

EMBARGOED UNTIL 9:30AM EST, MONDAY, APRIL 1, 2013

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**Licensed Vermont Health Insurance Carriers Submit Proposed Rates for Plans
to be made Available through Vermont Health Connect**

Proposed Rates to Undergo Review Process, Filed Rates Comparable to Current Rates

April 1, 2013 - MONTPELIER – Today, Vermont became the first state in the nation to release proposed rates for the state’s federally-mandated Health Benefits Exchange, Vermont Health Connect. Vermont is the only state in the nation to consolidate purchasing of insurance products for small employers and individuals through Vermont Health Connect, which ensures there is an incentive for insurers to file competitive rate proposals. The proposed rates were filed with the Department of Financial Regulation (DFR) by Blue Cross Blue Shield of Vermont (BCBSVT) and MVP Healthcare (MVP) and are subject to review by both DFR and the Green Mountain Care Board (GMCB). Following a public input period, the GMCB has final authority to approve, modify or reject the rates. In addition to BCBS and MVP, a company seeking a license to become a health insurer, Vermont Health Coop, has submitted conditional proposed rates to the Department of Vermont Health Access. These rates will be made available publicly if the company receives regulatory approval to sell health insurance in Vermont.

The rates filed by BCBSVT and MVP are comparable to current rates paid by small employers and their employees, but the plans filed generally include better health benefits. Governor Shumlin heralded this milestone: “We are the first state to make this information available. While the rates must go through regulatory review, I am very pleased to see that they are roughly comparable to what people currently pay, but for better coverage. I view the federally-mandated Exchange as a part of the path to health care reform in Vermont. We are driving toward better coverage for lower cost for all Vermonters. This is a step in the right direction.”

All health plans offered through Vermont Health Connect will meet strict benefit and quality standards to ensure all the essentials are covered, including visits to the doctor and emergency room, prescriptions, maternity care, and preventive care like cancer screenings and immunizations.

“Whether a parent in a family of four or a small business owner, Vermonters are eager to learn more about their future health coverage options,” said Mark Larson, Commissioner of the Department of Vermont Health Access. “In October, Vermonters will be able to compare plans and find the health coverage that’s right for them. Financial help will be available to 40,000 Vermonters to cover the cost of premiums and deductibles and put the cost of health insurance within reach.”

Carriers interested in serving Vermonters through Vermont Health Connect were required to submit their rates, actuarial memo and several other documents required by Vermont law and the *Affordable Care Act* by March 25, 2013. The plans are structured with design levels set by the federal health care law: Platinum, Gold, Silver, Bronze and Catastrophic. The levels vary in the amount of premium and out-of-pocket costs members pay. The average rates proposed for an individual at each of these levels are: \$365.76 for Bronze, \$441.09 for Silver, \$527.95 for Gold and \$609.47 for Platinum. These rates are similar to what is available on the current market today. For example, the average proposed rates for an individual purchasing a Silver level plan is \$441.09 compared to \$455.56 for Catamount Health.

Vermont Health Connect will also be the one place for income-eligible individuals – those earning up to \$94,000 for a family of four – who don't have access to health coverage at work to access financial assistance for private health plans in the form of tax credits to help pay for premiums and cost-sharing, as well as public health programs including Medicaid and Dr. Dynasaur. For example, a family of four with a household income of \$75,000 per year will pay a little under \$600 per month for family coverage with a federal premium tax credit. This is compared to over \$900 for the lowest cost small group plans available today. Or for a couple making \$32,000 per year, they would pay a total of \$134 per month in premiums and receive about \$761 per month in federal and state premium assistance.

The filings are posted on the [DFR website](#). Beginning April 1, 2013 the public is invited to submit comments on the proposed rates to DFR or contact the Department directly at 802-828-3301. Following review by DFR, recommendation will be sent to the Green Mountain Care Board (GMCB) and posted on the GMCB [website](#). The GMCB invites the public to comment on the rate filings during public hearings, online, by calling 802-828-2177, or sending a letter to Green Mountain Care Board, 89 Main Street, Montpelier, VT 05620. Final decisions on the rates are expected from the GMCB during the summer. Typically, rates are available in the late fall for January 1st.

For more information, visit the DFR Health Insurance Rate Review website at: <http://www.dfr.vermont.gov/insurance/rates-forms/health-insurance-rate-review-data> or the GMCB website at: http://gmcboard.vermont.gov/rate_review.

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