



Direct Primary Care (DPC)

Direct Primary Care Pilot Program Provided through Strada Healthcare

Currently available in the following locations: Bellevue, Council Bluffs (IA), Gretna, Kearney, Lincoln, Norfolk, Omaha, Papillion, and Scottsbluff. Please visit the Benefit's webpage for the most current locations and updated information.

How does DPC impact me?

See below for a few possible scenarios:

I have 3 small children. How does DPC help me and my family?

Let's say your 6-year-old wakes up with a swollen, itchy, red eye. You know that another child in daycare stayed home last week with pink eye. With DPC, you can use the Spruce app on your phone to take a picture of your child's eye and send it to your Strada provider. You can text back and forth to determine the right treatment, which may include a prescription. All without having to miss work and go to the doctor's office.

I am a 45-year-old woman. Do I have to see a different provider for my annual preventive gynecological exam?

You have options with DPC. (1) You can continue to see your gynecologist for annual preventive screening exams because preventive care is covered at 100% by your Standard or Select health plan. (2) Or, you can see your Strada provider who can perform your annual exam. The annual exam is included in your DPC membership, but you will be responsible for the labs associated with the exam. The labs are typically under \$20.

What happens if I am traveling and I get sick? My Strada provider is in Nebraska.

If your illness isn't an emergency contact your Strada provider through your Spruce app. Your Strada provider may be able to diagnose your condition and recommend treatment over the phone.

I take several medications. How is that handled through DPC?

Your Strada provider will help you find medications at the lowest cost. Medications may be less expensive if you pay cash for them. You can also continue to access medications through your health plan.

FAQs

Q. What if I discover the DPC is not a good fit for me and my family?

A. You may opt out of DPC upon request to your Employee Wellness & Benefit Team. However you will continue coverage with your current High Deductible Plan.

Q. I have insurance. How is DPC going to save me money?

A. Members with a DPC plan option don't need to pay a deductible or copay for visits with their Strada provider. Strada focuses on keeping members healthy, reducing the costs of unexpected illnesses.

Q. Are there co-pays when I see my Strada provider?

A. There is never a co-pay when members see their Strada provider.

Q. Can I really come to the clinic as often as I want?

A. Yes. Come in to the clinic, call, or text as needed.

Q. What services are not covered?

A. Lab work done after the first visit is not covered, however, it is priced at a very reasonable rate. Medications and diagnostic imaging are also not covered; however, they are available at negotiated prices listed on our website. Specialist, and Hospital care is not included in a DPC Membership. You can access your health plan for this coverage.

Q. What if I need to see a specialist?

A. Strada providers specialize in family practice and can care for a wide variety of health issues for the whole family. For more complex issues, our Strada provider may refer to a specialist. You can access your health plan for this coverage.

What is Direct Primary Care (DPC)?

DPC is membership-based healthcare offered through Strada Healthcare in conjunction with the Standard Plan or Select Plan (High Deductible plans) through United Healthcare. With this plan, members get unlimited access to their Strada healthcare providers. Members can see their Strada provider in the office, call or text as needed. DPC offered by Strada combines personalized healthcare with today's technology. Strada providers reserve their time for DPC members to create personalized health plans. They have time to build relationships with the mutual goal of good health. Personalized care along with better access means happier and healthier patients.

Members who enroll for Standard DPC Plan and Select DPC Plans do not meet the IRS requirements for HSA accounts, therefore, they are not eligible to make contributions to an HSA account. DPC is not health insurance.

Why Direct Primary Care?

Access and Communication

Members have unlimited access to their Strada healthcare team through a secure smartphone app called Spruce. Members can text symptoms, schedule appointments, send a picture, or video-chat with a provider who is only a few taps away. Urgent Care and ER visits may not be needed.

Covered Services

The following medical services are included in a DPC membership:

- Annual physicals and annual lab work
- Preventative appointments and follow-ups
- EKGs
- Repair of simple cuts and abrasions
- Treatment of sprains

- Women's health (excluding labs and mammograms)
- Well checks for infants and children (excluding immunizations)
- Chronic disease management
- Weight management and health risk assessment
- Work, school, and sport physicals
- Basic mental health
- Stress management

Cash Pricing

DPC members also have access to discounted cash prices for medical services such as labs, imaging, physical therapy, and chiropractic care. The list of providers and services can be viewed on the Strada website at www.stradahealthcare.com/Nebraska under About Us, Cash-Priced Partners.

Monthly Membership Fees

	Employee Cost	State Cost	Total Cost
Employee Only (Single Coverage)	\$18.68	\$70.32	\$89.00
Employee + Spouse (Two-Party Coverage)	\$37.38	\$140.62	\$178.00
Employee + Dependent Children (Four-Party Coverage)	\$31.50	\$118.50	\$150.00
Employee + Spouse + Dependent Children (Family Coverage)	\$62.78	\$236.22	\$299.00

Questions about Direct Primary Care (DPC)?

Please call Strada Member Services Department at 402-401-4404, or email info@stradahealthcare.com.

LEGAL NOTICE: Employees who are eligible for or enrolled in a government healthcare program, including but not limited to Medicare, Medicaid, TRICARE/CHAMPUS, the Veterans' Administration, and Indian Health Service are not eligible for Direct Primary Care Services.

Direct Primary Care Monthly Medical Premiums

Monthly Membership Fees with Health Plan Premiums

		Select High Deductible Health Plan		Standard High Deductible Health Plan	
		FULL-TIME	PART-TIME	FULL-TIME	PART-TIME
Employee Only (Single Coverage)	Your Cost:	\$65.28	\$106.94	\$56.40	\$92.40
	State Cost:	\$245.60	\$203.94	\$212.22	\$176.22
	Total:	\$310.88	\$310.88	\$268.62	\$268.62
	Your TOTAL Cost: <i>(Membership Fees and Plan Premiums)</i>	\$83.96	\$137.56	\$75.08	\$123.02
Employee + Spouse (Two-Party Coverage)	Your Cost:	\$185.16	\$303.30	\$161.62	\$264.76
	State Cost:	\$696.54	\$578.40	\$608.06	\$504.92
	Total:	\$881.70	\$881.70	\$769.68	\$769.68
	Your TOTAL Cost: <i>(Membership Fees and Plan Premiums)</i>	\$222.54	\$364.52	\$199.00	\$325.98
Employee + Dependent Children (Four-Party Coverage)	Your Cost:	\$140.64	\$230.40	\$122.46	\$200.58
	State Cost:	\$529.14	\$439.38	\$460.66	\$382.54
	Total:	\$669.78	\$669.78	\$583.12	\$583.12
	Your TOTAL Cost: <i>(Membership Fees and Plan Premiums)</i>	\$172.14	\$282.00	\$153.96	\$252.18
Employee + Spouse + Dependent Children (Family Coverage)	Your Cost:	\$235.32	\$385.48	\$203.80	\$333.86
	State Cost:	\$885.28	\$735.12	\$766.72	\$636.66
	Total:	\$1,120.60	\$1,120.60	\$970.52	\$970.52
	Your TOTAL Cost: <i>(Membership Fees and Plan Premiums)</i>	\$298.10	\$488.34	\$266.58	\$436.72

Direct Primary Care Pharmacy Benefits

UHC PREVENTIVE DRUG LIST (FORMULARY)

For list, go to Wellness & Benefits Resources page at das.nebraska.gov/benefits

	Select High Deductible Health Plan with Direct Primary Care	Standard High Deductible Health Plan with Direct Primary Care
RETAIL - 30 DAY SUPPLY		
Tier 1	20% after deductible	30% after deductible
Tier 2	20% after deductible	30% after deductible
Tier 3	20% after deductible	30% after deductible
MAIL ORDER (OR RETAIL) - 90 DAY SUPPLY		
Tier 1	20% after deductible	30% after deductible
Tier 2	20% after deductible	30% after deductible
Tier 3	20% after deductible	30% after deductible

	Direct Primary Care Select Plan		Direct Primary Care Standard Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible (must be satisfied before coinsurance is paid)	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family
Annual Medical Out-of-Pocket Maximum (deductible, coinsurance, & medical co-pays)	\$5,000 individual \$10,000 family	\$10,000 individual \$20,000 family	\$7,000 individual \$14,000 family	\$14,000 individual \$28,000 family
Annual Pharmacy Out-of-Pocket Maximum	Included in the medical out-of-pocket maximum		Included in the medical out-of-pocket maximum	
PHYSICIAN OFFICE VISITS				
Primary Care Physician Office visit	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Specialty Office visit				
Virtual Visits				
Allergy testing / serum				
Allergy shots				
Lab and Pathology Services				
Radiology and Chemotherapy/Radiation Therapy				
Routine Vision Exam plus Refraction	Not covered		Not covered	
PREVENTIVE EXAMS				
Services include flu shots, immunizations, preventive exams, well-baby exams, routine pre-natal visits, mammogram, colonoscopies, and diabetes vision screening.	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines.	Covered at 40% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines.	Covered at 100% per Patient Protection and Affordable Care Act (PPACA) guidelines.	Covered at 50% after deductible per Patient Protection and Affordable Care Act (PPACA) guidelines.
See Summary Plan Document on Employee Wellness & Benefits website for a comprehensive list of your preventive care services.				
EMERGENCY CARE				
Ambulance	20% after deductible		30% after deductible	
Urgent care center	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Hospital emergency room	20% after deductible		30% after deductible	
HOSPITAL SERVICES				
Inpatient and outpatient hospital services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Approved skilled nursing facility				
Home health care, Hospice care				
BEHAVIORAL HEALTH SERVICES				
Inpatient	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient				
OTHER SERVICES				
Chiropractic Office visit (Limit 30 sessions per year)	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year)				
Hearing aids & exam (Limit \$3,500 every 3 years)				
Durable Medical Equipment (including continuous glucose monitors)				