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 at www.stradahealthcare.com/Nebraska. However you will continue coverage through your health plan.

I take several medications. How is that handled through DPC?
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 co-pay 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. Special- ist, 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.

Direct Primary Care (DPC) Benefits

Monthly Membership Fees

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>Employee Cost</th>
<th>State Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only (Single Coverage)</td>
<td>$18.68</td>
<td>$70.32</td>
<td>$89.00</td>
</tr>
<tr>
<td>Employee + Spouse (Two-Party Coverage)</td>
<td>$37.38</td>
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<td>$178.00</td>
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<tr>
<td>Employee + Dependent Children (Four-Party Coverage)</td>
<td>$31.50</td>
<td>$118.50</td>
<td>$150.00</td>
</tr>
<tr>
<td>Employee + Spouse + Dependent Children (Family Coverage)</td>
<td>$62.78</td>
<td>$236.22</td>
<td>$299.00</td>
</tr>
</tbody>
</table>

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

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, TRI-CARE/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**

<table>
<thead>
<tr>
<th></th>
<th>Select High Deductible Health Plan</th>
<th>Standard High Deductible Health Plan</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>FULL-TIME</td>
<td>PART-TIME</td>
</tr>
<tr>
<td></td>
<td>FULL-TIME</td>
<td>PART-TIME</td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td></td>
<td></td>
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<tr>
<td>(Single Coverage)</td>
<td>Your Cost: $65.28</td>
<td>$106.94</td>
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<tr>
<td></td>
<td>State Cost: $245.60</td>
<td>$203.94</td>
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<tr>
<td></td>
<td>Total: $310.88</td>
<td>$310.88</td>
</tr>
<tr>
<td></td>
<td>Your TOTAL Cost: $83.96</td>
<td>$137.56</td>
</tr>
<tr>
<td>(Membership Fees and Plan Premiums)</td>
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<td></td>
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<tr>
<td><strong>Employee + Spouse</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Two-Party Coverage)</td>
<td>Your Cost: $185.16</td>
<td>$303.30</td>
</tr>
<tr>
<td></td>
<td>State Cost: $696.54</td>
<td>$578.40</td>
</tr>
<tr>
<td></td>
<td>Total: $881.70</td>
<td>$881.70</td>
</tr>
<tr>
<td></td>
<td>Your TOTAL Cost: $222.54</td>
<td>$364.52</td>
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<tr>
<td>(Membership Fees and Plan Premiums)</td>
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<td></td>
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<tr>
<td><strong>Employee + Dependent Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Four-Party Coverage)</td>
<td>Your Cost: $140.64</td>
<td>$230.40</td>
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<tr>
<td></td>
<td>State Cost: $529.14</td>
<td>$439.38</td>
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<tr>
<td></td>
<td>Total: $669.78</td>
<td>$669.78</td>
</tr>
<tr>
<td></td>
<td>Your TOTAL Cost: $172.14</td>
<td>$282.00</td>
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<tr>
<td>(Membership Fees and Plan Premiums)</td>
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<td></td>
</tr>
<tr>
<td><strong>Employee + Spouse + Dependent Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Family Coverage)</td>
<td>Your Cost: $235.32</td>
<td>$385.48</td>
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<tr>
<td></td>
<td>State Cost: $885.28</td>
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<td>Your TOTAL Cost: $298.10</td>
<td>$488.34</td>
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<tr>
<td>(Membership Fees and Plan Premiums)</td>
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<td></td>
</tr>
</tbody>
</table>

**Direct Primary Care Select Plan**

- **Plan Year Deductible (must be satisfied before coinsurance is paid)**
  - In-Network: $3,500 individual, $7,000 family
  - Out-of-Network: $5,000 individual, $10,000 family
- **Annual Medical Out-of-Pocket Maximum (deductible, coinsurance, & medical co-pays)**
  - In-Network: $5,000 individual, $10,000 family
  - Out-of-Network: $7,000 individual, $14,000 family
- **Annual Pharmacy Out-of-Pocket Maximum**
  - Included in the medical out-of-pocket maximum

**Direct Primary Care Standard Plan**

- **Plan Year Deductible (must be satisfied before coinsurance is paid)**
  - In-Network: $5,000 individual, $10,000 family
  - Out-of-Network: $10,000 individual, $20,000 family
- **Annual Medical Out-of-Pocket Maximum (deductible, coinsurance, & medical co-pays)**
  - In-Network: $10,000 individual, $20,000 family
  - Out-of-Network: $14,000 individual, $28,000 family
- **Annual Pharmacy Out-of-Pocket Maximum**
  - Included in the medical out-of-pocket maximum

**PHYSICIANS OFFICE VISITS**

- **Primary Care Physician Office visit**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Virtual Visits**
  - In-Network: 30% after deductible
  - Out-of-Network: 50% after deductible
- **Allergy testing / serum**
  - In-Network: 50% after deductible
  - Out-of-Network: 70% after deductible
- **Laboratory and Pathology Services**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Radiology and Chemotherapy/Radiation Therapy**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Routine Vision Exam plus Refraction**
  - In-Network: 100% covered
  - Out-of-Network: Not covered

**PREVENTIVE EXAMS**

- Services include flu shots, immunizations, preventive exams, well-baby exams, routine pre-natal visits, mammogram, colonoscopies, and diabetes vision screening.
- See Summary Plan Document on Employee Wellness & Benefits website for a comprehensive list of your preventive care services.

**EMERGENCY CARE**

- **Ambulance**
  - In-Network: 20% after deductible
  - Out-of-Network: 30% after deductible
- **Urgent care center**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Hospital emergency room**
  - In-Network: 20% after deductible
  - Out-of-Network: 30% after deductible

**HOSPITAL SERVICES**

- **Inpatient and outpatient hospital services**
  - In-Network: 50% after deductible
  - Out-of-Network: 80% after deductible
- **Approved skilled nursing facility**
  - In-Network: 50% after deductible
  - Out-of-Network: 80% after deductible
- **Home health care, Hospice care**
  - In-Network: 50% after deductible
  - Out-of-Network: 80% after deductible

**BEHAVIORAL HEALTH SERVICES**

- **Inpatient**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Outpatient**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible

**OTHER SERVICES**

- **Chiropractic Office visit (Limit 30 sessions per year)**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Therapy - Occupational, Physical, Speech (Limit 20 sessions each per year)**
  - In-Network: 20% after deductible
  - Out-of-Network: 40% after deductible
- **Hearing aids & exam (Limit $3,500 every 3 years)**
  - In-Network: Not covered
  - Out-of-Network: Not covered
- **Durable Medical Equipment (including continuous glucose monitors)**
  - In-Network: Not covered
  - Out-of-Network: Not covered

**UHC PREVENTIVE DRUG LIST (FORMULARY)**

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

**Direct Primary Care Pharmacy Benefits**

### Mail Order (or Retail) - 90 Day Supply

<table>
<thead>
<tr>
<th></th>
<th>Select High Deductible Health Plan with Direct Primary Care</th>
<th>Standard High Deductible Health Plan with Direct Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 1: 20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
<td>Tier 2: 20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
<td>Tier 3: 20% after deductible</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>

**Mail Order (or Retail) - 90 Day Supply**

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<thead>
<tr>
<th></th>
<th>Tier 1: 20% after deductible</th>
<th>30% after deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 2: 20% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td></td>
<td>Tier 3: 20% after deductible</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>

**In-Network**

- $3,500 individual
- $7,000 family
- $5,000 individual
- $10,000 family
- $7,000 individual
- $14,000 family

**Out-of-Network**

- $5,000 individual
- $10,000 family
- $10,000 individual
- $20,000 family
- $14,000 individual
- $28,000 family

For more information, visit das.nebraska.gov/benefits