



# NEBRASKA WELLNESS GROUP

## Direct Primary Care Membership

### Pricing

- 0-17 years old - \$50 a month
- 18-44 years old - \$80 a month
- 45-64 years old - \$110 a month
- 65+ years old - \$130 a month
- Family Plan (2 adults, 2 kids) - \$250 a month
  - Any additional kids added after 2 are free!

*\*Cancellations require a 30-day notice*

### Covered under DPC Membership Fee

1. **Office Visits:** Members have access to one visit with your provider per month. Any additional visits in the month would be \$50 out of pocket.
2. **Extended, Comprehensive Visits:** Appointments are typically longer by nature (due to not being limited by the constraints of health insurance) allowing for more in-depth consultations, thorough treatment, one-on-one with a provider.
3. **Basic Lab Tests and Screenings:** Memberships include general labs (typically once a year) based on our consultation to determine your needs.  
*\*Any additional labs needed, please ask for more details on pricing.*
4. **Preventive and Routine Care:**
  - a. Annual physical exams
  - b. Wellness checks
  - c. Chronic disease management consultation (e.g., hypertension, diabetes)
5. **Easy Access:** Patients typically have direct access to our clinic via email, or text outside of regular office hours for urgent concerns.  
*\*If you have an emergency, please dial 911.*
6. **Telemedicine:** Virtual visits are included (up to one per month), allowing patients to receive care without coming into the office when appropriate. Any additional visits will be \$50 additionally.

## WHY CHOOSE A DIRECT PRIMARY CARE MODEL?

### 1. Lower Overall Healthcare Costs

- **Flat Monthly Fee:** With a DPC membership, patients pay a set monthly fee that typically covers primary care services. This means there's no copay or deductible for routine visits, making costs predictable.
- **Reduced Out-of-Pocket Expenses:** DPC can often reduce costs for frequent doctor visits, lab work, and minor procedures, which may otherwise incur additional copays, deductibles, or out-of-pocket charges in a traditional insurance model.
- **Discounted Labs and Medications:** DPC providers often negotiate lower cash prices for lab tests, imaging, and medications, which can save patients money on these services if not covered by insurance.
- **No Claims or Billing Hassles:** DPC operates outside of insurance, so patients avoid complex billing, claims issues, and unexpected charges, which can be especially beneficial for those with high-deductible health plans.

### 2. Enhanced Doctor-Patient Relationship

- **Longer Appointment Times:** DPC practices are structured to have fewer patients, which allows for longer, more comprehensive appointments. Visits often last 30-60 minutes, letting patients discuss multiple issues in one sitting.
- **Focus on Preventive Care:** With more time, our providers can focus on holistic care and preventive measures, improving long-term health outcomes rather than rushing to address immediate concerns in a limited timeframe.

### 3. Convenient Access to Care

- **Shorter Wait Times:** Fewer patients per provider usually means minimal wait times to schedule appointments. Patients can often be seen on the same day or next, reducing the need to wait for weeks, as can happen with traditional practices.
- **Communication:** We offer direct access to our clinical staff via phone, email, or text outside of regular office hours, which can help patients avoid unnecessary emergency room or urgent care visits.

## WHAT DOES THE MEMBERSHIP NOT COVER?

### TYPICALLY BILLED ADDITIONALLY

- **Specialist Referrals:** While DPC providers can refer patients to specialists, these visits aren't covered by the DPC fee and are billed separately, often through the patient's insurance.
- **Advanced Lab Work and Imaging:** More complex tests, like MRIs, CT scans, or specialized lab panels (e.g., genetic testing, or hormonal panels, STD testing,), generally fall outside the DPC fee.
- **Hospitalization and Emergency Care:** DPC does not typically cover emergency room visits, surgeries, or hospitalizations, which are billed separately to insurance or out-of-pocket if uninsured.
- **Specialty Procedures:** Procedures that are more complex, might be billed separately, especially if they involve lab work or pathology.
- **Non-Routine Injections and Treatments:** Allergy shots, certain injections (like joint injections or specialty biologic therapies), or intravenous treatments might have separate fees.

The DPC model works well for patients seeking enhanced primary care access and cost transparency. However, it doesn't replace health insurance for major medical needs, as those may need additional coverage for hospitalizations, emergency care, and other high-cost treatments.