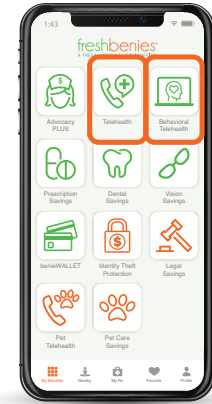




# Telehealth Comparison Checklist: Top Questions to Ask



With so many telehealth options today, how do you judge which is your best solution? We've been in the space for 10+ years and know that not all vendors or options are the same.

We're sharing this checklist of top questions to help you compare the options, identify the best value and make a strategic choice for the bottom line—and employees' wallets!

## Usage?

## Answers

What is the average annual usage?

Based on industry stats, below are typical usage rates by delivery method.  
(As an example, 20% usage means 20 uses in a group of 100 employees over the course of a year.)

- If bundled into a carrier plan: 2%
- As a standalone telehealth program WITH visit fee: 5%
- As a standalone telehealth program WITHOUT visit fee: 20%
- Other programs (like freshbenies) are some of the highest in the industry: 40%+

Only consider plans from vendors who will provide their average usage information. Low usage won't solve the problems of improving the bottom line, containing costs or mitigating out-of-pocket expenses for employees.

Does the vendor provide best practices to get more usage?

Some vendors don't want usage, so they won't be a big help in achieving your goals. Other vendors can provide best practices and expected results when they're implemented. Employers that follow our 3 best practices average 90% usage!

Does the vendor offer a usage guarantee?

Some vendors do and some don't. Always good to ask!

How does the vendor engage members to use the service?

Look for a turnkey engagement program that doesn't burden your team. In addition to welcome materials, look for e-newsletters, direct mail, social media, videos, informative website, member portal, app, online chat or AI Assistant. Be cautious of any vendor that leaves the engagement planning and implementation up to you.

## Membership?

## Answers

Who's included in a membership?

Some plans only include the employee and family members who are on the medical plan. Others include immediate family members regardless of the plan.

How many family members are included?

Some plans place a maximum on the number of family members while others include unlimited dependents.

## Availability?

## Answers

What are the state limitations?

Each vendor handles state restrictions differently. Look for a vendor who operates in the states you need.

What are the delivery methods?

Consider the population of the group. While some people are more tech-savvy and comfortable with apps and video, others may just want to consult or get advice via phone or email. Look for a vendor that offers the variety you need.

## Cost?

What's the cost per employee per month (PEPM)?

When comparing the PEPM fee among plan options, remember to consider it alongside any usage cost to employees. If your goal is to increase access to care, contain costs, and/or offset rising out-of-pocket costs, look for plans with a \$0 visit fee.

What's the cost to the member (or employer) for the actual visit?

Some plans have a low PEPM fee, but then charge the member (or employer) for each visit (say \$45). \$0 visit fee plans have a higher PEPM but typically see much higher usage. Usage drives bottom line savings.

Will the cost increase as usage increases?

Some plans immediately increase the PEPM fee as a group hits certain levels of usage. For instance, if the group hits 20% usage, the PEPM fee increases by \$.25 for every 5% additional usage.

## Vendor?

Who is the vendor?

Ask the basic questions of how long they've been in business, how many members they serve, and do they have any quality certifications.

What type of providers do they use (doctors, physician assistants, nurses)?

Physician assistants and nurses will have more limitations on the advice they can provide and may not carry the same level of trust with members.

Do they include specialist visits – such as psychiatrists, therapists, dermatologists?

If yes, ask if there is an additional charge to the member or employer for that type of visit.

Did the vendor build and credential their own network or do they rent a network of physicians?

If the vendor credentialed their own network, they have more control over the quality of the doctors. They can take immediate action if a doctor's "bedside manner" is below par.

What are the wait times?

Some vendors have immediate help for non-prescription advice but longer wait times if a prescription is required. Look for an average call-back time that's under 15 minutes.

Can the vendor provide a doctor's note and share consult information with the family doctor, if requested?

These are great tools to help the member and employer as well as reinforce the family doctor relationship.

## Other Services?

What other services are included?

Some vendors bundle telehealth with other cost-containment tools that round out the benefits package.

## Answers

## Answers