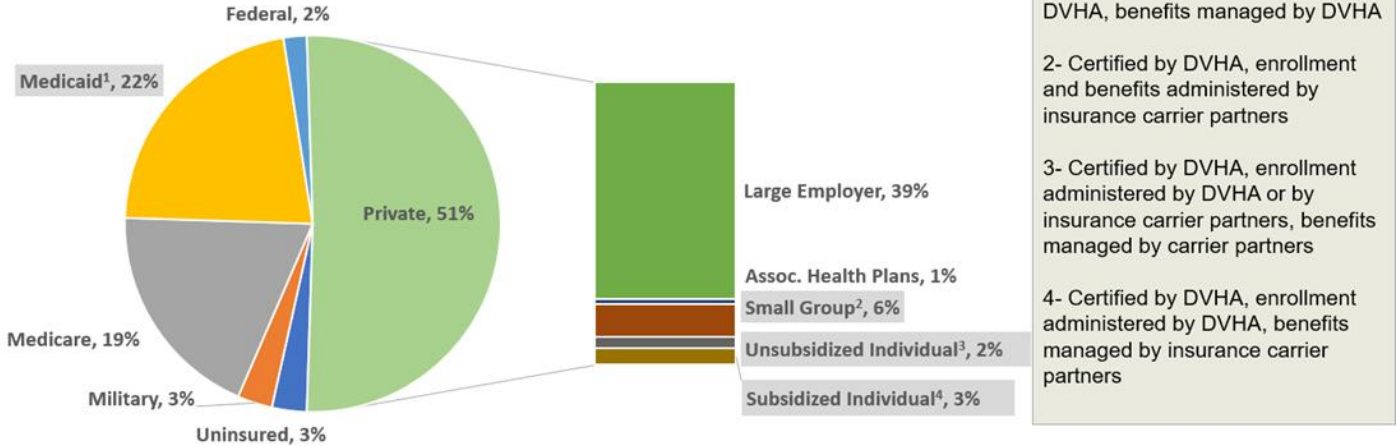


HEALTH COVERAGE IN VERMONT*



- 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).

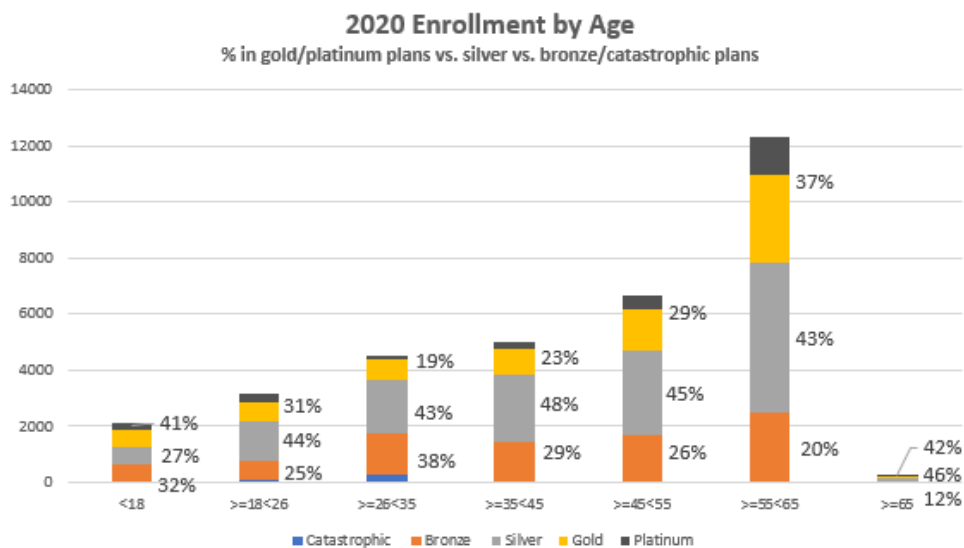
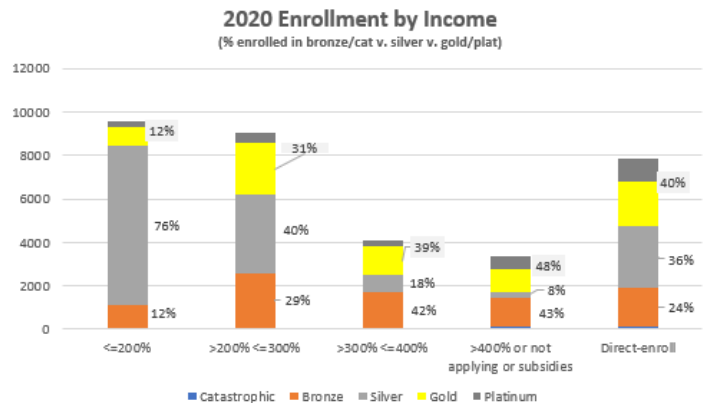
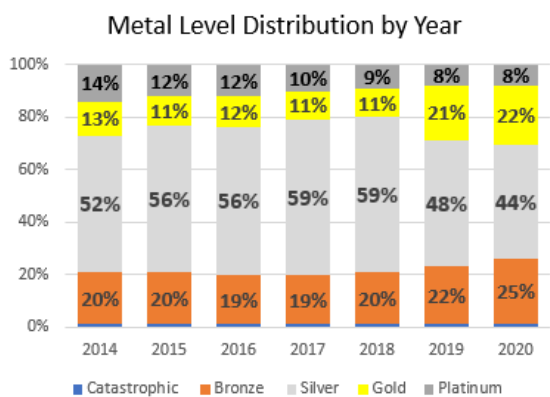
* Estimates of primary insurance type have been compiled from multiple sources, including the 2018 Vermont Household Health Insurance Survey, and should be viewed as an example of relative scale, not absolute values.

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

Total Medicaid: 164,112 ¹			Total Commercial: 76,578					
Medicaid Health Coverage			Other Medicaid Benefits		Vermont Health Connect Qualified Health Plans ²		Direct from Carriers ³ QHP & Reflective	
Total: 149,630			Total: 14,482		Total: 26,219		Total: 50,359	
Medicaid for the Aged, Blind & Disabled ⁴ : 25,631			Pharmacy Assistance (Only): 10,083		Total w/ Subsidy ⁵ : 21,850		Individuals: 7,839	
Aged, Blind & Disabled Adults: 6,346	Duals (Medicare & Medicaid): 17,454	Blind, Disabled Children: 1,831			State & Federal Subsidy: 16,742	Federal Only Subsidy: 5,108	Qualified Health Plan (QHP): 5,094	Reflective: 2,745
Medicaid for Children and Adults ⁵ : 123,999			Choices for Care: 4,399		No Subsidy ⁶ : 4,369		Small Businesses: 42,520	
Adults: 61,573	Children: 62,426	QHP: 31,819					Reflective: 10,701	

- ¹ Medicaid enrollment is from the quarterly DVHA Enrollment and Expenditure report, is for the state fiscal year-to-date, and reports caseload representative of an average monthly member enrollment.
- ² Vermont Health Connect qualified health plan data is from January effectuated coverage from DVHA enrollment reports.
- ³ Carrier direct enrollment is January effectuated coverage as reported by the Carriers to DVHA.
- ⁴ Medicaid for the Aged, Blind, and Disabled, Pharmacy Assistance, and Choices for Care use the previous eligibility standards (Non-MAGI) to determine eligibility.
- ⁵ Vermont uses the tax-based measure of income, Modified Adjusted Gross Income (MAGI), to determine eligibility and benefit amounts for Medicaid for Children and Adults and premium tax credits in accordance with the Affordable Care Act.
- ⁶ The no subsidy category includes those who did not qualify for a subsidy but chose to enroll through the Exchange anyway & those who did not apply for a subsidy.

A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS



A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS WITH SUBSIDIES

As of January 2020, almost two-thirds of 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.

