



Medicare, and its associated parts A, B, D and F can be confusing to anyone trying to sort out their options. Direct Primary Care (DPC) offered at our practice is simple health care provided by your family physician. It is not an insurance plan, and not meant to take the place of insurance. Since we are not insurance agents, this is not advice on which plan to choose. But here are some examples of how our current members are utilizing membership at Whole Health Family Medicine Clinic with their Medicare plan.

## The Benefits of Direct Primary Care

“Why do I need to pay a monthly fee for a doctor when I already have coverage?” Below will help you understand your DPC membership at Whole Health Family Medicine Clinic and help you get you the most value for your dollar.

**Access to your doctor.** What does this mean to you? Usually, this means calling your doctor’s office, requesting an appointment and being told that the next available appointment is weeks away.

Need a same-day appointment for an urgent problem? This is not usually available.

Have a list of issues to discuss? It is all too common to be told that there is “only time today for one problem.”

*Things are different here at Whole Health Family Medicine Clinic.* Dr. Dan Schaefer and PA, Karassa Yeomans Schaefer keep their schedule open for direct access, either the same day or next day if you have an urgent problem. New patient visits are scheduled for one hour, within 1-2 weeks of signing up. Follow-up visits are 30 minutes or more, to allow for plenty of time to address all of your concerns. Have a simple question? Send an email, and Dr. Dan and Karassa will answer you within the same business day, usually within an hour. Texting? No problem. We do that all day. Not everything at Whole Health Family Medicine requires an appointment. We communicate with our members freely and directly.

**See the same provider every time you visit.** Yes, you heard correctly. Dr. Dan and Karassa will get to know each patient individually. Like the old-fashioned family doctor used to do. You won't get the run around with a different provider every time you visit.

**No Hidden Fees.** Our prices are transparent. One flat monthly fee for all the services provided within our office. This includes skin procedures such as freezing of lesions, removal of skin lesions, and other procedures like EKG's and nebulizer treatments. By signing up for a membership, an estimated 80-90% of all of your health needs can be addressed within our office, making your monthly budget for healthcare more predictable.

**Discounted generic drugs and lab tests.** Some patients have been paying for a Part D plan that "covers" their generic medications. Truthfully, many times the cash price for those medications is MUCH LESS than the cost of the premium for the Part D plan. We would be happy to give you an estimated cost for purchasing your medications directly through our office's wholesale medication program. For patients who require brand name medications, or use a lot of insulins or inhalers, keeping the Part D plan may make more sense. Feel free to call us to discuss your individual situation. We have in some cases been able to save patients more than their monthly membership fee.

Labs drawn in our office are charged at dramatically discounted cost to patients (through a partnership we have with Cedar Diagnostics), or they may be billed through your insurance, whichever you prefer. For example, a cholesterol panel currently costs \$10.00. This may be less than the bill you receive for your portion AFTER insurance pays.

## How Do Medicare Plans Complement Your DPC Membership?

Which Medicare plan would pair best with a DPC membership at Whole Health Family Medicine Clinic? Here's the breakdown.

**Medicare Part B** This is your “standard Medicare” benefit for outpatient services, and usually covers 80%. Most of our Medicare patients at our practice have this as their coverage for outpatient services. Why? Because as mentioned above, with your membership, you get **80-90% of all of the services you will likely need included**. As many visits to Dr. Dan and Karassa as you need are included with no additional fees for those visits. Your Medicare Part B would only be used for tests done outside our office, or for specialist visits. If you see a lot of specialists, and usually have a lot of tests, this may not be right for you, and you may want to purchase a different plan such as Part F or an Advantage Plan. Talk to your insurance agent to discuss what may be best for your individual situation. Click here to learn more about what Part B covers: <https://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html> Hospitalizations are covered under a different part of Medicare, called Part A, after you meet your annual deductible of \$1,316. Click here to learn more about what Part A covers: <https://www.medicare.gov/coverage/hospital-care-inpatient.html>

**Medigap or Part F Supplement** This is used to cover the “gap” of what Part B covers (80%) for outpatient services. So for every \$100 billed from a doctor, Part B covers \$80 and your supplement should cover the other \$20. This type of plan also helps if you see a lot of specialists. Our current members vary on whether or not they utilize Part F plans. Talk to your insurance agent if you think you would need a Part F supplemental plan. Click here to learn more about Part F: <https://www.medicare.gov/supplement-other-insurance/compare-medigap/compare-medigap.html>

**Medicare Advantage Plans** These plans are usually more comprehensive, and would take the place of Part A, B, D and F. They usually have a preferred “network” that you must seek care within and seeing a specialist or having a test would need to be done within the network. These plans can be either an HMO type or PPO type. If you have an HMO type of Advantage plan, you are designated a “participating primary care provider” who then would need to do a referral for any testing or specialist visits you need. This DOES NOT work well with a DPC membership, as Dr. Dan and Karassa are not participating in any networks. However, many of our Medicare members DO HAVE a PPO type of Advantage plan, and this works well for them. Talk to your insurance agent about your options. Click here to learn more about Medicare Advantage

Plans: <https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/medicare-advantage-plans.html>

**Medicare Part D** This is prescription drug coverage. As stated above, if you take generic medications, we may be able to save you significant amounts on prescription drugs. We stock generic medications in the office, offering these as a benefit to members at wholesale cost. For example, a patient may be paying \$34 per month for a Part D plan (national average). Our office could fill these medications for less than \$10 per month in some cases. Feel free to ask us about your individual situation to see how much savings you may find. Some of our patients have been able to save more than their monthly membership fee.

In summary, having a primary care provider who is available to you, responsive to your needs, and communicates with you and your family is essential as aging brings on more complex health care needs and conditions. Unfortunately, under the current Medicare billing system, it is difficult for the average primary care provider to find the time to truly get to know their aging patients, instead spending time on paperwork and filling out forms on computers. This is not the case when you have a Direct Primary Care provider like Dr. Dan and Karassa, since most of their time is devoted to patient care and not satisfying the Medicare billing requirements. Our patients love the care they receive here, and we hope you will take the time to learn more by clicking here: [www.wholehealthfamilymedicine.com](http://www.wholehealthfamilymedicine.com). You may also watch an informative video by clicking here: <https://youtu.be/pPvxJOAuwoc>