

	<b>Direct Primary Care</b> Patients typically pay a flat membership fee of about \$100/month for unlimited access to a physician.	<b>Traditional Primary Care</b> Patients pay for care on a fee-for-service basis.	<b>Concierge Medicine</b> Patients pay for care on a fee-for-service basis. Patients also pay an additional flat fee for priority access to a primary care physician.
<b>Convenience</b>	Call, text, email, video chat or visit provider just about any time.	Call or email for appointment.	Call or email for appointment. Annual fee buys quicker access to doctor.
<b>Patient Experience</b>	Build a personal relationship with a provider. Patient is the client.	Depending on size of the practice, patient may see one doctor or a different doctor each time. Insurer pays, so patients may need to dispute denied claims.	Build a personal relationship with a provider, who can serve as an advocate for patient before specialists and rest of healthcare system.
<b>Access to care</b>	Unlimited access to physician can result in fewer emergency room visits, earlier screenings and improved chronic disease management.	Patients must typically get referrals for diagnostic work or specialist care.	Annual fee covers screening and tests not typically covered by insurance. Patients must get referrals for diagnostic work or specialist care.
<b>Insurance</b>	Providers generally do not accept insurance. Health plans may not accept referrals to specialists from direct primary care physicians.	Patient generally responsible for co-pays for office visits and cost-sharing for additional services.	Patient generally responsible for co-pays and cost-sharing for additional services. Concierge physicians generally belong to insurance networks, so they can refer patients to in-network specialists.
<b>Healthcare Accounts</b>		HSA, HRA, FSA	HSA, HRA, FSA
<b>Cost</b>	Monthly membership fee is separate from insurance plan and does not count toward deductible. Patients may have to pay for diagnostics and other uncovered services. Direct primary care practices typically negotiate preferred cash prices with external providers for patients.	Co-pays typically do not count toward deductible, but out-of-pocket expenditures do.	Annual fees do not count toward health plan deductible. Co-pays and out-of-pocket costs do.