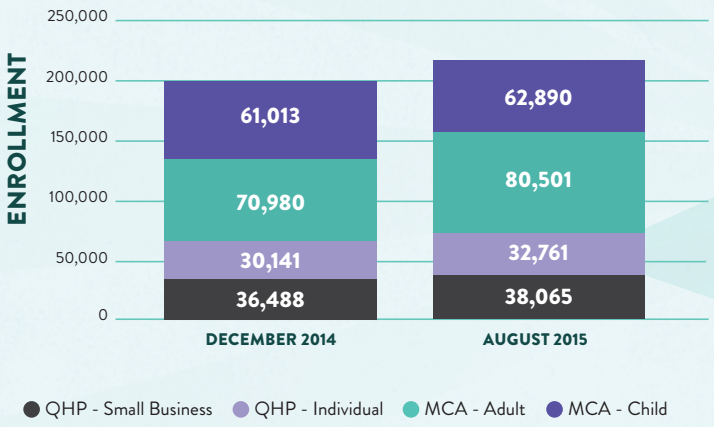
VERMONT HEALTH CONNECT AUGUST 2015 DASHBOARD

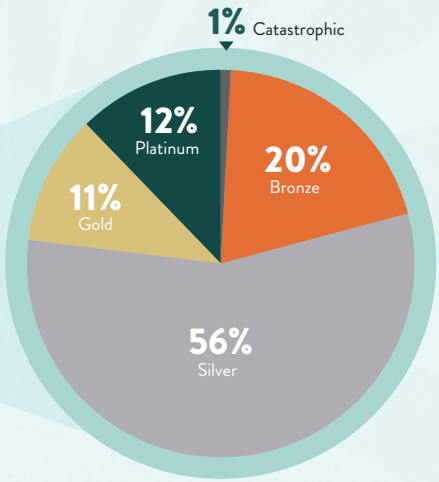
COVERED VERMONTERS

INDIVIDUALS ENROLLED IN QUALIFIED HEALTH PLANS (QHP) OR MEDICAID FOR CHILDREN AND ADULTS (MCA)



Note: Effectuated enrollments for Small Business QHP (direct enrolled) as reported by insurers to VHC. Dec. 2014 Individual QHP as reported by insurers to Center for Medicaid and Medicare Services (CMS). August 2015 Individual QHP as reported by insurers to VHC. Medicaid for Children and Adults (MCA) as reported by Vermont Health Connect and Vermont's legacy ACCESS system. MCA includes Dr. Dynasaur and CHIP but does not include Medicaid for the Aged, Blind, and Disabled (MABD).

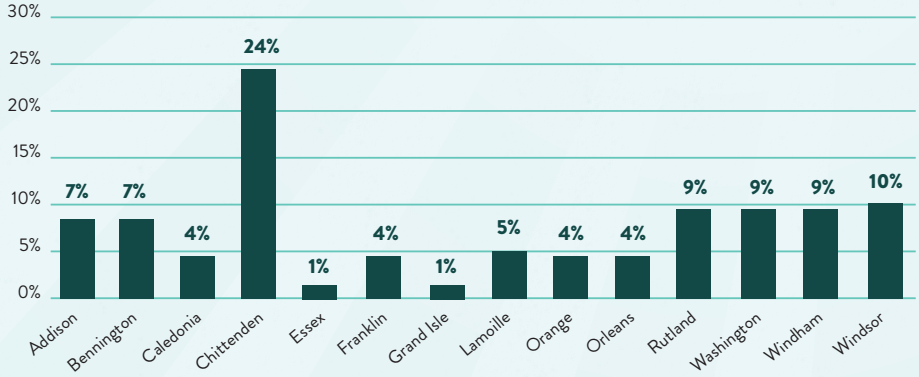
QHP INDIVIDUAL COVERAGE BY METAL LEVEL

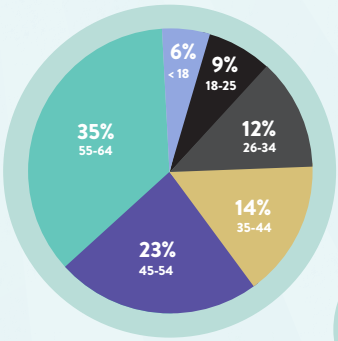


DEMOGRAPHICS

WHO IS COVERED BY QUALIFIED HEALTH PLANS?

Individual QHP Population by County

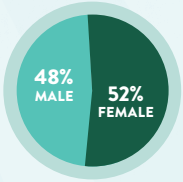




AGE

- < 18
- 18-25
- 26-34
- 35-44
- 45-54
- 55-64

GENDER



CUSTOMER SUPPORT

ONLINE

WEBSITE AVAILABILITY* IN AUGUST 2015:

99.98%

(was 99.87% in July)

*Percentage of time web portal was up and running outside of scheduled maintenance period.

BY PHONE

91% OF CALLS ADDRESSED BY INITIAL REPRESENTATION (NO TRANSFER).

(Up from 90% in July.)

AVERAGE WAITING TIME IN AUGUST 2015: **3.1** MINUTES

61% of calls answered in under 30 seconds, compared to 77% in July.

IN PERSON

AUGUST 2015 NAVIGATOR CONSULTATIONS*

855

*Unique interactions with individuals lasting at least 10 minutes.

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FINANCIAL HELP

WHO'S RECEIVING FINANCIAL HELP TO PURCHASE A QHP AND WHAT ARE THEY PAYING FOR HEALTH CARE?

INCOME
< $35,010 INDIVIDUAL
< $71,550 FAMILY OF FOUR

< 300% Federal Poverty Level

ELIGIBLE FOR:
- Advanced Premium Tax Credits
- Vermont Premium Assistance
- Cost-Sharing Reductions

55% of enrolled individuals

300% - 400% Federal Poverty Level

ELIGIBLE FOR: Advanced Premium Tax Credits Only

10% of enrolled individuals

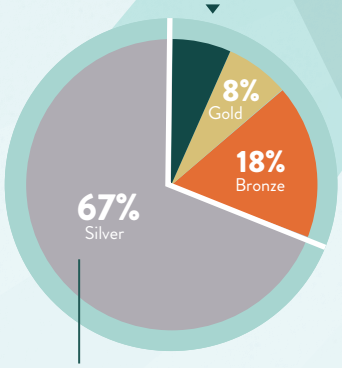
> 400% Federal Poverty Level

NOT ELIGIBLE FOR: Financial Help

35% of enrolled individuals

INCOME
> $46,680 INDIVIDUAL
> $95,400 FAMILY OF FOUR

PLAN SELECTION

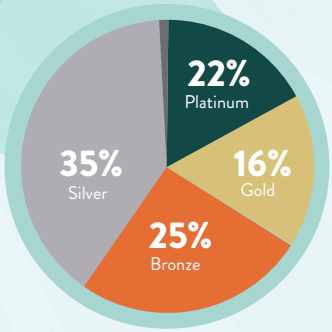


PLAN SELECTION AMONG INDIVIDUALS ELIGIBLE FOR COST-SHARING REDUCTION

PREMIUM

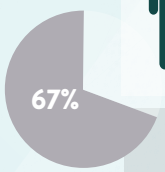
MONTHLY PREMIUM FOR MOST COMMON SILVER PLAN*

PLAN SELECTION



PLAN SELECTION AMONG INDIVIDUALS NOT-ELIGIBLE FOR COST-SHARING REDUCTIONS

POSSIBLE TOTAL COSTS (PREMIUM & OUT-OF-POCKET)



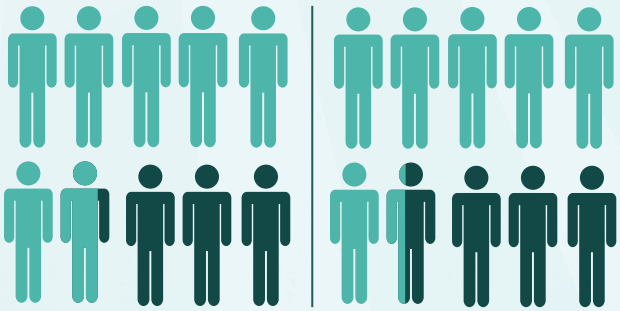
Typical (median) individual receiving Cost-Sharing Reductions**
Income: $21,500
Plan Type: BCBSVT Standard Silver 87 Plan

AFTER SUBSIDY
Premium: $104 Deductible: $600
Maximum Out-of-Pocket: $1,250

vs.

FULL PRICE
Premium: $466 Deductible: $1,900
Maximum Out-of-Pocket: $5,100

QHP INDIVIDUALS RECEIVING FINANCIAL HELP



69% of new enrollments

64% of re-enrollments

VERMONT HEALTH CONNECT

*The BCBSVT Standard Silver Plan is the most common plan.

**Note: There are four tiers of cost-sharing reductions. Depending on income, an individual in a Standard Silver CSR plan could have a deductible between $100 and $1,900 and a maximum out-of-pocket between $500 and $4,000. The median CSR customer is in a Silver 87 plan detailed above.