



Virtual Visit (Telemedicine/Telehealth) Member Cost At-A-Glance

COMMUNITY RATED

Generation	Plan	Virtual Visit General Medical	Virtual Visit Behavioral Health
19	Copay, Simplicity, or Canopy	DOD & Non-DOD: \$0 Copay – CO, GA, TN, TX \$10 Copay – AZ, KS, MO, LA, WI \$20 Copay – FL, IL, IN, KY, MI, MS, OH, UT	DOD & Non-DOD: PCP Copay (except KY – \$20 Copay)
19	Coinsurance	DOD & Non-DOD: \$0 Copay – TN	DOD: Coinsurance after deductible (\$70 - \$185) Non-DOD: Coinsurance after deductible
19	HDHP	DOD: Coinsurance after deductible (up to a max of \$56) Non-DOD: Coinsurance after deductible	DOD: Coinsurance after deductible (\$70 - \$185) Non-DOD: Coinsurance after deductible
20	Copay, Simplicity, or Canopy	DOD: \$0 Copay Non-DOD: PCP Copay or Specialist Copay	DOD & Non-DOD: PCP Copay or Specialist Copay (except KS & KY - \$0 Copay)
20	Efficiency (Coinsurance)	DOD: \$0 Copay Non-DOD: Coinsurance after deductible	DOD: Coinsurance after deductible (\$70 - \$185) (except KS & KY - \$0 Copay) Non-DOD: Coinsurance after deductible
20	HDHP	DOD: Coinsurance after deductible (up to a max of \$56) Non-DOD: Coinsurance after deductible	DOD: Coinsurance after deductible (\$70 - \$185) Non-DOD: Coinsurance after deductible

Terminology:

***DOD** = Doctor On Demand (designated virtual visit provider)

****Non-DOD** = any virtual visit provider other than Doctor On Demand

Notes:

Virtual visits through Doctor On Demand can be used for non-emergent sickness (general medical) and behavioral health. All other virtual visits (with other providers) will be equal to the cost associated with the same in-person/face-to-face site of care.

Kansas City PPOx network offers virtual visits at a \$0 copay for non-emergent sickness (general medical) through St. Luke's 24/7 and Doctor On Demand. Kansas City PPOx network offers virtual visits at a \$0 copay for behavioral health through Doctor On Demand.

The member cost on all indemnity plans (across all generations) is coinsurance after deductible.

Disclaimer:

Doctor On Demand services are not available for Humana members in Puerto Rico and outside the U.S. Pricing described in this document is subject to change without notice. This document is a general description of the identified benefits. The actual plan document will determine the benefit available to you. If there is disagreement between this general description and the plan document, the plan document will control. Limitations on healthcare and prescription services delivered via virtual visits and communications options vary by state. Virtual visit services are not a substitute for emergency care. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.



Virtual Visit (Telemedicine/Telehealth) Member Cost At-A-Glance

NON COMMUNITY RATED

Generation	Plan	Virtual Visit General Medical	Virtual Visit Behavioral Health
16	Copay or Simplicity	DOD* : PCP Copay (up to a max of \$56) Non-DOD** : PCP Copay	DOD & Non-DOD : PCP Copay
16	Canopy	DOD & Non-DOD : \$0 Copay – GA, TX \$10 Copay – FL, IL, LA	DOD & Non-DOD : PCP Copay or Specialist Copay
16	HDHP or Coinsurance	DOD : Coinsurance after deductible (up to a max of \$56) Non-DOD : Coinsurance after deductible	DOD : Coinsurance after deductible (\$70 - \$185) Non-DOD : Coinsurance after deductible

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***DOD** = Doctor On Demand (designated virtual visit provider)

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Virtual Visit (Telemedicine/Telehealth) Member Cost At-A-Glance

LEVEL FUNDED PREMIUM			
<100			
Generation	Plan	Virtual Visit General Medical	Virtual Visit Behavioral Health
14	Simplicity or Copay	DOD* & Non-DOD** : PCP Copay	DOD & Non-DOD : PCP Copay
14 & 17	HDHP	DOD : Coinsurance after deductible (up to a max of \$56) Non-DOD : Coinsurance after deductible	DOD : Coinsurance after deductible (\$70 - \$185) Non-DOD : Coinsurance after deductible
17	Simplicity, Copay, or Canopy	DOD & Non-DOD : \$0 Copay	DOD & Non-DOD : PCP Copay
19	HDHP	DOD : Coinsurance after deductible (up to a max of \$56) Non-DOD : Coinsurance after deductible	DOD : Coinsurance after deductible (\$70 - \$185) Non-DOD : Coinsurance after deductible
19	Coinsurance***	DOD : \$0 Copay Non-DOD : Coinsurance after deductible	DOD : Coinsurance after deductible (\$70 - \$185) Non-DOD : Coinsurance after deductible
19	Simplicity, Copay, or Canopy	DOD : \$0 Copay Non-DOD : PCP Copay	DOD & Non-DOD : PCP Copay
101-300			
16	Simplicity or Copay	DOD & Non-DOD : PCP Copay	DOD : & Non-DOD : PCP Copay
16	Canopy	DOD & Non-DOD : \$0 Copay – GA, TX \$10 Copay – FL, IL, LA	DOD & Non-DOD : PCP Copay or Specialist Copay
16	HDHP or Coinsurance	DOD : Coinsurance after deductible (up to a max of \$56) Non-DOD : Coinsurance after deductible	DOD : Coinsurance after deductible (\$70 - \$185) Non-DOD : Coinsurance after deductible

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On Hand:

***On Hand plan members have the same member cost as the 19 generation Coinsurance plans for general illness and behavioral health listed above. On Hand plan members can also use Doctor On Demand for virtual visits with a primary care physician.