



	Networks		
	DMH	Tier 1	Tier 2
	DMH	DeSoto Friends & Family	Any NON - DMH
Deductible (calendar year)			
Individual	\$0.00	\$500.00	\$1,000.00
Family	\$0.00	\$1,000.00	\$2,000.00
Coinsurance			
Coinsurance	100%	90%	80%
Out of Packet Maximum			
Individual	\$0.00	\$2,500.00	\$4,000.00
Family	\$0.00	\$5,000.00	\$8,000.00
Lifetime Maximum		Unlimited	

Hospital Friends & Family

- >Sarasota Memorial Hospital & Affiliates
- >Sarasota Pathology
- >Universal Radiology

DMH Medical Plan Choices

- >Direct Primary Care (DPC) - Epiphany Health
- >DMH Plan (Non-DPC)
- >*Combo Plan (DPC and Non-DPC)

(*Combo Plan -Family members can choose different plans.)

Office Visits	Epiphany Health Direct Primary Care (DPC)	Tier 1: Evolutions Network Providers	Tier 2: Any NON-DMH
Preventive Care	100% covered	100% covered	NOT COVERED
Primary Care Physician (PCP)	\$0 Copay	\$20 Copay	\$40 Copay
Specialist	N/A	\$40 Copay	\$80 Copay
Convenience Clinic		\$50 Copay	

	DMH	Tier 1	Tier 2
	DMH	DeSoto Friends & Family	Any NON - DMH

Hospital Services			
Inpatient	\$0	\$500 Copay per admit; no limit on covered days	\$2,500 Copay per admit; no limit on covered days
Outpatient	\$0	\$250 Copay per admit; no limit on covered days	\$1,500 Copay per admit; no limit on covered days
X-Rays/Radiology/Diagnostic			
Diagnostic X-ray	\$0 Copay	\$25 Copay per visit not to exceed billed charges	\$50 Copay per visit not to exceed billed charges
Advanced Imaging: MRI, MRA, CTA, PET Scan & Nuclear Med	\$0 Copay	\$100 Copay per visit not to exceed billed charges	\$200 Copay per visit not to exceed billed charges

Tier 1:
Evolutions Network
Providers, Quest Diagnostics,
International Medical, Laboratory
Sunrise

Tier 2:
Non-Specified Providers

	DeSoto Memorial Hospital	DeSoto Friends & Family Hospitals	Any NON-DMH	Tier 1: Evolutions Network Providers, Quest Diagnostics, International Medical, Laboratory Sunrise	Tier 2: Non-Specified Providers
Laboratory, Pathology, Urgent Care, ER					
Diagnostic Lab	\$0 Copay	\$25 Copay	\$50 Copay	\$25 Copay	20% Coinsurance
Pathology					20% Coinsurance
Generic Testing					20% Coinsurance
Urgent Care Center		N/A		\$50 Copay	\$100 Copay
Emergency Room					\$300 Copay

	Tier 1 (Generic)	Tier 2 (Preferred Brand)	Tier 3 (Non-Preferred Brand)	Specialty Drugs	
Prescription Drugs					
The Apothecary at DMH (Preferred Network)	Further information to be provided prior to 01/01/2022				
Ventegra Nationwide Network (Non-Preferred Network)	Retail (30 day supply)	\$20	\$40	\$80	10% of cost, up to OOP Max
For Brand Drugs with generic available, the plan only pays for the generic and the patient pays the difference. Exception is Seizure Medication. The penalty does not go toward your OOP Max. DAW's (dispensed as written) do not override this rule.					