

Direct Primary Care Plan - Epiphany Health (Wellness Plan)		
Coverage	Employee Bi-weekly deduction	DMH Annual Cost
Employee Only	\$40.00	\$9,736.00
Employee + Family	\$175.00	\$24,562.00
Employee + Children	\$120.00	\$14,640.00
Employee + Spouse	\$100.00	\$17,488.00

Direct Primary Care - Epiphany Health Group

Your primary Care Providers will be the providers at Epiphany Health.

You must make an appointment and establish with the providers within 60 days of your effective date of coverage.

No copayments or deductibles.

Full scope primary care that includes women's wellness, chronic disease care, pediatric care ages 5+

Biometric Testing is required and will be performed at DMH.

If you are identified as a candidate for Lifestyle Mgmt, Disease Mgmt, or Chronic Condition..

YOU MUST ENROLL in the program offered by Secure Health and AllHealth Choice.

Contact Epiphany Health to establish at 941-423-9936

DMH Plan - Wellness (Non-DPC) or *Combo Plan (DPC and NON-DPC)		
Coverage	Employee Bi-weekly deduction	DMH Annual Cost
Employee Only	\$50.00	\$8,656.00
Employee + Family	\$190.00	\$22,192.00
Employee + Children	\$150.00	\$12,620.00
Employee + Spouse	\$220.00	\$12,770.00

DeSoto Memorial Hospital Health Plan - Wellness

***Combo Plan - Family members can choose different medical plans**

Biometric Testing is required and will be performed at DMH.

If you are identified as a candidate for Lifestyle Mgmt, Disease Mgmt, or Chronic Condition..

YOU MUST ENROLL in the program offered by Secure Health and AllHealth Choice.

If you do not meet the requirements for the Wellness plan, your plan will change to Non-wellness.

DMH Non Wellness		
Coverage	Employee Bi-weekly deduction	DMH Annual Cost
Employee Only	\$90.00	\$7,660.00
Employee + Family	\$300.00	\$19,332.00
Employee + Children	\$200.00	\$11,372.00
Employee + Spouse	\$350.00	\$9,428.00

DeSoto Memorial Hospital Plan - Non-Wellness

No wellness requirements are needed to enroll in this plan.