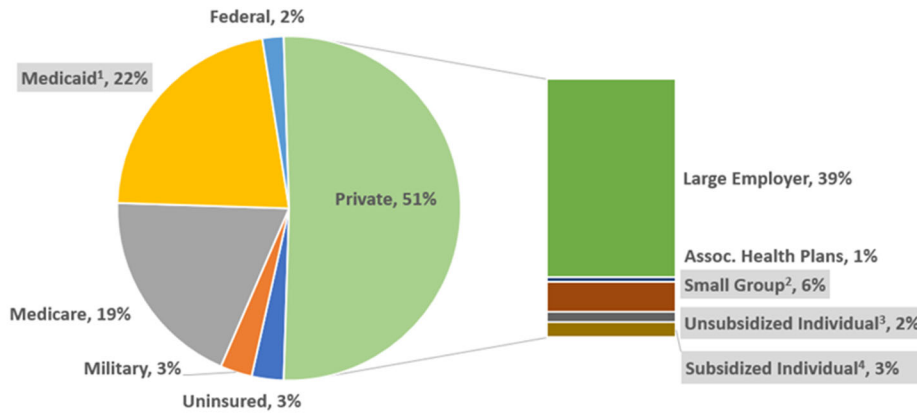


## HEALTH COVERAGE MAP

### HEALTH COVERAGE IN VERMONT\*



- 1- Enrollment administered by DVHA, benefits managed by DVHA
- 2- Certified by DVHA, enrollment and benefits administered by insurance carrier partners
- 3- Certified by DVHA, enrollment administered by DVHA or by insurance carrier partners, benefits managed by carrier partners
- 4- Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance carrier partners

One out of three Vermonters are covered by a health plan that is administered and/or certified by the Department of Vermont Health Access (DVHA).

\* Estimates of primary insurance type have been compiled from multiple sources, including the 2018 Vermont Household Health Insurance Survey, and should be viewed as an example of relative scale, not absolute values.

### THE BENEFIT MAP: QUALIFIED HEALTH PLANS (INDIVIDUALS AND SMALL GROUPS) AND MEDICAID\*

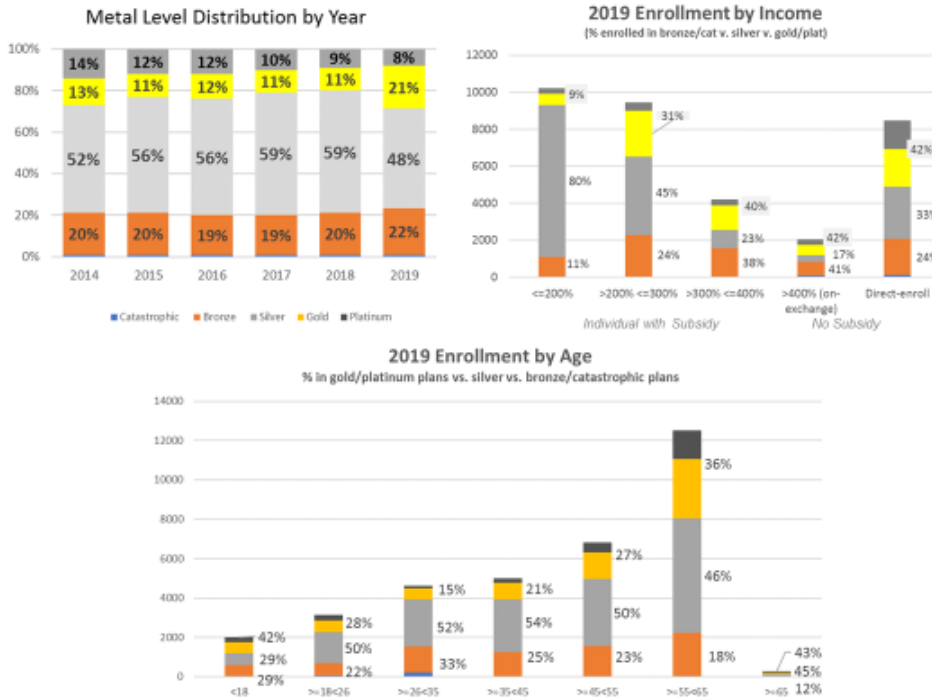
More than 230,000 Vermonters receive health coverage through Medicaid or a qualified health plan (QHP). Another 15,000 receive other Medicaid benefits.

Type of Benefit	Enrolled through:		State of Vermont:		Carriers:						
	Non-MAGI*: 40,903	MAGI*: 158,201			Off-exchange	SHOP*					
Commercial Coverage – Individual and Small Business 74,731					Individual: 33,942		Small Group: 40,789				
					Subsidy: 22,873		No Subsidy: 11,069				
	State and Fed Sub	Fed-only Subsidy	No Subsidy	No Sub QHP	No Sub Reflective	Sm Biz Reflective	Sm Biz QHP				
Medicaid Health Coverage 157,589	Medicaid for the Aged, Blind and Disabled (MABD): 26,178		Medicaid for Children and Adults (MCA): 131,411		17,323	5,550	3,917	4,515	2,637	10,392	30,397
Other Medicaid Benefits 14,725	ABD Adults	Duals (w/ Medicare)	BD Children	MCA Adults	MCA Children						
	6,489	17,622	2,067	67,500	63,911						
	Pharmacy-only	Choices for Care									
	10,441	4,284									

\* Vermont Health Connect uses Modified Adjusted Gross Income (MAGI), a tax-based measure of income created by the Affordable Care Act to determine eligibility and benefit amounts for premium tax credits and for Medicaid for Children and Adults (MCA). Previous eligibility standards, now called "Non-MAGI," are still used to determine eligibility for Medicaid for the Aged, Blind and Disabled (MABD) and other Medicaid benefits administered in the State's legacy ACCESS system. "SHOP" is the Small Business Health Options Program, aka the small business health exchange.

- Notes:
- Medicaid enrollment is fiscal year-to-date average per DVHA Caseload and Expenditure Report.
    - MABD Duals are members eligible for both MABD and Medicare.
    - MCA Adult includes General Adults and New Adults.
    - MCA Children includes Non-BD Children, Underinsured, and SCHIP.
  - State of Vermont qualified health plans are March effectuated coverage from DVHA's enrollment reports.
  - Carrier direct enrollment and SHOP are March effectuated coverage as reported by carriers to DVHA.

## A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS



- From 2014 to 2018, enrollment in the individual market slowly shifted from gold and platinum to silver, as members increasingly learned the benefits of enhanced silver plans with cost-sharing reductions.
- In 2019, with silver-loading, far more members changed plans than ever before and enrollment in gold plans nearly doubled.
- Eight in ten individuals with income under 200% FPL enroll in a silver plan to take advantage of significant cost-sharing reductions, while members with incomes over 300% FPL who don't qualify for enhanced silver plans tend to enroll in other metal levels.
- Nearly three times as many older Vermonters (55-64) are covered by individual qualified health plans as younger Vermonters (26-34). More than one in three (36%) older members are in a gold or platinum plan, compared to one in seven (15%) younger members.

## A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS WITH SUBSIDIES

As of January 2019, two out of three Vermonters in the individual market received federal premium tax credits to lower their monthly insurance costs. Many also received financial help to further reduce premium and out-of-pocket costs from the State and/or through federally required benefits. To qualify, they can't have another offer of affordable coverage, must enroll in a metal level plan, and must meet income guidelines.

