

# Understanding Value Plan Costs 2024

Blue text means this is the amount you will pay for the service, even if you have not met your deductible.



Coverage Category	Gold	Enhanced Silver 94	Enhanced Silver 87	Enhanced Silver 73	Silver	Bronze
Average percent insurance company will cover annually	81%	94%	87%	73%	71%	64%
You are eligible for enhanced Silver plan if your annual household income for one person is:		\$20,121 – \$21,870	\$21,871 – \$29,160	\$29,161 – \$36,450		
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Routine Diabetes Care <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$10	\$2	\$10	\$35	\$35	\$35
Urgent Care Visit	\$40	\$15	\$30	\$75	\$75	\$75
Specialist Visit	\$30	\$15	\$30	\$90	\$90	\$90
Emergency Room Services	\$350	\$75	\$150	\$500	\$500	n/a
Mental Health and Substance Use Disorder Office Visits	\$10	\$2	\$10	\$35	\$35	\$35
Imaging	\$400	\$125	\$350	\$600	\$600	n/a
Laboratory Tests	\$25	\$5	\$25	\$80	\$80	\$80
X-rays and Diagnostics	\$50	\$20	\$50	\$150	\$150	\$150
Generic Drugs <sup>2</sup>	\$10	\$0	\$5	\$25	\$25	\$25
Preferred Brand Drugs	\$30	\$5	\$25	\$75	\$75	n/a
Non-Preferred Brand Drugs	\$60	\$15	\$50	\$80	\$80	n/a
Specialty Drugs	\$75	\$25	\$60	\$100	\$100	n/a
Medical Deductible Individual	\$1,000	\$0	\$1,000	\$4,500	\$4,500	\$9,450
Medical Deductible Family <sup>3</sup>	\$2,000	\$0	\$2,000	\$9,000	\$9,000	\$18,900
Drug Deductible Individual	\$150	\$0	\$150	\$750	\$750	n/a
Drug Deductible Family <sup>3</sup>	\$300	\$0	\$300	\$1,500	\$1,500	n/a
Annual Medical Out-of-Pocket Maximum Individual	\$6,750	\$1,750	\$2,500	\$6,050	\$7,600	\$9,450
Annual Medical Out-of-Pocket Maximum Family <sup>3</sup>	\$13,500	\$3,500	\$5,000	\$12,100	\$15,200	\$18,900
Annual Drug Out-of-Pocket Maximum Individual	\$600	\$250	\$500	\$1,500	\$1,500	n/a
Annual Drug Out-of-Pocket Maximum Family <sup>3</sup>	\$1,200	\$500	\$1,000	\$3,000	\$3,000	n/a

<sup>1</sup> All Value Plans cover insulin, glucometers, test strips, and routine diabetic care for \$0. For the full list of diabetic care benefits, visit [MarylandHealthConnection.gov/value-plan](https://MarylandHealthConnection.gov/value-plan)

<sup>2</sup> Copays for prescription drugs may not exceed the retail price. For example, if generic Drug A has a retail price of \$5, you will only pay \$5, even if your plan's copay for generics is \$10.

<sup>3</sup> Once the total family deductible or max out-of-pocket is met, this satisfies the deductible or max out-of-pocket for all family members.