



MARTIN INSURANCE GROUP, LLP

CLIENT NEWS & ADVISORY

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What is Direct Primary Care (DPC) – and more importantly, what is it *not*?

Hello Everyone,

School is almost out, and summer is nearly here! Somehow, the first half of the year felt both incredibly long and like it flew by at the same time.

We've been blessed with new client relationships and business connections that continue to help us expand the services and support we provide. I want to personally thank each and every person who has been a part of or supported the Martin Insurance Group family.

In this edition of our quarterly newsletter, we want to cover a subject that has been getting a significant amount of attention recently - Direct Primary Care (DPC).

What is Direct Primary Care?

Direct Primary Care (DPC), sometimes referred to as "Concierge Medicine," is a healthcare model where patients pay a physician or medical practice a recurring monthly membership fee in exchange for enhanced access to routine primary care services.

These services commonly include:

- **Office Visits**
- **Telemedicine access**
- **Basic Lab work**
- **Chronic condition management**
- **Annual wellness exams**
- **Preventative care services**



The appeal of DPC is convenience and accessibility. Patients often receive concierge-style access to a specific physician or clinic, avoiding the long wait times that can sometimes occur in traditional healthcare settings. Monthly membership fees can vary widely, often ranging from approximately **\$40–\$175+ per month**, depending on the physician, clinic, and services included.

What Direct Primary Care is *Not*?

Direct Primary Care is **not** a medical insurance policy. While the vast majority of DPC programs operate with integrity and provide valuable services, **we have seen some organizations market these memberships in ways that can unintentionally create confusion for consumers** — particularly when comparing DPC fees directly against the premium of a traditional health insurance policy.

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The limits of the DPC model are seen when a patient encounters any of the below:



• Hospitalizations	• Emergency room visits
• Surgery	• Specialist care
• MRI/CT scans	• Chemotherapy
• Dialysis	• Prescription drugs
And anything else that would <i>not</i> fall under “primary care” services.	



In short, DPC was designed to improve access to routine care — not to replace financial protection against major medical events.

Although DPC can be an excellent option for many individuals and families, it is important that consumers fully understand where the model begins and where it ends, so they are not unintentionally exposed to significant financial risk.

Nuance is Everything



Earlier this year, I was conducting an open enrollment meeting for a client’s staff. While reviewing office visit copays under the group medical plan, an employee made the following public statement:

“My concierge doctor is so much cheaper than this insurance. The insurance is so expensive to use that I never even use it — I just use my doctor instead because it’s more cost effective.”

A Clear Value Trade-Off: Plan Logic vs. Prestige-Based Access

A consultative analysis of employee benefit preference.

 My Question	 Employees Response
“Sir, do you mind if I ask how much your concierge physician costs?”	✓ “I pay \$150 a month.”
“Your office visit copay under this plan is only \$30. Are you needing to visit your primary care physician more than five times per month?”	✓ “Well, no, I only see him a few times a year. However, I get extra stuff like virtual care and labs.”
“Under this plan, your basic labs are covered under the office visit copay, and you also have unlimited virtual care through Teladoc.”	✓ “Well, this Doctor is just highly sought after.”
“Understood. So, in reality , this may not necessarily be a <i>financial</i> advantage – but rather access to a physician you personally prefer?”	✓ “Yes.”

 Bridging communication and preference in benefit design

Normally, I would have preferred to have this discussion privately. However, because the statement was made publicly in front of fellow employees, it was important to clarify the distinction openly as well.

Otherwise, others in the room could have mistakenly concluded that the most financially beneficial strategy would be to:

- Pay premiums for a medical plan,
- Avoid using the plan’s included benefits,
- Then pay additional monthly dues for a separate DPC membership on top of that.

The employee’s decision was primarily about convenience and physician preference — not overall cost savings.

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So, When *Does* DPC Make Sense?

There are absolutely situations where Direct Primary Care can be incredibly valuable.

High-Deductible Health Plans (HDHPs)

HDHPs often do not include traditional office visit copays. Pairing an HDHP with a DPC membership can help improve access to routine physician care while still maintaining protection against catastrophic claims.

Minimum Value Plans

Some ACA-compliant minimum value plans leave employees with significant out-of-pocket exposure. DPC can supplement access to routine physician services and labs.

Uninsured Individuals

While DPC is not a substitute for insurance, access to affordable routine care is still better than having no healthcare access at all.

Those who can Afford it

At the end of the day this is a convenience feature, so for some the cost is completely negligible and the “time” factor is the up most concern for them. In these situations, the value is often centered around convenience, accessibility, and relationship-driven care — not necessarily premium savings.

Final Thoughts

Direct Primary Care can be an excellent enhancement to a healthcare strategy when properly understood and paired with the right coverage structure.

However, it is important to remember:

- Primary care access and insurance protection are two very different functions.
- DPC helps manage routine care.
- Health Insurance helps protect against catastrophic financial loss.

The strongest healthcare strategies often combine both.



Thank you for trusting us with your business. If there is anything we can do to support your team this quarter, please don't hesitate to reach out!

If you would like to schedule a consultation, please contact Taylor Martin –
Email: TaylorMartin@miglp.com | Phone: (210) 236-9821



***Taylor M. Martin, BA, REBC
Chief Executive Officer***

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