



2025 On-Exchange

Metal Tier	Cost Share Level	Plan Name	Medical Ded.	Rx Deductible	OOP Max	PCP Office Visit	Specialist Office Visit	Virtual 24/7 Care	Urgent Care	Labs Outpatient	Preferred Generic Rx	Generic Rx
Bronze Level	Standard Cost Share	Everyday Bronze	\$8,450	Integrated with medical deductible	\$9,200	\$40 Copay per visit	\$90 Copay per visit	No charge	\$50 Copay per visit	\$50 Copay per visit	\$3 Copay per prescription	\$30 Copay per prescription
		Elite Bronze	\$0	\$3,800	\$9,200	\$50 Copay per visit	\$115 Copay per visit	No charge	\$60 Copay per visit	\$60 Copay per visit	\$3 Copay per prescription	\$35 Copay per prescription
		Standard Expanded Bronze	\$7,500	Integrated with medical deductible	\$9,200	\$50 Copay per visit	\$100 Copay per visit	\$50 Copay per visit	\$75 Copay per visit	50% Coinsurance after deductible	\$25 Copay per prescription	\$25 Copay per prescription
		Everyday Bronze + Vision + Adult Dental	\$8,450	Integrated with medical deductible	\$9,200	\$40 Copay per visit	\$90 Copay per visit	No charge	\$50 Copay per visit	\$50 Copay per visit	\$3 Copay per prescription	\$30 Copay per prescription
		Elite Bronze + Vision + Adult Dental	\$0	\$3,800	\$9,200	\$50 Copay per visit	\$115 Copay per visit	No charge	\$60 Copay per visit	\$60 Copay per visit	\$3 Copay per prescription	\$35 Copay per prescription
		Standard Expanded Bronze + Vision + Adult Dental	\$7,500	Integrated with medical deductible	\$9,200	\$50 Copay per visit	\$100 Copay per visit	\$50 Copay per visit	\$75 Copay per visit	50% Coinsurance after deductible	\$25 Copay per prescription	\$25 Copay per prescription
Silver Level		Clear Silver	\$6,500	Integrated with medical deductible	\$6,500	\$50 Copay per visit	\$100 Copay per visit	No charge	\$50 Copay per visit	\$25 Copay per visit	No charge after deductible	No charge after deductible
		Focused Silver	\$6,300	Integrated with medical deductible	\$8,000	\$40 Copay per visit	\$85 Copay per visit	No charge	\$60 Copay per visit	\$50 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Standard Silver	\$5,000	Integrated with medical deductible	\$8,000	\$40 Copay per visit	\$80 Copay per visit	\$40 Copay per visit	\$60 Copay per visit	40% Coinsurance after deductible	\$20 Copay per prescription	\$20 Copay per prescription
		Focused Silver + Vision + Adult Dental	\$6,300	Integrated with medical deductible	\$8,000	\$40 Copay per visit	\$85 Copay per visit	No charge	\$60 Copay per visit	\$50 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Standard Silver + Vision + Adult Dental	\$5,000	Integrated with medical deductible	\$8,000	\$40 Copay per visit	\$80 Copay per visit	\$40 Copay per visit	\$60 Copay per visit	40% Coinsurance after deductible	\$20 Copay per prescription	\$20 Copay per prescription
	73% AV Cost Share	Clear Silver	\$5,450	Integrated with medical deductible	\$5,450	\$45 Copay per visit	\$90 Copay per visit	No charge	\$45 Copay per visit	\$25 Copay per visit	No charge after deductible	No charge after deductible
		Focused Silver	\$4,950	Integrated with medical deductible	\$6,200	\$35 Copay per visit	\$85 Copay per visit	No charge	\$50 Copay per visit	\$40 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Standard Silver	\$3,000	Integrated with medical deductible	\$6,400	\$40 Copay per visit	\$80 Copay per visit	\$40 Copay per visit	\$60 Copay per visit	40% Coinsurance after deductible	\$20 Copay per prescription	\$20 Copay per prescription
		Focused Silver + Vision + Adult Dental	\$4,950	Integrated with medical deductible	\$6,200	\$35 Copay per visit	\$85 Copay per visit	No charge	\$50 Copay per visit	\$40 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Standard Silver + Vision + Adult Dental	\$3,000	Integrated with medical deductible	\$6,400	\$40 Copay per visit	\$80 Copay per visit	\$40 Copay per visit	\$60 Copay per visit	40% Coinsurance after deductible	\$20 Copay per prescription	\$20 Copay per prescription
	87% AV Cost Share	Clear Silver	\$1,950	Integrated with medical deductible	\$1,950	\$25 Copay per visit	\$45 Copay per visit	No charge	\$25 Copay per visit	\$15 Copay per visit	No charge after deductible	No charge after deductible

For broker internal training use only. Not for client distribution. Plan availability varies by county. For the full product portfolio please visit AmbetterHealth.com. Family Medical Deductible and Family OOP Max dollar amounts are double the Individual dollar amount listed in the grid below. Family Rx Deductible dollar amount is double the Individual dollar amount were applicable. Prescription Drugs available by mail order with a 90-day supply. Our plans do not cover all health care expenses. Covered benefits will vary by state and are for in-network providers only. For comprehensive benefit detail, members should review their Major Medical Expense Policy and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.

Ambetter from Meridian is underwritten by Meridian Health Plan of Michigan, Inc., which is a Qualified Health Plan issuer in the Michigan Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Meridian Health Plan of Michigan, Inc. All rights reserved.





2025 On-Exchange

Metal Tier	Cost Share Level	Plan Name	Medical Ded.	Rx Deductible	OOP Max	PCP Office Visit	Specialist Office Visit	Virtual 24/7 Care	Urgent Care	Labs Outpatient	Preferred Generic Rx	Generic Rx
Silver Level	87% AV Cost Share	Focused Silver	\$O	Integrated with medical deductible	\$3,050	\$15 Copay per visit	\$30 Copay per visit	No charge	\$10 Copay per visit	\$20 Copay per visit	\$3 Copay per prescription	\$10 Copay per prescription
		Standard Silver	\$500	Integrated with medical deductible	\$3,000	\$20 Copay per visit	\$40 Copay per visit	\$20 Copay per visit	\$30 Copay per visit	30% Coinsurance after deductible	\$10 Copay per prescription	\$10 Copay per prescription
		Focused Silver + Vision + Adult Dental	\$0	Integrated with medical deductible	\$3,050	\$15 Copay per visit	\$30 Copay per visit	No charge	\$10 Copay per visit	\$20 Copay per visit	\$3 Copay per prescription	\$10 Copay per prescription
		Standard Silver + Vision + Adult Dental	\$500	Integrated with medical deductible	\$3,000	\$20 Copay per visit	\$40 Copay per visit	\$20 Copay per visit	\$30 Copay per visit	30% Coinsurance after deductible	\$10 Copay per prescription	\$10 Copay per prescription
	94% AV Cost Share	Clear Silver	\$800	Integrated with medical deductible	\$800	\$5 Copay per visit	\$25 Copay per visit	No charge	\$5 Copay per visit	\$5 Copay per visit	No charge after deductible	No charge after deductible
		Focused Silver	\$0	Integrated with medical deductible	\$1,350	No charge	\$15 Copay per visit	No charge	\$10 Copay per visit	No charge	No charge	No charge
		Standard Silver	\$0	Integrated with medical deductible	\$2,000	No charge	\$10 Copay per visit	No charge	\$5 Copay per visit	25% Coinsurance	No charge	No charge
		Focused Silver + Vision + Adult Dental	\$0	Integrated with medical deductible	\$1,350	No charge	\$15 Copay per visit	No charge	\$10 Copay per visit	No charge	No charge	No charge
		Standard Silver + Vision + Adult Dental	\$0	Integrated with medical deductible	\$2,000	No charge	\$10 Copay per visit	No charge	\$5 Copay per visit	25% Coinsurance	No charge	No charge
Gold Level	Standard Cost Share	Everyday Gold	\$750	Integrated with medical deductible	\$7,000	\$35 Copay per visit	\$55 Copay per visit	No charge	\$35 Copay per visit	\$35 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Elite Gold	\$0	Integrated with medical deductible	\$5,500	\$5 Copay per visit	\$60 Copay per visit	No charge	\$35 Copay per visit	\$40 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Standard Gold	\$1,500	Integrated with medical deductible	\$7,800	\$30 Copay per visit	\$60 Copay per visit	\$30 Copay per visit	\$45 Copay per visit	25% Coinsurance after deductible	\$15 Copay per prescription	\$15 Copay per prescription
		Everyday Gold + Vision + Adult Dental	\$750	Integrated with medical deductible	\$7,000	\$35 Copay per visit	\$55 Copay per visit	No charge	\$35 Copay per visit	\$35 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Elite Gold + Vision + Adult Dental	\$0	Integrated with medical deductible	\$5,500	\$5 Copay per visit	\$60 Copay per visit	No charge	\$35 Copay per visit	\$40 Copay per visit	\$3 Copay per prescription	\$15 Copay per prescription
		Standard Gold + Vision + Adult Dental	\$1,500	Integrated with medical deductible	\$7,800	\$30 Copay per visit	\$60 Copay per visit	\$30 Copay per visit	\$45 Copay per visit	25% Coinsurance after deductible	\$15 Copay per prescription	\$15 Copay per prescription

For broker internal training use only. Not for client distribution. Plan availability varies by county. For the full product portfolio please visit AmbetterHealth.com. Family Medical Deductible and Family OOP Max dollar amounts are double the Individual dollar amount listed in the grid below. Family Rx Deductible dollar amount is double the Individual dollar amount were applicable. Prescription Drugs available by mail order with a 90-day supply. Our plans do not cover all health care expenses. Covered benefits will vary by state and are for in-network providers only. For comprehensive benefit detail, members should review their Major Medical Expense Policy and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.

Ambetter from Meridian is underwritten by Meridian Health Plan of Michigan, Inc., which is a Qualified Health Plan issuer in the Michigan Health Insurance Marketplace. This is a solicitation for insurance. © 2023 Meridian Health Plan of Michigan, Inc. All rights reserved.