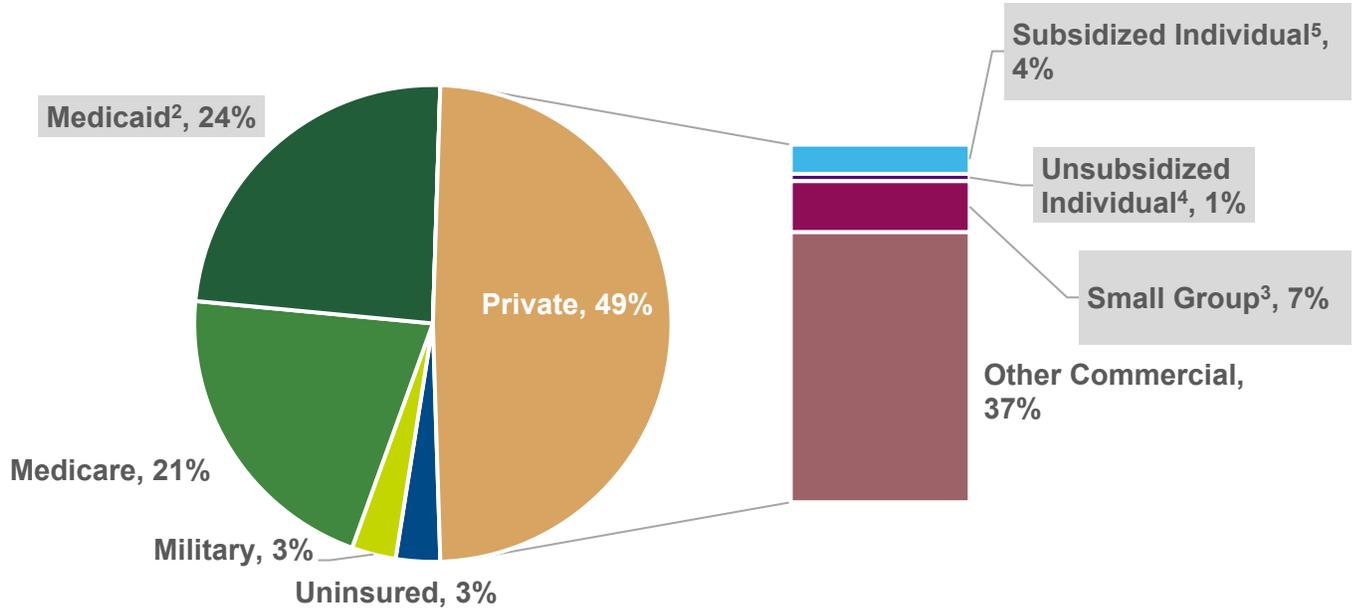


HEALTH INSURANCE IN VERMONT¹



More than 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).

¹The proportions represented are those from the 2021 Vermont Household Health Insurance Survey and January 2022 DVHA enrollment reports

²Enrollment administered by DVHA, benefits managed by DVHA

³Certified by DVHA, enrollment and benefits administered by insurance company partners

⁴Certified by DVHA, enrollment administered by DVHA or by insurance company partners, benefits managed by company partners

⁵Certified by DVHA, enrollment administered by DVHA, benefits managed by insurance company partners

2024 BENEFIT MAP: QUALIFIED HEALTH PLANS (INDIVIDUALS AND SMALL GROUPS) AND MEDICAID

Total Medicaid: 188,813 ¹ (201,794) ⁶			Total Commercial: 69,811 (67,821) ⁶					
Medicaid Health Insurance		Other Medicaid Benefits	Health Insurance Marketplace Qualified Health Plans (QHP)²		Direct from Insurance Companies³ QHP & Reflective			
Total: 179,576			Total: 9,237		Total: 28,353			
Medicaid for the Aged, Blind & Disabled ⁴ : 32,182 (25,884)⁶			Pharmacy Assistance (Only): 9,237 (9,318)⁶		Total w/ Subsidy ⁴ : 26,223 (22,124)⁶			
Aged, Blind & Disabled Adults: 7,614	Duals (Medicare & Medicaid): 22,644	Blind, Disabled Children: 1,924			State & Federal Subsidy: 13,587	Federal Only Subsidy: 12,636	QHP: 25,889	Reflective: 11,212
Medicaid for Children and Adults ⁴ : 147,394 (162,068)⁶					No Advanced Payment of Subsidy: 2,130 (2,136)⁶		Individuals: 4,357 (5,124)⁶	
Adults: 83,924	Children: 63,470		Not Eligible ⁷ : 1,011	Unknown ^{5,7} : 1,119	QHP: 2,724	Reflective: 1,633		

¹ Medicaid enrollment = state fiscal year-to-date actual caseload from Medicaid Program Enrollment and Expenditures Quarterly Report.

² Health Insurance Marketplace (Vermont Health Connect) = January effectuated members from DVHA enrollment reports.

³ Direct from Insurance Companies = January effectuated members as reported by insurance companies to DVHA.

⁴ DVHA uses the tax-based measure of income, Modified Adjusted Gross Income (MAGI), to determine eligibility for Medicaid for Children and Adults and financial help for qualified health plans in accordance with the Affordable Care Act. Medicaid for the Aged, Blind, and Disabled, Pharmacy Assistance, and Choices for Care use eligibility standards (Non-MAGI) that existed prior to the Affordable Care Act.

⁵ If members do not provide financial information, they cannot be determined eligible for advanced payments of premium tax credits (APTC). However, as long as they enroll through Vermont Health Connect, they may still receive premium tax credits when they file their federal taxes.

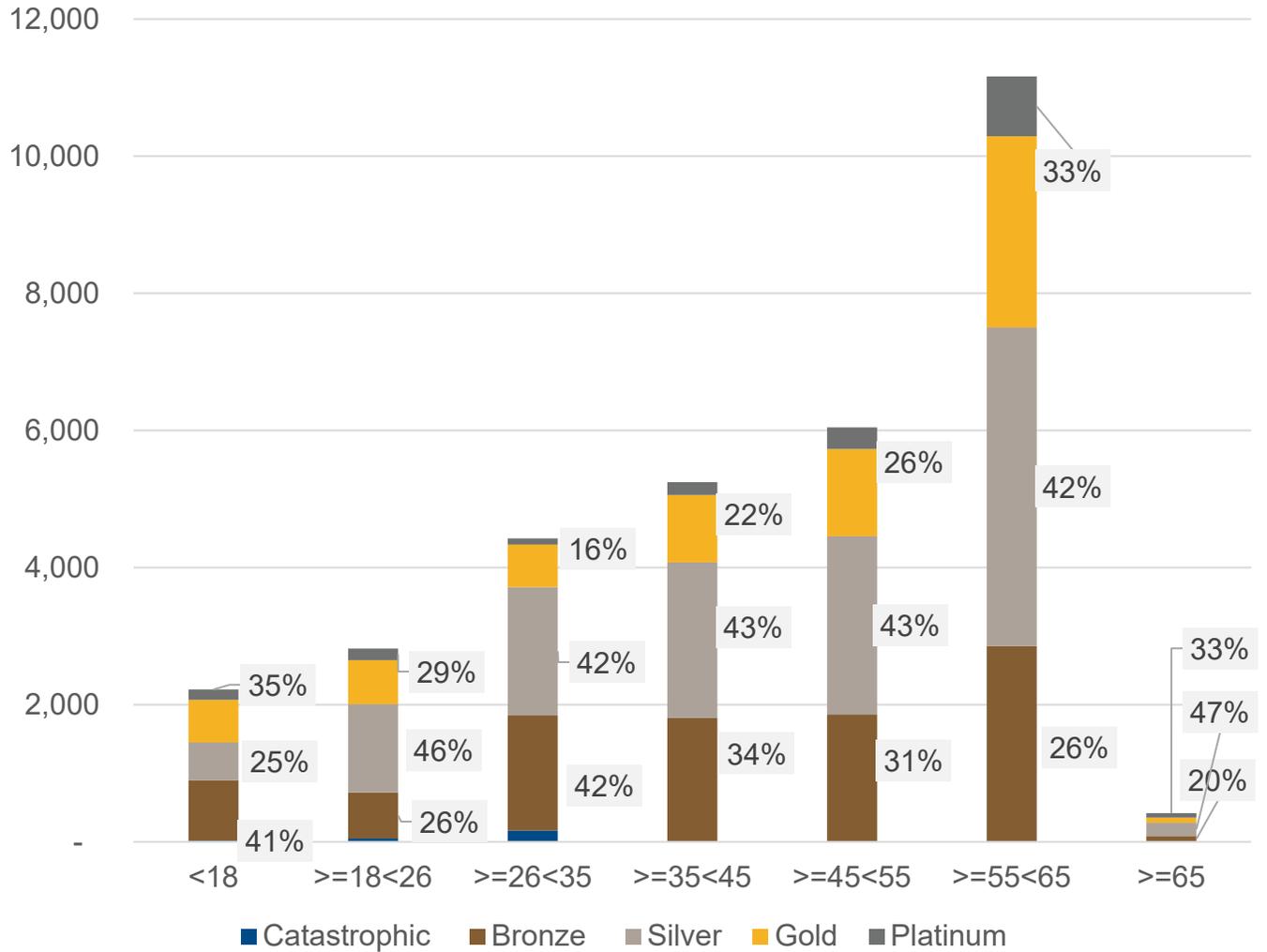
⁶ Values in parentheses are the equivalent values from January 2023.

⁷ These values are estimates due to the availability of data

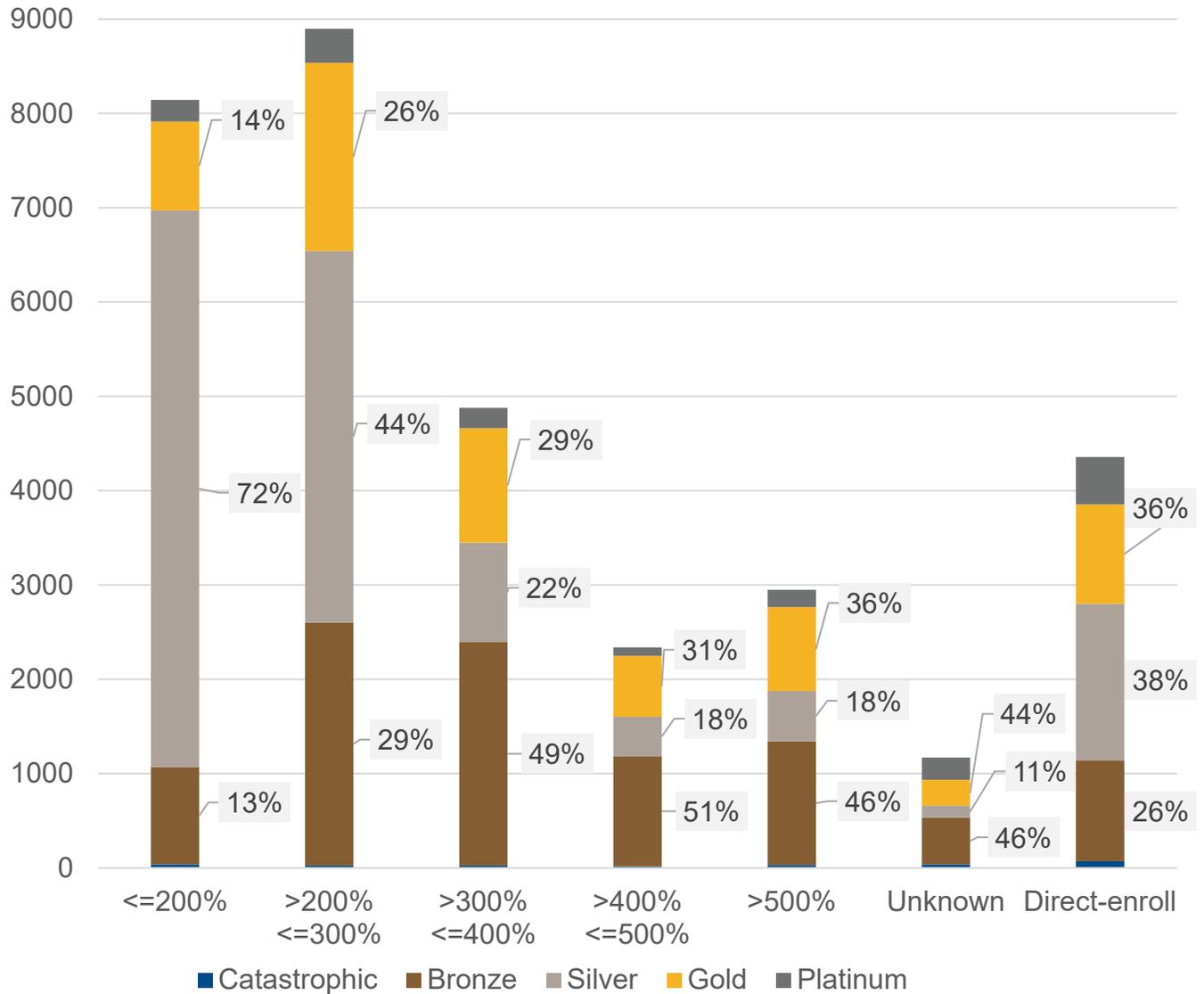
Additional information can be found here: <https://dvha.vermont.gov/budget-legislative-and-rules/reports-and-studies/enrollment-and-expenditure-reports>

A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS

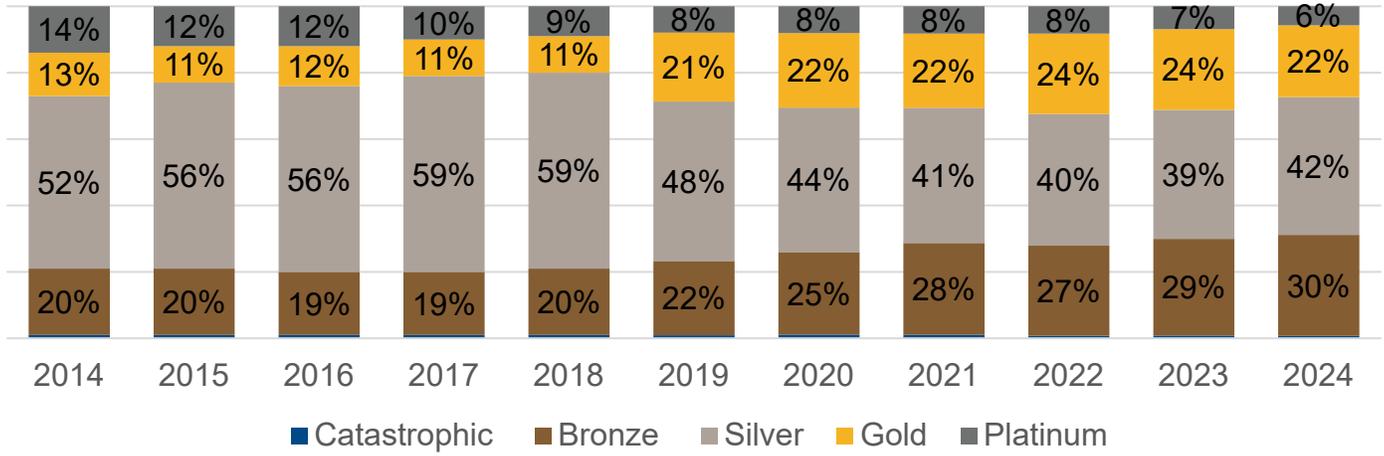
2024 Enrollment by Age
 % enrolled in bronze/cat v. silver v. gold/plat



2024 Enrollment by Income
 % enrolled in bronze/cat v. silver v. gold/plat

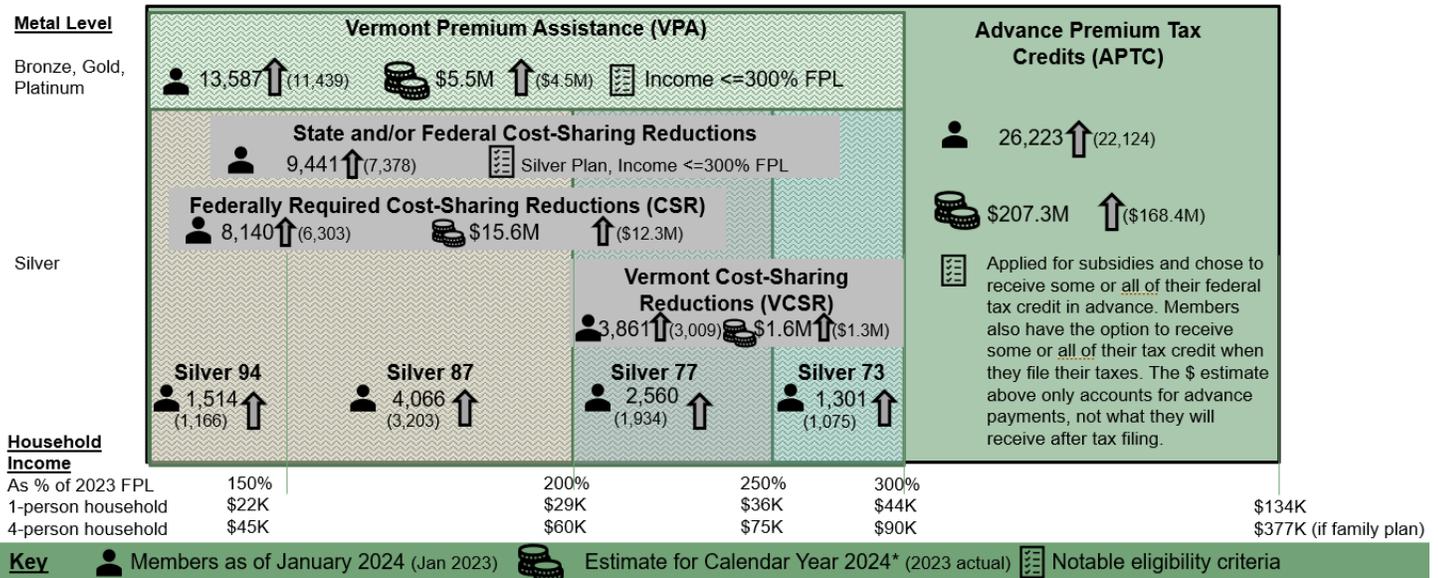


Metal Level Distribution by Year - Individual Market



A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS WITH SUBSIDIES

As of January 2024, over 90% of Vermonters with exchange coverage 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.



*Estimates of total 2024 subsidies are based on January enrollment figures and typical annual attrition rates.