3. What happens if a member experiences emergent medical health issues once they are discharged and return home?

Once a member returns home, a member should contact 911 for any medical emergencies that may occur.

4. Does a member need to have an established relationship with a local doctor(s) as part of the follow-up process?

Yes, in order to be eligible for the program, a member must have an established relationship with a local doctor(s). The member’s doctor(s) must be willing to assume future and ongoing care once the member returns home.

5. What physician should a member use for follow-up? Their own, or a Cleveland Clinic physician?

Upon return home, members should use their own local physician(s). However, if a member chooses to use Cleveland Clinic physician(s) for their follow-up care, the charges will apply towards the member’s Medical Copay Plan.

General

1. How many times can a member use this program?

Members can use this program as many times as needed so long as they are enrolled in the Lowe’s Medical Copay Plan and meet clinical criteria for the specific covered services.

2. Who can a patient and travel companion call for care concerns and immediate issue resolution?

Patients and travel companions needing to voice a concern regarding their care or who may need assistance in resolving an inpatient or outpatient issue may contact a Health Design Plus Nurse Case Manager at any time by calling toll-free 1-877-885-0654. Health Design Plus Nurse Case Managers are available Monday—Friday, 8:30 am to 5:00 EST.

3. How can a member receive more information about the Lowe’s Cleveland Clinic Program?

Members can receive more information about the Lowe’s Cleveland Clinic Program by calling Lowe’s Life Track Line at 1-877-543-3875, Option 8. A Health Design Plus Representative will send an information packet to the member’s home mailing address.

What is the Lowe’s Cleveland Clinic Program?

The Lowe’s Cleveland Clinic Program is a special program sponsored by Lowe’s. The program offers members state-of-the-art services focusing on heart surgery provided by Cleveland Clinic and health benefits administration by Health Design Plus. This strong partnership allows those in need an opportunity to get quality heart care, so they can focus on getting well.

Participation/Administration

1. Who does the program benefit?

This program benefits any Lowe’s member enrolled in a Lowe’s Copay Medical Plan option and their covered dependents, who meet clinical criteria for specific covered procedures.

2. Who ensures the member is eligible for the program?

A member’s benefit eligibility is confirmed administratively by Health Design Plus and Lowe’s at various checkpoints throughout the entire service process. A member’s eligibility is also clinically determined based on a medical records review by Cleveland Clinic. Health Design Plus is the member’s point of contact for information regarding a member’s eligibility for the program.

3. How does a member begin participation in the program?

Members may begin participation in the program by calling Lowe’s Life Track Line at 1-877-543-3875. Upon calling this number, the member must choose Option 8 for the Lowe’s Cleveland Clinic Program. By choosing this option, the Health Design Plus Representative will qualify and verify their eligibility and transfer them to a Cleveland Clinic nurse to discuss their medical needs. For subsequent calls, members should use the phone numbers listed on their ID card provided by Health Design Plus.

4. What initial criteria qualifies a member for these services?

The following initial criteria qualifies a member for these services:

- The member’s primary healthcare coverage is through Lowe’s, and
- The member needs to have been seen by their local physician for a heart-related condition within the last three months and who has recommended a covered program procedure.
- The member must meet clinical requirements evaluated by Cleveland Clinic surgeons.
- The member’s local physician agrees to assume care for the member upon returning home. (Failure to agree may result in the patient’s surgery being cancelled and/or benefits being reduced and/or denied.)

5. What does a member need to provide Health Design Plus in order to obtain services?

Members need to provide their current sales number and complete or return any waiver/travel forms sent in the Information Packet.

6. What does a member need to provide Cleveland Clinic in order to obtain services?

Members need to provide Cleveland Clinic with copies of their medical records and the contact information for their current physician(s). In addition, when the member registers at Cleveland Clinic, they must present their ID card which was supplied by Health Design Plus. Current health insurance provider information should not be submitted.

7. What forms does a member need to complete? Who provides the forms?

Health Design Plus will mail members an Information Packet including the waiver/travel form(s) that need to be completed upon verification and qualification of eligibility. Members will also need to complete a Patient Release of Medical Information form to give their local physician’s office regarding the medical release of their patient medical records.

In addition, should a member allow their local physician to have access to their medical care information as it pertains to their stay at Cleveland Clinic, they can complete the DrConnect forms included in the Information Packet. DrConnect is a voluntary program.
8. Is there a Member ID card provided? Who provides the Member ID card and when will a member receive it?
Yes, Health Design Plus will provide an ID card to use with this specific program. Patients will receive a Welcome Packet after qualifying for this benefit program which will include their Member ID card. This card is only valid for program services and pre-surgery supplied medications. For post-discharge medications, patients may use their Express Scripts Pharmacy card at any Express Scripts affiliated pharmacy or any pharmacy located on the Cleveland Clinic campus.

9. Does a member need to provide medical records?
Yes, a member will need to provide any and all medical records as requested by Cleveland Clinic and/or Health Design Plus. Your medical records are needed by Cleveland Clinic’s Heart and Vascular team so that they can build you an individualized treatment plan to ensure the best clinical outcomes. Heart surgeries cannot be scheduled without the proper medical records submitted. You will be provided instructions on how to work with your local doctor to provide the required medical records.

10. Does a patient need to arrange for follow-up healthcare, once they return home after their surgery?
Yes, in order to be eligible for this program, the patient must arrange for follow-up healthcare with their local doctor. The scheduling of such follow-up care must be confirmed with Cleveland Clinic and Health Design Plus prior to the patient traveling to Cleveland Clinic. Failure to confirm such follow-up care may result in the patient’s surgery being cancelled and/or benefits being reduced and/or denied.

Coverage (All determinations shall be subject to the Lowe’s benefit design.)

1. What services/benefits are covered under the Lowe’s Cleveland Clinic Program?
- All services and pre-surgery supplied medications while a patient at Cleveland Clinic, except convenience items (services not related to heart care are not covered under the program; telephone, companion meals in the hospital, etc.).
- Travel expenses for you and a companion (including travel, hotel, and a daily allowance for meals).
- Medically necessary services related to this program provided in Cleveland after discharge from Cleveland Clinic (excluding outpatient pharmacy).
- Outpatient pharmacy for prescriptions after discharge from Cleveland Clinic. Outpatient pharmacy is covered under a participant’s current health insurance plan (Express Scripts).
- Follow-up care after returning home.

2. What services/benefits are NOT covered under this program?
- Any elective outpatient services in Cleveland not related to the covered program services.
- Convenience items (services not related to heart care are not covered under the program; telephone, companion meals in the hospital, etc.).
- These services may be covered by a patient’s current health plan coverage:
  - Outpatient pharmacy for prescriptions after discharge from Cleveland Clinic. Outpatient pharmacy is covered under a patient’s current health insurance plan (Express Scripts).
  - Follow-up care after returning home.

3. What travel expenses are covered for a member and their companion?
The following expenses are covered for the member and one companion:
- Airfare and travel allowance for an out-of-town member and one companion.
- Lodging for the member awaiting hospitalization and lodging for the companion for their entire stay in Cleveland.
- A daily expense allowance.
- Concierge service to arrange travel and lodging.
- Round-trip transportation between the airport and the hotel; and the hotel and Cleveland Clinic.

Members can refer to the authorization form which includes a brief description of the travel guidelines included in the Information Packet as well as online at:

http://lowes.hdplus.com

Once a member’s surgery is scheduled, they will receive detailed travel information regarding covered travel expenses and reimbursement methods pertaining to their chosen method of travel.

4. Can a member choose their own doctors/hospital to use these services?
No. Cleveland Clinic is the only hospital available in this benefit program. Your physician will be selected by Cleveland Clinic’s Heart and Vascular team based upon your individual medical need and the physician’s area of expertise.

Cost

1. Is a member charged for services?
A member will be charged for services not covered by the program. Examples of items not covered (not all inclusive) include additional meal dollars, hotel incidents, and inpatient convenience items such as telephone service.

2. What, if any, services need to be reported to the IRS?
The amounts paid to the employee or member above those deductible under IRS guidelines will be included as taxable income on the employee’s W-2. The employee will receive a report of taxable monies paid by Lowe’s. Any other expenses paid by the employee that may be deductible should be discussed by the employee with their tax professional. Please see the travel guidelines located in the Information Kit as well as the Welcome Kit (once accepted for participation) for a general description of the deductible amounts.

Travel

1. Who handles a member’s travel itinerary?
After surgery is scheduled, the member will be transferred to an American Express Travel Group Coordinator associated with Cleveland Clinic or be given a phone number to call American Express at their convenience to schedule travel arrangements.

2. Can a member’s family travel with him/her?
Yes. A member can choose one travel companion for which air and lodging expenses will be covered. See travel guidelines for covered expenses.

3. Can a member choose their hotel/airline without using the American Express Travel Group (Travel Group)?
In order to receive travel benefits under this program, a member must use the Travel Group. The Travel Group associated with Cleveland Clinic is the member’s first point of contact to arrange air and lodging accommodations. Any airline reservations changes must be made through the Travel Group.

4. Are members and dependents required to have a traveling companion?
Adult members are not required to have a traveling companion. Dependent minors (who are accepted on a case by case basis) are required to have a parent or guardian as a traveling companion, because in many instances, services rendered may require a parent or guardian’s signature.

After Services are Completed

1. How is the discharge process handled?
Cleveland Clinic develops a patient’s non-emergent care plan while in Cleveland and for a patient’s return home. The plan includes the expected time a patient will remain in Cleveland and what, if any, travel modifications.

Patients receive written instructions for self-care and contact information (including after hours) to their surgical team and/or a nurse coordinator for questions. Cleveland Clinic works with the patient to schedule their first follow-up appointment with the patient’s local physician and provides Health Design Plus information to pre-certify and pre-authorize home care as necessary.

2. Does a patient need to submit claims to their current health insurance provider?
For services covered under this Program, claims do not need to be submitted. For services not covered under this program, claims would need to be submitted to the Medical Copay Plan Provider. Please see Coverage, 1 & 2 for more information.