



Vermont Health Connect Enrollment Update

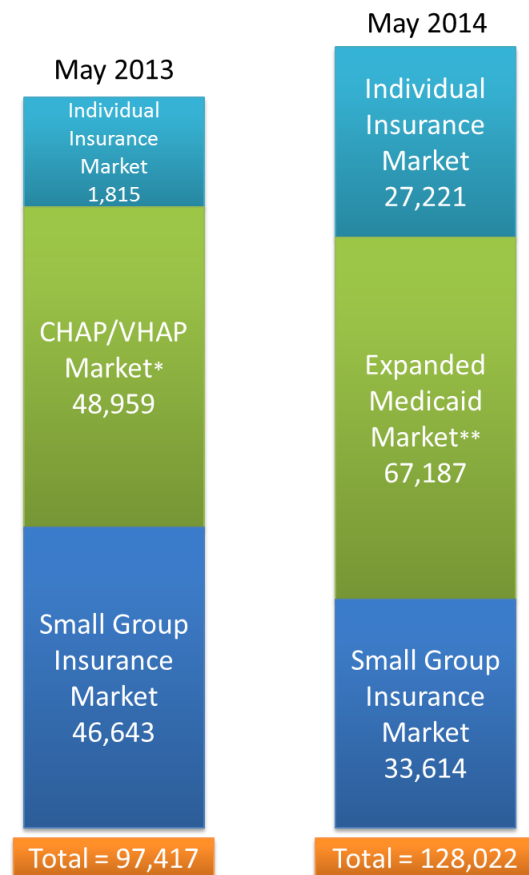
Revised April 30, 2014

In October 2013, Vermont Health Connect opened for business. The health insurance marketplace's first open enrollment period ran from October 2013 through March 2014. In that time, tens of thousands of Vermonters enrolled in both private and public health insurance plans, and many received financial help to make their coverage more affordable.

This document summarizes the outcomes of open enrollment as of late-April 2014. Additional surveys and reporting will provide a more comprehensive depiction of how Vermont Health Connect changed how Vermonters access and pay for health insurance.

The federal Affordable Care Act and subsequent Vermont state laws drove several changes in Vermont's health insurance market, including:

- 1) Qualified sole-proprietors transitioned from purchasing in the small group market, as an employer, to the individual market, on behalf of themselves and their families; and
- 2) CHAP and VHAP (Vermont's subsidized health plans) expired in March 2013, and beneficiaries of those programs had the opportunity to take advantage of the expanded Medicaid program or financial help to lower the cost of private health insurance, depending on their income level.



New options provided by the Governor during open enrollment ensured that Vermonters who worked for a small business that offered health insurance would have a smooth transition to coverage in 2014. Employees of small businesses enrolled in Vermont Health Connect plans directly through Blue Cross Blue Shield of VT and MVP Health Care, while those looking for individual private or public health plans enrolled directly through the marketplace online, by phone, by paper, or with the help of an in-person assister.

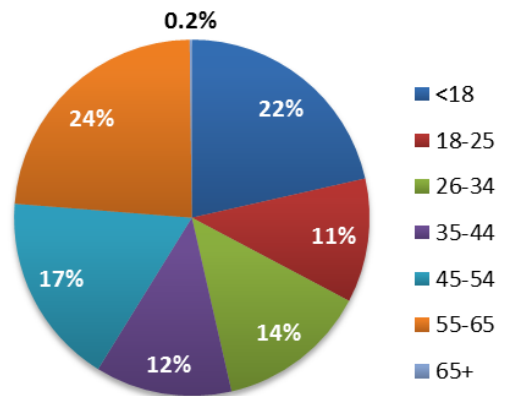
*This is based on the average monthly enrollment of CHAP/VHAP in FY2013.

**About 8,000 Vermonters listed here were insured by Medicaid prior to the expansion of the program and used the Vermont Health Connect system to renew their coverage.

This page provides a look at individuals who enrolled directly through Vermont Health Connect, including those who selected private health plans and those who qualified for, and selected, Medicaid or Dr. Dynasaur.

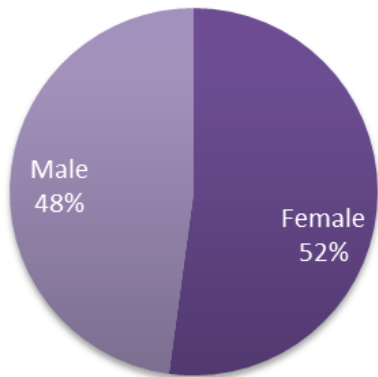
Additionally, **more than 33,500 Vermonters were automatically transitioned from a state-subsidized plan to Medicaid**, based on their known income, for coverage beginning in January 2014.

Enrollments by Age



Almost half (47%) of enrollees are under 35 years old – 22% are under 18 years old and 25% are 18-34 years old.

Enrollments by Gender



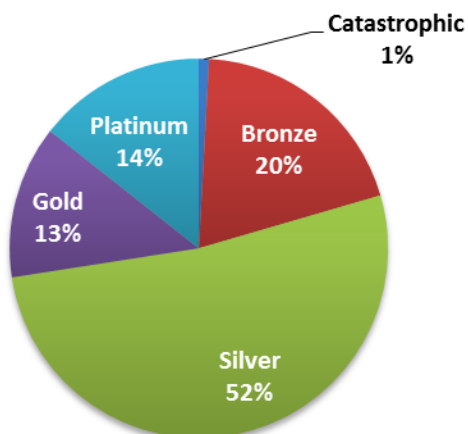
Consistently throughout open enrollment, **male and female Vermonters enrolled at close to an equal pace**, with slightly more females enrolling.

Of those in the individual market, **81% qualified for either financial help or Medicaid.**

Financial Help & Medicaid Eligibility



Metal Level Selection



Vermonters with an income below 300% of the federal poverty level (less than \$34,500/year for an individual) who purchase private insurance are eligible for cost-sharing reductions (CSR) to reduce their out-of-pocket medical costs. In order to receive CSR, they have to enroll in a Silver level plan. **Of those who purchased a Silver plan, 66% were eligible for CSR.**