

## Eligibility & Cost-Sharing of Programs

Income calculations are based on gross monthly income minus certain qualifying deductions. Qualified Health Plans, advance premium tax credits, cost-sharing reductions, and Vermont premium assistance all use Modified Adjusted Gross Income (MAGI) for eligibility determination, as is used for Medicaid for Children and Adults. If a Vermonter is determined to be eligible for a program that requires a monthly premium, the Vermonter must pay that premium to effectuate, or put into effect, their insurance coverage. The Vermonter must also continue to pay their bill on a timely basis as required to maintain their health insurance.

Program	Who is Eligible?	Benefits & Cost-sharing <sup>1</sup>
<b>Medicaid</b>		
<p><b>Medicaid for the Aged, Blind &amp; Disabled (MABD)</b></p>	<p>Age ≥ 65, blind, disabled At or below the Protected Income Level Resource limits: Individual: \$2,000 Couple: \$3,000</p>	<p>Physical and mental health Chiropractic (limited) Transportation Dental (\$1,000 cap/year, no dentures) Prescriptions</p> <ul style="list-style-type: none"> <li>▪ \$1/\$2/\$3 co-payment if the member does not have Medicare coverage</li> <li>▪ \$1/\$2/\$3 co-payment for over-the-counter medications</li> <li>▪ Up to \$9.85 co-payment with Medicare coverage</li> </ul> <p>Other Co-payments:</p> <ul style="list-style-type: none"> <li>▪ \$3 co-payment per Dental visit</li> <li>▪ \$3 co-payment per Outpatient Hospital visit (21 years of age +)</li> </ul> <p><i>*Note to ensure no co-payments apply to COVID-19 testing, diagnosis, treatment, or vaccination services for Vermont Medicaid members during the public health emergency, Vermont Medicaid eliminated co-payments for outpatient hospital services and certain prescription medications (i.e., those used to treat the symptoms of COVID-19). Additionally, Vermont Medicaid began temporarily waiving Dr. Dynasaur premium obligations to further facilitate initial and continuous coverage,</i></p>

		<i>beginning with the bills that were mailed in April 2020 for premiums due for May 2020.</i>
<b>Disabled Child in Home Care (commonly referred to as “Katie Beckett Medicaid”)</b>	Up to age 19, disabled child(ren) qualifying for an institutional level of care; eligibility based only on child’s income and resources to meet MABD limits	Same health care benefits as Dr. Dynasaur, no premiums, no co-payments.
<b>Medicaid Working Disabled</b>	Determined disabled by Social Security or State of VT and income less than 250% of federal poverty guidelines, meets working criteria, & resource limits (\$10,000 individual, \$15,000 couple)	Physical and mental health Chiropractic (limited) Transportation Dental (\$1,000 cap/yr., <sup>29</sup> no dentures) Prescriptions <ul style="list-style-type: none"> <li>▪ \$1/\$2/\$3 co-payment if the member does not have Medicare coverage</li> <li>▪ \$1/\$2/\$3 co-payment for over-the-counter medications</li> <li>▪ Up to \$9.85 co-payment with Medicare coverage</li> </ul> Other Co-payments: <ul style="list-style-type: none"> <li>▪ \$3 co-payment per Dental visit</li> <li>▪ \$3 co-payment per Outpatient Hospital visit (21 years of age +)</li> </ul>
<b>Medicaid for Adults</b>	$\leq$ 138% of federal poverty guidelines Not eligible for Medicare and either a parent or caretaker relative of a dependent child (non-MABD) or adult under 65 years of age (expanded)	Physical and mental health Chiropractic (limited) Transportation Dental (\$1,000 cap/yr., <sup>29</sup> no dentures) Prescriptions <ul style="list-style-type: none"> <li>▪ \$1/\$2/\$3 co-payment for prescriptions if member does not have Medicare coverage</li> <li>▪ \$1/\$2/\$3 co-payment for over-the-counter medications</li> <li>▪ Up to \$9.85 co-payment with Medicare coverage</li> </ul> Other Co-payments: <ul style="list-style-type: none"> <li>▪ \$3 co-payment per Dental visit</li> <li>▪ \$3 co-payment per Outpatient Hospital visit (21 years of age +)</li> </ul>
<b>Dr. Dynasaur</b>		Same as Medicaid benefits plus: Eyeglasses

	Children under age 19 at or below 317% federal poverty guidelines	Full Dental Benefits No co-payments. Monthly household premiums: <ul style="list-style-type: none"> <li>• No premium for up to 195% federal poverty guidelines</li> <li>• \$15 premium for up to 237% federal poverty guidelines per family per month</li> <li>• \$20 premium for incomes over 237% up to 317% federal poverty guidelines per family per month if other insurance.</li> <li>• \$60 premium for incomes over 237% up to 317% federal poverty guidelines per family per month without other insurance.</li> </ul> <i>*Note that premiums are currently suspended due to the COVID-19 public health emergency.</i>
	Pregnant persons at or below 213% federal poverty guidelines	Same as Medicaid benefits plus: Full Dental Benefits No premium for pregnant women No co-payments.
<b>Qualified Health Plans</b>		
<b>Qualified Health Plans (QHP)</b>	No income restrictions	Choice of QHPs on Vermont's state-based exchange All plan designs include cost-sharing
<b>Federal Advance Premium Tax Credit (APTC)</b>	100-400% federal poverty guidelines; over 400% FPL,* premium contribution is limited to 8.5% of household income for the qualified health plan benchmark plan; no other Minimum Essential Coverage (MEC), e.g., Medicaid	Premium Tax Credit received in advance monthly to reduce QHP premium or yearly as a lump sum at tax filing.  <i>*APTC eligibility expanded through 2025 by the American Rescue Plan Act of 2021 and Inflation Reduction Act of 2022.</i>
<b>Federally Required Cost-Sharing Reduction (CSR)</b>	Up to 250% federal poverty guidelines, eligible for advance premium tax credit, enrolled in silver QHP	Reduces co-payments, co-insurance, & deductibles, etc.
<b>Vermont Premium Assistance (VPA)</b>	Up to 300% federal poverty guidelines,	Reduces QHP premium

	eligible for advance premium tax credit.	
<b>Vermont Cost Sharing Reductions (VCSR)</b>	200-300% federal poverty guidelines, eligible for advance premium tax credit / Vermont premium assistance, enrolled in silver QHP	Reduces co-payments, co-insurance, & deductibles, etc.
<b>Pharmacy Assistance Programs</b>		
<b>VPharm 1, 2, &amp; 3</b>	<p>Eligible &amp; enrolled in Medicare PDP or MAPD</p> <p><b>VPharm 1:</b> ≤150% FPL and must apply for LIS</p> <p><b>VPharm 2:</b> 150.01% - 175% FPL</p> <p><b>VPharm 3:</b> 175.01 – 225% FPL</p>	<p>VPharm 1:</p> <ul style="list-style-type: none"> <li>▪ Cost-sharing for medications and diabetic supplies covered by Medicare;</li> <li>▪ Full coverage for some over-the-counter medications and excluded Medicare drug classes;</li> <li>▪ Part D premiums (up to the LIS Benchmark), and eye examinations.</li> </ul> <p>VPharm 2 &amp; 3</p> <ul style="list-style-type: none"> <li>▪ Cost-sharing for medications and diabetic supplies covered by Medicare;</li> <li>▪ Full coverage for some over-the-counter medications and excluded Medicare drug classes;</li> <li>▪ Part D premiums (up to the LIS Benchmark).</li> </ul> <p>Monthly premium per person:</p> <ul style="list-style-type: none"> <li>o VPharm 1: \$15</li> <li>o VPharm 2: \$20</li> <li>o VPharm 3: \$50</li> </ul> <p>\$1/\$2 prescription co-payments</p> <p>No retroactive coverage</p>
<b>Healthy Vermonters Program</b>	350% FPL if uninsured 400% FPL if ≥ age 65, blind, or disabled	<p>Not a funded benefit, offers Medicaid prescription pricing</p> <p>If enrolled in Medicare Part D, excluded classes of prescriptions are priced at the Medicaid rate</p> <p>No monthly premium</p> <p>No retroactive coverage</p>
<b>Medicare Cost-Sharing</b>		

<b>Medicare Savings Programs</b>	<b>Qualified Medicare Beneficiary (QMB)</b> ≥ age 65, blind, or disabled Active Medicare beneficiary ≤100% federal poverty guidelines	Eligible for Medicaid payment of their Medicare part A and part B premiums, deductibles, and co-insurance.  No retroactive coverage.  Coverage starts the first of the month after the initial QMB benefit is granted.
	<b>Specified Low-Income Medicare Beneficiary (SLMB)</b> ≥ age 65, blind, or disabled Active Medicare beneficiary <120% federal poverty guidelines	Eligible for Medicaid payment of their Medicare part B premiums  Up to 3 months retroactive eligibility possible  Coverage starts first of the month of application or all eligibility met
	<b>Qualifying Individual (QI-1)</b> ≥ age 65, blind, or disabled Active Medicare beneficiary ≤ 135% federal poverty guidelines	Eligible for Medicaid payment of their Medicare part B premiums  Up to 3 months retroactive eligibility possible  Coverage starts first of the month of application or all eligibility met