FIRST

Call the member number on your Benefits ID card, **even from the provider's office**. **Select Option 2 for PERMA FAIR.** PERMA FAIR will speak with the provider for you.

CALL US FROM THE PROVIDER'S OFFICE... DON'T LEAVE

2 NEXT

PERMA FAIR will continue to work with your provider to apply a solution until it's resolved.

PROVIDER EDUCATION, SELF-PAY NEGOTIATION, SINGLE CASE AGREEMENTS, OR A VIRTUAL CREDIT CARD

3 LASTLY

You are kept informed every step of the way until a resolution is reached.

FORWARD ANY BILLS YOU RECEIVE AND WATCH YOUR MAIL FOR MORE

Call from the provider's office. You don't have to resolve it yourself.

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IF YOU SELF-PAY, HERE'S HOW TO FILE

PAID OUT OF POCKET

Lucent Health Plan Claim Reimbursement Form — four steps to get paid back.

1 BEFORE YOU LEAVE

Ask for the Superbill

Tell the provider you intend to file for insurance benefits. The Superbill must show patient name, date of service, diagnosis codes, procedure codes, amount paid, and the provider's tax ID, name and billing address.

2 FILL IT OUT

Complete every section

Print clearly and complete the form in its entirety. Mark anything that doesn't apply as "N/A." Sign and date at the bottom — a claim for a spouse or adult dependent child needs their signature too. Unsigned or incomplete forms get returned.

3 ATTACH

Include proof of payment

Any amount the plan pays goes to the provider unless you attach your receipt. Attach it and check the box so the reimbursement comes to you.

4 SEND IT IN

Mail, fax or email

Mail: P.O. Box 211466, Eagan, MN 55121

Fax: 615-255-6654, Attn: Member Reimbursement Team

Email: MedicalMemberReimbursement@lucenthealth.com

That inbox is no-reply — call the number on your ID card for claim status.

FILE WITHIN 364 DAYS OF THE DATE OF SERVICE

Claims received later are not eligible for payment. Submitting the form does not guarantee reimbursement.

Having preventative medical services? Contact PERMA FAIR and request a Virtual Credit Card for the payment.

Reimbursement is for the plan's responsibility — you are always responsible for your patient responsibility.

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Questions? Call the number on your Benefits ID Card.

EXAMPLE OF COMPLETED LUCENT CLAIM REIMBURSEMENT FORM

SAMPLE DATA ONLY

P.O. Box 211466, Eagan, MN 55121 · Fax 615-255-6654 · MedicalMemberReimbursement@lucenthealth.com

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

Full Name (as it appears on your paycheck)	Group Number	Member ID
Jane Doe	**MO-40817**	**LH88472913**

Date of Birth	Number & Street
04/12/1986	**118 Larchmont Ave**

City	State	Zip Code
Cherry Hill	**NJ**	**08002**

Email Address	Telephone Number
jane.doe@email.com	**856-555-0142**

Employer
The Michaels Organization

SECTION II: CLAIMANT (PATIENT) INFORMATION

Patient's Name	Relationship
Jane Doe	**☒ Self ☐ Spouse ☐ Child**

Gender	Date of Birth
☐ Male ☒ Female	**04/12/1986**

SECTION III: PROVIDER INFORMATION

Provider Name and Address	Tax ID (TIN)
Riverbend Family Practice, Cherry Hill, NJ	**22-3456789**

SECTION IV: ACCIDENT, INJURY, OR WORK RELATED ILLNESS

Due to accident, injury or work related illness?	Date Occurred
☐ Yes ☒ No — skip to Section V	**N/A**

SECTION V: AUTHORIZATION & SIGNATURE

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.

Employee Signature	Spouse / Adult Dependent	Date
Jane Doe	**N/A**	**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

EXAMPLE OF A PROVIDER SUPERBILL

A Superbill is the provider's itemized record of your visit — diagnosis and procedure codes, charges, and what you paid. Ask for it before you leave the office and attach it to your completed claim form.

SAMPLE DATA ONLY

Riverbend Family Practice

SUPERBILL

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

Patient Name	Date of Birth	Date of Service	Statement Date
Jane Doe	04/12/1986	07/29/2026	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	Amount Paid by Patient	Balance
	$318.00	$318.00	$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

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Sample data shown for illustration only.

DO NOT PAY MORE THAN YOUR OUT-OF-POCKET RESPONSIBILITY

You are never responsible for more than your EOB states as your Patient Responsibility.

BALANCE BILLS

READING YOUR EOB

SERVICE	CHARGED	PLAN PAYS	YOUR RESP.
Office visit	$420.00	$318.00	$40.00
Imaging	$1,240.00	$948.00	**$135.00**
Patient responsibility	—	—	**$175.00**

1. List of services provided.
2. Amount charged by your provider.
3. Amount your health plan will pay your provider.
4. **Amount you may owe or have already paid.** Billed more than this? That's a Balance Bill.

COMPARE EVERY BILL TO YOUR EOB

If a provider bills you more than your Patient Responsibility, don't pay it — send it to us.

OUR PART: PAYING FAIR, REASONABLE RATES

- Ensure charges are fair for hospital stays, ER visits, and outpatient procedures.
- Catch billing errors, excessive charges, and overpayment.

YOUR PART: SPOTTING BALANCE BILLS

- Compare any provider bill to your EOB.
- If they don't match, send the bill to us right away.

In most cases you won't need to reach out about a bill. If something doesn't look right, our advocates work directly with the provider.

Members 877-214-2105 (Option 2) · Providers 888-688-9728

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HOW TO REACH US

Contact information and office hours for your support team

KEEP THIS HANDY

Lucent Health

YOUR CLAIMS ADMINISTRATOR · START HERE

Members	Number from Benefits ID Card (877-214-2105)
Hours	Monday–Friday, 8:00am–8:00pm CST
Email	concierge@lucenthealth.com

WILL HELP YOU WITH

- Benefit and eligibility questions
- Claim and coverage verification
- Benefits ID card
- Clinical support programs
- Using your member portal

PERMA FAIR

YOUR ESCALATION MEMBER ADVOCACY

Members	Number from Benefits ID Card (877-214-2105), Option 2
Hours	Monday–Friday, 8:00am–8:00pm EST
Email	help@permafair.com

WILL HELP YOU WITH

- Provider or access issues
- Billing concerns or unexpected payment requests
- Care coordination and scheduling
- Transferring records to new providers
- Access solutions when care is blocked

Start with Lucent Health. If you need more help, you'll be transferred to PERMA FAIR's Member Experience Team.

Providers 888-688-9728

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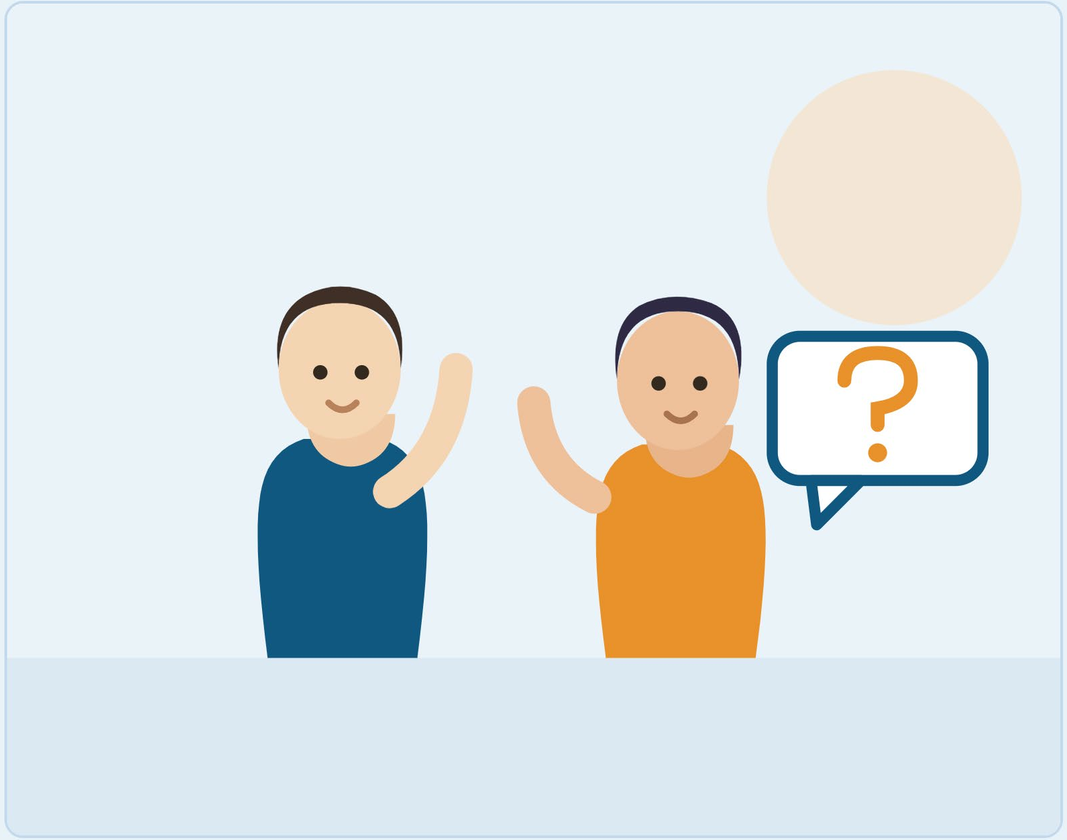
QUESTIONS?

We will open up the Q&A session for general questions.

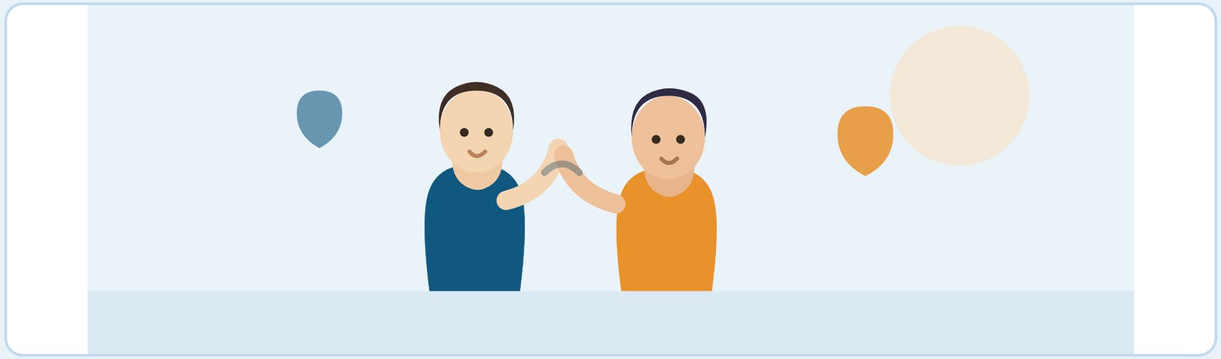
> We kindly request you do not ask questions with your personal health information.

We will have sessions for you to sign up to help with your individual needs.



THANK YOU

Whether it’s questions about your benefits or help navigating care, you’re never alone.



SCAN TO SHARE FEEDBACK

PLACEHOLDER

Takes about a minute and shapes the next session.

PERMA FAIR HEALTH AND PHARMACY

Michaels

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Providers 888-688-9728