Centers of Excellence FAQs

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1. What is the Centers of Excellence program?

Is an associate facing major surgery or cancer? They should get the very best, most appropriate care possible. Walmart’s Centers of Excellence program gives associates access to world-class specialists for:

• Certain heart surgeries, like cardiac bypass and valve replacements
• Certain spine surgeries, like spinal fusions and removal of spinal discs (discectomy)*
• Hip and knee replacements*
• Medical record review for breast, lung, prostate, blood and colorectal cancer to determine if it would be beneficial to travel to a Centers of Excellence hospital—and an onsite visit, if recommended
• Certain weight loss surgeries, specifically gastric bypass and gastric sleeve procedures**
• Organ and tissue transplants (except kidney, cornea and intestinal), which also include lung volume reductions, ventricular assist devices (VADs) and total artificial hearts, and CAR-T cell therapy**.

Most of these conditions are covered at 100 percent before meeting the deductible. Preauthorized services performed at the Centers of Excellence facility, such as the in-person evaluation, actual surgical procedure or any physical therapy needed before being released from the program, will be covered at 100 percent. Excluded from the Centers of Excellence benefit are any services, visits or tests received prior to the evaluation at the Centers of Excellence, and any services received once they’re released from the program and return home. If an associate is enrolled in the HSA Plan, they must first meet their annual deductible. Travel benefits are also provided for the patient and a companion caregiver. *Spine surgeries and hip and knee replacements are only covered at designated Centers of Excellence at 100 percent. If you have a knee or hip replacement at a non-COE facility, these procedures will be considered out-of-network and covered at 50 percent. Non-emergent spine surgeries are not covered unless performed at a Center of Excellence. **Weight loss surgeries and transplant care are covered only at designated Centers of Excellence hospitals. Also, weight loss surgeries are covered at the regular benefit level of 75 percent after associates meet their annual deductible, and no travel benefits are provided.

2. What are Centers of Excellence?

The Centers of Excellence hospitals are select facilities chosen to provide certain services for Walmart Plan participants because they provide the highest quality care while saving money for both the associate and the Plan. In many plans, travel, lodging and an expense allowance are provided for the Plan member and a caregiver for all services except weight loss surgery. If associates are enrolled in the HSA Plan, they will receive the same coverage after they have met their annual deductible.

3. What procedures and services are included in the Centers of Excellence program?

Heart procedures:
• Open heart surgery for coronary artery bypass grafting (CABG)
• Heart valve replacement/repair (inpatient procedures)
• Closures of heart defects (inpatient procedures)
• Aneurysm repair—thoracic and aortic
• Other inpatient complex cardiac surgeries
Spine procedures:
- Spinal fusion (cervical and lumbar)
- Total disk arthroplasty (artificial disk)
- Removal of vertebral body
- Laminectomy
- Discectomy
- Spine surgery revisions
- Other inpatient complex spine surgeries

Hip and knee replacement:
- Total hip replacement
- Partial hip replacement
- Total knee replacement
- Partial knee replacement

Weight loss surgery:
Associates and their spouse/partners enrolled in one of the HRA plans, the Select Network Plan, the HSA Plan or an ACP may have specific surgery for weight loss covered when Plan eligibility requirements and medical criteria are met.

Cancer services:
Participants diagnosed with certain cancers may have their medical records reviewed by Mayo Clinic specialists to evaluate the benefit of an on-site visit. If an on-site visit at Mayo Clinic is recommended, the visit will be covered at 100 percent and will include a travel allowance. At this time, the following types of cancer will be included in this program:
- Breast cancer
- Lung cancer
- Colorectal cancer
- Prostate cancer
- Blood cancer (including multiple myeloma, leukemia, and lymphoma)

Transplants:
All organ and tissue transplants (except kidney, cornea and intestinal) are covered when Plan eligibility requirements and medical criteria are met. This benefit also applies to lung volume reductions, ventricular assist devices (VADs), total artificial hearts, and CAR-T cell therapy.
4. What are the Plan features of the Centers of Excellence program?

The chart below summarizes the benefits available under the Centers of Excellence program, alongside the comparable benefits that may be available under the associates medical plan.

<table>
<thead>
<tr>
<th>Centres Of Excellence Providers</th>
<th>Your Medical Plan Network</th>
<th>Out-of-Network Benefits not available under Accountable Care Plans and Select Network Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart surgery</strong></td>
<td>100% No deductible*</td>
<td>75% After deductible</td>
</tr>
<tr>
<td><strong>Breast, lung, blood, prostate, and colorectal cancer medical record review</strong> (Onsite evaluation when recommended)</td>
<td>100% No deductible*</td>
<td>50% After deductible</td>
</tr>
<tr>
<td><strong>Spine surgery</strong></td>
<td>100% No deductible*</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Hip and knee replacement</strong></td>
<td>50% After deductible</td>
<td>50% After deductible</td>
</tr>
<tr>
<td><strong>Transplant</strong> (Mayo Clinic only; excludes kidney, cornea and intestinal transplant)</td>
<td>100% No deductible*</td>
<td>No coverage</td>
</tr>
<tr>
<td><strong>Weight loss surgery</strong> (Gastric bypass and gastric sleeve)</td>
<td>75% After deductible</td>
<td>No coverage</td>
</tr>
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</table>

*Due to federal tax laws, participants in the HSA Plan must meet their annual deductible before 100% benefits can be provided.

Additional program conditions and restrictions are described in the adjacent Centers of Excellence text.

5. If an associate participates in the Centers of Excellence program, where could they be traveling?

Participants do not choose their Centers of Excellence hospital within this program. The medical center in which the participant receives services is determined by where the participant lives, medical plan type and the indicated surgery or service. The facilities included in this program are as follows:

**Heart procedures:**
- Cleveland Clinic (Cleveland, Ohio)
- Geisinger Medical Center (Danville, Pennsylvania)
- Virginia Mason Medical Center (Seattle, Washington)

*Note: If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.*

**Spine procedures:**
- Emory University Hospital (Atlanta, Georgia)
- Geisinger Medical Center (Danville, Pennsylvania)
- Mayo Clinic Arizona (Scottsdale, Arizona)
- Mayo Clinic Florida (Jacksonville, Florida)
- Mayo Clinic Minnesota (Rochester, Minnesota)
• Mercy Springfield (Springfield, Missouri)
• Memorial Hermann-Texas Medical Center (Houston, Texas)
• Virginia Mason Medical Center (Seattle, Washington)

NOTE: If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.

**Hip and knee replacements:**

• Emory University Hospital (Atlanta, Georgia)
• Johns Hopkins Bayview Medical Center (Baltimore, Maryland)
• Kaiser Permanente Irvine Medical Center (Irvine, California)
• Mayo Clinic Florida (Jacksonville, Florida)
• Mayo Clinic Minnesota (Rochester, Minnesota)
• Mercy Springfield (Springfield, Missouri)
• New England Baptist (Boston, Massachusetts)
• Northeast Baptist (San Antonio, Texas)
• Ochsner Medical Center (New Orleans, Louisiana)
• Scripps Mercy Hospital (San Diego, California)
• University Hospital (Cleveland, Ohio)
• Virginia Mason Medical Center (Seattle, Washington)

NOTE: Additional features will be added by January 1, 2019. If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.

**Weight loss surgery:**

• Geisinger Medical Center (Danville, Pennsylvania)
• Scripps Mercy Hospital (San Diego, California)
• Northeast Baptist (San Antonio, Texas)
• University Hospital (Cleveland, Ohio)

NOTE: If associates are enrolled in an Accountable Care Plan, they should contact their health care advisor for the Centers of Excellence providers for their plan.

**Cancer services:**

• Mayo Clinic Arizona (Scottsdale, Arizona)
• Mayo Clinic Florida (Jacksonville, Florida)
• Mayo Clinic Minnesota (Rochester, Minnesota)

**Organ and tissue transplants**

(除肾脏、角膜和肠部移植外):

• Mayo Clinic Arizona (Scottsdale, Arizona)
• Mayo Clinic Florida (Jacksonville, Florida)
• Mayo Clinic Minnesota (Rochester, Minnesota)
6. How do associates enroll in the Centers of Excellence program?

The Centers of Excellence program is part of Walmart’s medical coverage. If an associate is enrolled in one of Walmart’s HRA plans, ACPs, the HSA Plan, or the Select Network Plan, they are automatically eligible for the Centers of Excellence program if they meet program requirements. To participate in the program, call a health care advisor at the number on the plan ID card.

7. Is there a waiting period before the Centers of Excellence program is available?

If an associate is enrolled in one of Walmart’s HRA plans, ACPs, HSA Plan, or the Select Network Plan, they are generally eligible for coverage. Note, however, that they must be enrolled in coverage for one year before becoming eligible for the weight loss surgery and transplant benefits.

8. Does the Centers of Excellence program cover additional costs like travel and lodging?

For most eligible services, yes. This benefit includes travel, lodging, and an expense allowance for the patient and a caregiver. For the cancer services, medical records are reviewed and if an on-site visit at Mayo Clinic is recommended, the visit will be covered at 100 percent and will include a travel allowance (subject to annual deductible for associates covered by the HSA Plan). No travel benefit is available for weight loss surgery or for members obtaining certain Centers of Excellence services through their Accountable Care Plan. Associates should contact their health care advisor for more information.

9. Is there an age requirement for the Centers of Excellence program?

Participants must be 18 years of age or older for all heart procedures, hip and knee replacement procedures, and weight loss surgery. For some (but not all) spine procedures, the participant must be 18 years of age. For cancer and transplants, the Centers of Excellence program is open to all ages.

10. How does an associate coordinate their benefits to pay for treatment received at a Centers of Excellence facility?

For most Centers of Excellence services, an associate’s care for eligible services at a Centers of Excellence facility is covered at 100 percent, which means they don’t have to use their other benefits to cover their medical costs. Weight loss surgery is covered at 75 percent, after they meet their medical plan deductible; their claims will be handled for weight loss surgery the same as other medical services. Due to federal tax law, if they are enrolled in the HSA Plan, they will receive the benefit coverage available under the Centers of Excellence program after they meet their deductible.

11. When procedures are covered at 100 percent, does that include only procedures or visits?

No. All eligible expenses associated with the procedure or visit performed at a Centers of Excellence facility are covered at 100 percent. For specific questions about what is covered, associates should call their health care advisor using the number on their plan ID card.

12. Do associates have to preauthorize anything to participate in the Centers of Excellence program?

Yes. Services must be scheduled and preauthorized in order to be covered under the Plan. The particular administrators from whom preauthorization must be secured will vary, depending on the specific Centers of Excellence service to be undertaken and “in certain cases” the associate’s medical coverage, as listed in the Centers of Excellence administration chart in next column.
13. What happens if a doctor recommends surgery and the Centers of Excellence facility does not?

If a Centers of Excellence doctor recommends against surgery and an associate decides to follow a different doctor’s treatment plan, they may have to pre-certify the surgery with your medical claims administrator, and their surgery will be subject to regular coverage limits under their medical plan.

In the case of spine surgery, hip or knee replacements, transplant and bariatric surgery, if associates are eligible for Centers of Excellence benefits and they choose to receive treatment at a facility outside the program, they will not be eligible for in-network coinsurance benefits from their medical plan network. For hip and knee replacements only, the Plan will pay 50% of eligible covered expenses and they will be responsible for the remaining 50%. If they have coverage under the HRA High Plan, HRA Plan or the HSA Plan, they will be subject to the out-of-network deductible before benefits are payable, and their deductible will not count toward their annual out-of-pocket maximum. If they have coverage under any of the ACP options or the Select Network Plan and have their procedure performed by a network provider, they will be subject to their plan’s annual deductible, and this expense will count toward their annual out-of-pocket maximum. If they have coverage under any of the ACP options or the Select Network Plan and have their procedure performed by an out-of-network provider, no benefits will be payable.

For spine surgery, transplant and bariatric surgery, the only coverage you have available is at a Center of Excellence facility. Non-emergency services performed anywhere else are not covered under the Plan.

Remember that Centers of Excellence facilities are established/accredited programs for spine and/or cardiac care, hip and knee replacements and cancer treatment. They make recommendations that are in an associate’s best interest, and they have established plans for performance improvement specific to spine and/or cardiac care, hip and knee replacements, and cancer treatment.

14. If an associate has a condition eligible for services at a Centers of Excellence facility, how do they get recommended to receive care through the program?

If an associate’s physician indicates that they need heart or spine surgery, a hip or knee replacement, or that they have breast, lung, prostate, blood, or colorectal cancer, they, their physician or health care advisor can initiate the process by calling the number on their plan ID card.

15. If an associate has to travel to a Centers of Excellence facility for a consultation as well as treatment, will the Plan pay for both trips?

A physician at the Centers of Excellence facility will review an associate’s medical records. If he or she determines that they need a procedure or that they need to be evaluated in person, the evaluation may be scheduled. In many instances, the evaluation and the procedure will be completed in the same trip.

16. Why did Walmart create this benefit for its associates?

Walmart initiated this program to ensure that our associates and their covered family members have the opportunity to receive the highest-quality care at some of the premier hospitals in the U.S.

We selected multiple medical facilities to participate in this program because of the volume of covered associates and dependents enrolled in our plans across the country. We are focused on helping Plan participants to access high-quality medical care with above-average positive patient outcomes to ensure they have the best chances of regaining a high quality of life.
17. **What does an associate do if they can’t find a doctor to treat them after their surgery at a Centers of Excellence facility?**

One of the criteria the participant has to satisfy before they can participate with the program is identification of a doctor that will manage their follow-up care after they complete their procedure at the Centers of Excellence facility. If the participant is unable to locate a doctor at home to manage their follow-up care, they should contact their medical health care advisor and obtain assistance with locating other in-network providers in the participant’s area that may be able to accept them as a patient. The participant can also reach out and speak with their health care advisor at the number on the back of the plan ID card. Once all possible avenues have been exhausted, the participant would need to pursue the surgical procedure under their regular medical benefits, since they would not be eligible to participate in the Centers of Excellence program.

18. **How are the participating hospitals chosen?**

To assure that the highest quality care is available to participants nationwide who are enrolled in one of Walmart’s HRA plans, the Select Network Plan, the HSA Plan, or the ACPs, the company considers many factors, including medical expertise and each facility’s geographic location. The main criteria used to select participating hospitals are that each facility must:

- Possess very high-quality indicators
- Foster a culture of following evidence-based guidelines and, as a result, perform surgeries only when necessary, and
- Structure their surgeons’ compensation so that they are not incentivized to do surgery strictly based on money, but rather what’s the most appropriate care for each individual patient.

19. **How are hip and knee replacements defined?**

Hip replacement, also referred to as total hip replacement (THR) or total hip arthroplasty (THA), is a surgical procedure where worn, diseased, or damaged surfaces of a hip joint are removed and replaced with artificial surfaces.

Knee replacement, also referred to as total knee replacement (TKR) or total knee arthroplasty (TKA), is a surgical procedure where worn, diseased or damaged surfaces of a knee joint are removed and replaced with artificial surfaces.

20. **If an associate needs two knee replacements, do they both have to be done at the same time for the procedures to be covered?**

No. These surgeries are required to be performed on separate visits to the Centers of Excellence facility.

21. **Is physical therapy (rehabilitation) included in the Centers of Excellence program?**

Physical therapy (rehabilitation) is included while the participant is in the Centers of Excellence location, if needed. When the participant returns home after a surgery, this service is covered under the standard medical benefit.

22. **What if an associate is unable to travel for spine surgery or hip or knee replacement?**

The Centers of Excellence physicians will evaluate the participant’s situation to determine if he or she is safe to travel. Participants deemed unfit to travel will be encouraged to file for an exception.
23. Are there any exceptions where associates can receive normal benefits under their medical plans if they don’t travel to a Centers of Excellence facility for spine surgery or hip or knee replacement?

Yes. The participant may request an exception if travel to the Centers of Excellence facility could result in loss of life, paralysis, or further injury. If the exception is approved, services would be considered under the associate’s regular medical plan benefits. These exceptions can be requested prior to surgery by writing:

Centers of Excellence: Walmart
Attention: Appeals Coordinator
1755 Georgetown
Hudson, Ohio 44236

24. What if an associate doesn’t have anyone to accompany them to the Centers of Excellence facility for spine surgery or hip or knee replacement?

Associates must be accompanied by a caregiver at clinics where procedures are performed, as part of the program’s standards for overall patient safety. If they are unable to find a caregiver to travel with them, they will not be able to use the Centers of Excellence benefit. If they have surgery at a non-Centers of Excellence facility, it will be considered out-of-network and paid at 50 percent for most plan enrollees.

25. If an associate has hip or knee replacement at a non-Centers of Excellence facility, not under the Centers of Excellence benefit, what part of their care is reduced to the 50 percent out-of-network benefit?

The Plan will pay 50%, subject to the limitations detailed below, for services rendered on the day of their surgery. This would include the facility, surgeon, anesthesia, and any other charges you incur related to the surgical procedure. This would not include any preoperative or postoperative care.

The following limitations apply:
• If associates have coverage under the HRA High Plan, HRA Plan, or the HSA Plan and have their procedure performed by a network provider, they will be subject to the out-of-network deductible before benefits are payable.
• If they have coverage under any of the Accountable Care Plan options or the Select Network Plan and have their procedure performed by a network provider, they will be subject to their plan’s annual deductible.
• If they have coverage under any of the Accountable Care Plan options or the Select Network Plan and have their procedure performed by an out-of-network provider, no benefits will be payable.

26. How will spine surgeries or hip or knee replacements be handled when they are emergencies?

The Centers of Excellence program is for non-urgent surgeries only. Surgeries that are necessary as a result of trauma, or otherwise urgent situations, would not be subject to a reduction in benefits and would be allowed at regular benefit levels.

27. If one Centers of Excellence facility tells an associate they do not need surgery, can they go to another Centers of Excellence facility to be evaluated?

No. All Centers of Excellence facilities work closely together to align treatment plans; the overall care will not be different by facility. Generally, a request to go to another Centers of Excellence facility will be denied.
28. What is the weight loss surgery benefit?

The weight loss surgery benefit covers gastric bypass surgery and gastric sleeve surgery at their regular medical benefits. As a Plan participant, associates must meet all requirements to qualify for coverage and their surgery must be performed by a designated physician and facility.

29. How does an associate learn more about the weight loss surgery benefit?

To learn more about this benefit, associates should contact their health care advisor. For most associates, their health care advisor will work with another vendor partner, Health Design Plus, to manage the intake and approval process, as certain qualifications are required in order to be eligible for weight loss surgery. Health Design Plus will also manage the processing of claims from the surgical facility.

If they are covered under any of the ACPs, contact a health care advisor, who will manage the approval process.

30. What are the eligibility requirements to qualify for weight loss surgery coverage?

They must be an associate, spouse, or domestic partner enrolled in a Walmart Medical plan for at least one year. Dependent children are not eligible for this benefit.

31. What are the clinical requirements for weight loss surgery coverage?

An associate’s physician must verify that they have either:
1. Body Mass Index (BMI) of at least 35 with at least one obesity-related comorbid condition, such as high blood pressure, diabetes or sleep apnea, OR
2. A BMI of at least 40 with no comorbidities.

32. Which providers can an associate use for their weight loss surgery in order to have coverage?

Additional providers are being evaluated and will be announced soon, but as of now, the current list of eligible providers include:
- Geisinger Medical Center (Danville, Pennsylvania)
- Northeast Baptist Hospital (San Antonio, Texas)
- Scripps Mercy Hospital (San Diego, California)

NOTE: If an associate is enrolled in an Accountable Care Plan, please contact a health care advisor for the Centers of Excellence providers for their plan.

33. Will an associate need anything from their provider showing that they qualify to receive the weight loss surgery benefit?

After their eligibility with the Plan is confirmed, an associate’s physician must verify that they meet the clinical requirements before they can be approved for the benefit. A provider verification form will be sent to them for completion in order to verify that they meet clinical requirements.

34. Is follow-up care covered under the weight loss surgery benefit?

If they are eligible in the Plan, meet the requirements for weight loss surgery, and have the weight loss surgery at a designated provider, an associate’s follow-up care to the surgery will be covered under their medical plan, subject to deductible and coinsurance.
35. What if an associate qualifies for the weight loss surgery benefit but choose to have the surgery at their local provider?

If they choose to have weight loss surgery at a non-designated provider and service location, the surgery will not be considered a covered benefit and the associate will be responsible for all charges.

36. How did you choose the facilities and surgeons who will provide the weight loss surgery?

The designated facilities and physicians have been selected because of their high level of experience providing weight loss surgery and the quality care and service they provide to patients.

37. What surgeries are included in the weight loss surgery benefit?

The surgeries included in the weight loss surgery benefit include gastric bypass surgery and gastric sleeve surgery. No other weight loss surgeries, including lap band surgery, are included in this benefit.

38. Is there a waiting period for the weight loss surgery benefit?

Yes. Associates must be enrolled for medical benefits in the Plan for one continuous year before becoming eligible for this benefit.

39. Are travel benefits provided for the weight loss surgery benefit?

No. Travel benefits are not provided for the weight loss surgery benefit. Plan participants are responsible for their travel expenses, along with the expenses of any caregivers or companions, to and from the designated provider’s facility.

40. How can associates learn more about the organ and tissue transplant benefits offered by Walmart?

Call HealthSCOPE Benefits at 479-621-2830 or toll-free at 800-421-1362.