

Medical Side by Side - Prepared for LJ Gonzer Associates

Effective Date: 01-01-2026

Benefit Details							
Carrier	AmeriHealth	AmeriHealth	AmeriHealth			BreckPoint	BreckPoint
Plan Name	SEH Bronze EPO National Access with NY \$50/\$75	SEH Select Silver EPO AmeriHealth Advantage RP with NY \$30/\$60	SEH Platinum EPO National Access with NY \$10/\$30		Plan Features	MEC	MEC-Pro
Metal Level	Bronze	Silver	Platinum		Minimum Essential Coverage	✓	✓
Funding Type	Fully Insured	Fully Insured	Fully Insured		Network	AXA Open Access	AXA Open Access
Plan Type	EPO	EPO	EPO		Out of Network Coverage	N/A	N/A
Network	National Access	AmeriHealth Advantage	National Access		Individual Deductible/ Out of Pocket Limit	\$0/None	\$0/\$400
In Network					Family Deductible/Out of Pocket Limit	\$0/None	\$0/\$800
Deductible	\$3,000	\$2,500	\$0		Preventive & Wellness	100%	100%
Family Deductible	\$6,000	\$5,000	\$0		Physician and Office Utilizations (May be subject to a maximum combined number of utilizations per year.)	Preventative Only	8 Combined Utilizations Per Year (UPY)
Coinsurance	50%	T1: 80%; T2: 50%	100%		Primary Care Visit	Not Included	\$25 co-pay
Out-Of-Pocket	\$10,150 (\$20,300)	\$9,200 (\$18,400)	\$3,100 (\$6,200)		Specialist Visit	Not Included	\$35 co-pay
Office Visit	\$50 Copay After	T1: \$30 Copay;T2:	\$10 Copay		Urgent Care Visit	Not Included	\$50 co-pay
Specialty Doctor Office Visit	\$75 Copay After Ded.	T1: \$60 Copay;T2: \$75 Copay After	\$30 Copay		Maternity Pre/Post Natal (Office Visit)	Not Included	Not Included
Inpatient Hospital Services	\$500 Copay After Ded.	T1: 80% After Ded.; T2: 50% After Ded.	\$400 Copay Per Day, 1st 5 Days		Maternity Services	Not Included	Not Included
Outpatient Lab	50% After Ded.	\$0 Copay	\$0 Copay		Mental/Behavioral Health (Office Visit)	Not Included	Not Included
X-Ray	50% After Ded.	50% After Ded.	\$30 Copay		X-Rays & Lab	Preventative Only	Preventative Only
Advanced Imaging	50% After Ded.	50% After Ded.	\$60 Copay		Imaging	Preventative Only	Preventative Only
Urgent Care	50% After Ded.	80% After Ded.	\$75 Copay		Emergency Room	Not Included	Not Included
Emergency Room	50% After Ded.	80% After Ded.	\$100 Copay		Outpatient/In-Patient Services Hospital Admission	Not Included	Not Included
RX	PlanDed-25G*/50%to250PB/50%to250NPB/50%to	250Ded-20G*/50%to125PB/50%to125NPB/50%to	15G/40PB/75NPB/75S		Outpatient Therapy (Physical, Speech, Occupational)	Not Included	Not Included

				Chiropractic Services	Not Included	Not Included
				Ride-share Transport (For medical appointments)	Not Included	\$150 max/year
				Generic/Brand Rx	Discounts Available	Discounts Available
				Enhanced Rx Discount Program (Shield PBM)	Included	Included
				Acute Drug Formulary (Shield PBM)	Included	Included
				Virtual Urgent Care (HealthWallet)	Included	Included
				Virtual Urgent Care	Included	Included