

All About

Value Plans

What are value plans?

Value plans are health plans that offer lower deductibles and useful coverage for more health care services before your deductible is met. Value plans are designed to lower your out-of-pocket costs for the health care services the majority of people use most frequently.

How can I tell which plans are value plans?

All value plans have included “Value” in the plan names you will see when shopping on Maryland Health Connection.

What’s covered and how much does it cost?

Value plans have deductibles that are hundreds or even thousands of dollars cheaper than last year. Bronze plans include up to three visits to primary care physicians before deductible and gold and silver plans that offer unlimited physician visits and generic drugs before deductible.

When choosing a health insurance plan, it’s important to look at what costs you will be responsible for and what costs the insurance company will cover. All value plans are required to cover core benefits with a copay before you meet your deductible and preventive services for free.

Plus, depending on the value plan you choose, some services are available before paying your deductible. Some require only a copay, even if you haven’t met your deductible.

Plan Metal Level	Bronze	Silver	Gold
Deductible	Up to \$6200	Up to \$2500	Up to \$1000
Services offered before deductible	At least three office visits for primary care	Offered with copays before deductible: <ul style="list-style-type: none"> • Primary care visit • Outpatient Mental Health/Substance Use Disorder treatment • Urgent care visit • Specialist care visit • Laboratory tests • X-rays and diagnostics • Imaging • Generic drugs 	Offered with copays before deductible: <ul style="list-style-type: none"> • Primary care visit • Outpatient Mental Health/Substance Use Disorder treatment • Urgent care visit • Specialist care visit • Laboratory tests • X-rays and diagnostics • Imaging • Generic drugs

Understanding your health insurance

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent, versus copayment paid at the time of service.

Copayment: A fixed amount you pay for a covered health service, usually when you receive the service.

Core benefits will be covered partially by the insurance company. These include: doctor visits, hospitalization, emergency care, maternity and newborn care, pediatric care, prescription drugs, lab tests and more.

Deductible: How much you have to spend for covered health services before your insurance company pays anything.

Out-of-pocket maximum: The most you have to spend for covered services in a year. After you reach this amount, the insurance company pays 100% for covered services.

Preventive services are free when you see a doctor in your network, including wellness visits, shots and screenings.



Where can I compare all the value plans side by side?

You can use the “Compare Plans” feature while you are shopping for a health plan on MarylandHealthConnection.gov.

When you shop for a plan through MarylandHealthConnection.gov, you can review exactly what is covered, and the costs for specific medical services.