



TelaDoc

Frequently Asked Questions

Select Assurant Health Individual Medical plans include TelaDoc™ Medical Services, providing medical consultations by phone 24 hours a day, 365 days a year. Calling TelaDoc connects patients with a national network of state-licensed, board-certified primary care physicians and a national pediatric network that can treat children of any age.

Q: When should my clients contact TelaDoc?

A: Your clients can contact TelaDoc when: 1) they have non-emergency medical issues for which they would typically visit their primary care physician (PCP) and 2) their PCP is unavailable or unreachable. TelaDoc physicians also answer medical questions and prescribe limited-quantity convenience prescription drug refills when appropriate. The physicians know when they can treat patients directly and when to refer them to a local PCP or specialist.

Here are some common issues for which members contact TelaDoc:

- Sinusitis and other respiratory infections
- Allergies
- Urinary tract infections
- Minor joint trauma (sprains and strains)
- Gastroenteritis
- Gastroesophageal Reflux Disease (GERD)
- Immunization planning
- Health questions related to international and domestic travel

Q: What are the qualifications of TelaDoc physicians?

A: TelaDoc physicians are board-certified and licensed to practice medicine. They live and work in the U.S. and have 14 years' experience on average. All TelaDoc physicians go through a detailed credentialing process before they are able to join the TelaDoc Physician Association.

TelaDoc has been able to satisfactorily resolve more than 90% of calls received, and 95% of TelaDoc callers have indicated that they would: 1) use the service again and 2) recommend it to others.

Q: Are there any limitations on what the TelaDoc physicians prescribe?

A: Each consultation is unique; therefore, the physician is the one who decides whether or not to prescribe medication. TelaDoc offers prescriptions for a wide range of acute medical conditions. These include, but are not limited to, drug classes like antibiotics and antihistamines. Limited-quantity convenience refills for maintenance prescriptions also may be obtained when appropriate.

TelaDoc does not issue prescriptions for DEA-controlled substances. These include narcotics, stimulants, depressants, hallucinogens and anabolic steroids, among others.

Q: When my clients contact TelaDoc, will they have immediate access to physicians?

A: Your clients contact TelaDoc to request a consultation with a physician. TelaDoc then contacts a physician who calls your client directly, typically in less than one hour.

Q: How will TelaDoc physicians know enough about my clients to treat them?

A: Prior to the first consultation, your clients must complete a medical history disclosure, which will be stored on TelaDoc's HIPAA-compliant, encrypted central server. Before calling a patient, the physician reviews the medical history. After each consultation, the physician updates the patient's medical record.

Your clients also will have access to their personal health records. They can refer to their records, keep them updated and give them to their primary care physician if they choose.

Q: What information will my clients be asked to include in their medical histories?

A: The medical history disclosure that your clients will complete asks for the same kinds of information that an individual provides during his or her first visit to a primary care physician, including past medical history, previous surgeries, chronic illnesses, cholesterol levels, medications or allergies.

Q: How do my clients register with TelaDoc?

A: Your clients are registered automatically. If they have questions, they can call TelaDoc at 800.TelaDoc (800.835.2362).

Q: How do my clients contact TelaDoc?

A: After they complete their medical history disclosures, they can contact TelaDoc anytime at www.TelaDoc.com or by calling the toll-free number 800.TelaDoc (800.835.2362)

Q: How often can my clients call TelaDoc?

A: As often as they choose. The cost of each consultation is only \$35. The consultation fee is considered a network expense, covered subject to all terms, limits and conditions of the client's insurance contract.

Q: Which plans include free consultations?

A: MaxPlanSM/MaxPlan Elite (existing Elite business only) and CoreMedSM/CoreMed Elite plans that are not designed with an Office Visit Copay option include three FREE telephone consultations per person each year. Additional consultations are covered subject to deductible and coinsurance and cost only \$35 each.

OneDeductible/OneDeductible Elite plans (existing Elite business only) include the \$35 consultations subject to deductible and coinsurance. This adds a convenient, cost-saving benefit for OneDeductible/OneDeductible Elite customers, while it keeps their plans compliant with Health Savings Account (HSA) regulations.

All terms, limits and conditions of the client's insurance contract apply.

Q: When the free consultation benefit is not available, how does my client pay the \$35 consultation fee?

A: Your client will pay for the consultation conveniently and securely with a credit card, debit card or electronic payment. TelaDoc will submit the claim to Assurant Health, and an explanation of benefits statement will be generated.

Q: Can the consultation fee be paid with funds from a Health Savings Account (HSA)?

A: Yes. Your clients can pay directly from the HSA with a debit card or submit appropriate documentation for reimbursement from the HSA or a Flexible Spending Account.

Q: Do any other plans include TelaDoc services?

A: No. At this time, TelaDoc services are available only with Assurant Health Individual Medical OneDeductible, MaxPlan and CoreMed/CoreMed Elite plans designed without an Office Visit Copay.

Q: Are TelaDoc services covered in all states?

A: No. At this time, TelaDoc services are not covered on plans issued in CT, FL, GA, ID, MN, MT, NH, NV, OK and OR.

Q: Will my clients have access to TelaDoc if they switch to another plan?

A: Your clients will continue to have access to TelaDoc services if they change to another qualifying MaxPlan, CoreMed or OneDeductible plan.