

Member Site Overview



ATTENTION - Egyptian Trust Participants

Look for special instructions in this document for Egyptian Trust members.



Teladoc[®] is a national network of U.S. board-certified doctors available on-demand 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many of your medical issues. It's quality care when you need it at a price you can afford.



When can Teladoc be used?



- When the physician is unavailable: no appointments; after hours
- Schedule doesn't permit traveling to see your physician (work, etc.)
- On vacation or a business trip
- For refill of recurring prescription (short term only)
- Geographical barriers (distances to a provider's office)
- Pediatric care for any age



Effective resolution to a wide range of conditions

Top diagnoses

- Sinus problems
- Urinary tract infection
- Pink eye
- Bronchitis
- Upper respiratory infection

- Nasal congestion
- Allergies
- Flu
- Cough
- Ear infection



Prescriptions as needed

- Best practices in prescription management
- Appropriate prescribing following CDC guidelines
- No controlled substances, psychiatric or lifestyle drugs
- 98% generic prescribing rate
- Member convenience through e-prescribing



- Bookmark: <u>http://www.teladoc.com/</u>
- Click 'Get started now'

The right care when you need it most.

Talk to a doctor, therapist, or medical expert approver you are by phone or video.

Get started now

How it works 🗕

New To Teladoc?

Teladoc connects you to the right care when you need it most. Talk to a doctor, therapist, or medical expert anywhere you are by phone or video.





Let's begin with a few basics.

FIRST NAME			required fields:
LAST NAME			✓ First Name✓ Last Name
EMAIL ADDRESS			✓ Email Address
DATE OF BIRTH	GENDER	~	✓ Phone Number✓ Date of Birth
PHONE NUMBER	PREFERRED LANGUAGE	~	
Do you have a username?	How did you find out about Teladoc?	·····	
 Yes, I know my username No, I don't know my username. 	 My employer or insurance provider offers me access to Te I have a Teladoc Promo or Company Code. I have a Teladoc ID card that shows a website that is differ I'm not sure. 	eladoc. rent from "Teladoc.com." (ex: Tel	adoc.com/somethingelse)
	Who is your employer or insurance provider?	I cannot find my emp	loyer or insurance provider.
Note: Egyptian Trust participants do	COMPANY NAME	No problem. Just call assistance.	1-800-Teladoc (835-2362) for
not need to select an employer or insurance provider. Click "Continue" and your district name should auto-fill. Call 1-800-Doc-Consult (362-2667) for assistance.		L	
O TELADOC.	CANCEL		continue > d. 6

Complete the

My Contact Information		Enter personal	
PRIMARY PHONE	EXT	information	
PRIMARY PHONE TYPE		Additional Person	al
Home	~	Information will be entered on this so	e reen
SECONDARY PHONE	EXT	been verified.	y has
SECONDARY PHONE TYPE	How would you like to receive communications from Teladoc?	_	
 Hearing Impaired (Relay Required) 	 ✓ Phone ✓ Text ✓ Email 		
EMAIL	 Send me promotional communications from my organization Update me on ways I can use Teladoc * Message and data rates may apply 	n and Teladoc	
	Residence Address	Mailing Address	
CONFIRM EMAIL		Same as Residence Address	
	STREET 1	STREET 1	
	STREET 2	STREET 2	
	CITY	CITY	
	STATE Select state V	STATE Select state V	
O TELADOC.	ZIP	ZIP	7
			-

ogin Information		Enter personal information
USERNAME	Your password must follow the guidelines below 8-20 characters long	 The member's username and password are created during this step. Please maintain record of this information for future
PASSWORD	 Contain at least one number and at least one letter Use only numbers, letters, and standard symbols (standard symbols are limited to ! @ # \$% ^ &*) Cannot contain your username, the word "Teladoc" 	
CONFIRM PASSWORD		access.
SECURITY QUESTION	My Electronic Signature	
Select	By clicking "Set up my account" below. you are agreeing to use your First Name and Last Name as you the electronic equivalent of your hand-written signature.	ir electronic signature, which is
SECURITY ANSWER	FIRST NAME	
	LAST NAME ()	
	I certify that I have read and understand the Terms and Conditions and Privacy Policy	
	By checking this box, I acknowledge and agree that complete and accurate health information mu for my medical care. Therefore, I authorize Teladoc to release health information to my family phy: me or my health plan. referring physician or agency(ies) in order to facilitate continuity of care. I un information shared with health care professionals as a result of this authorization will remain confi authorization shall remain valid for so long as I am a member of Teladoc.	ist be readily available sician designated by iderstand that the idential. This
	I have reviewed the information above and it is correct. (Once you click "Set up my account", your	Teladoc account will

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SET UP MY ACCOUNT

Click 'Visit Homepage'

1. Check Eligibility > 2. Enter Account Information > 3. Next Steps

, your account has been created!

Want to request a visit? A Teladoc provider is ready to chat. Just so you know, you'll need to complete your medical history first.



Select Your name from the drop down

Click 'Update Medical History'



Enter My Medical History

Complete Medical History

- The Yes/No questions default to 'No' for ease of entry. Any question in which 'yes' is answered, we ask if the condition is current.
- All medical information provided becomes a part of the member's electronic health record.
- The information can be updated at any time to reflect the most up to date information possible for our physicians.





PCP & Pharmacies

Click 'Medical Info'

Click 'Doctors & Pharmacies'



Add your primary care physician and pharmacy of choice



Adding Dependent

Click 'My Family' Then Click "My Dependents"

- Dependents less than 18 are managed by the primary member on the account. The primary member is responsible for completing the medical information for the minors before a consultation for them can be requested.
- Adult dependents added will be emailed login information to set up and complete their medical history.
 - Once the primary account holder has registered and is logged in to their account, they will need to hover over the option "My Family" on the top toolbar. Then click on "My Dependents" on the drop-down.

n the next screen there is an opti	on "Add New Dependent"
1y Family	Adult dependents must log in to their own account to complete their medical history
	disclosure or update their personal

- Follow the prompts and fill out the information for each dependent.
- The primary account holder will be able to register their minor dependents once they have been added, but any dependent 18+ will have to register their own account once the primary member has added them. This is due to HIPAA regulations.



Personal Details

View/update your personal account details anytime

- Click on "My Account"
- Click on "Personal Details"
 - Edit accordingly





Billing

The member's • specific price structure will be displayed.

The member • has the option to add a credit card to their account

Billing Information	
My Billing Details	
Credit Card Details	
The credit card information entered will be securely sa the credit card information stored, you may delete it in	aved to your account for future use. If you do not want n your account settings.
First Name: *	
Last Name: *	
Card Type: *	V
Card Number:*	
Expiration Month*	V
Expiration Year *	.



Note: Egyptian Trust members can <u>bypass this step</u> as you will receive Teladoc services free of charge.

Requesting a Visit



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Requesting a Consult





From any page within the member's account, click the **purple Request a Visit button** in the upper right corner



Provide Consultation Details

Select the member the visit is for

- For minors, a section will appear requiring selection of the adult authorized to be on the phone during the consult.
- An adult is required to be on the phone during the consult for any minor under 18
- Select the state in which the member is located. This will expand for product selection (ex. General Medical, Derm)
- Once selected the option for phone or video will appear. Then the option for "as soon as possible" or "scheduled:
- Image Upload option if desired
- Select the phone number the physician will use to contact the member
- Enter any necessary notes for the physician (ex: ask for room 515)
- Determine whether you want a copy of your consult to go to your PCP
- Select your Pharmacy



Confirm Billing Information

1. Consult Details > 2. Billing Information > 3. Review & Submit	
Confirm Billing Information Your total consult fee is \$0.00.	
« PREVIOUS	CONTINUE

If you have a visit fee, then you will need to select how you plan on paying for the visit. Billing options will display including credit card and PayPal.



Note: <u>Egyptian Trust participants</u> will receive Teladoc services free of charge.



Review and Submit

- Review your information to make sure it is accurate and then click "Submit"
 - You will receive a confirmation page with a confirmation #. Please keep this for your records in the event you need to contact Member Services regarding your visit.
- A physician will then contact you at the number you provided during the visit request.



Thank you

