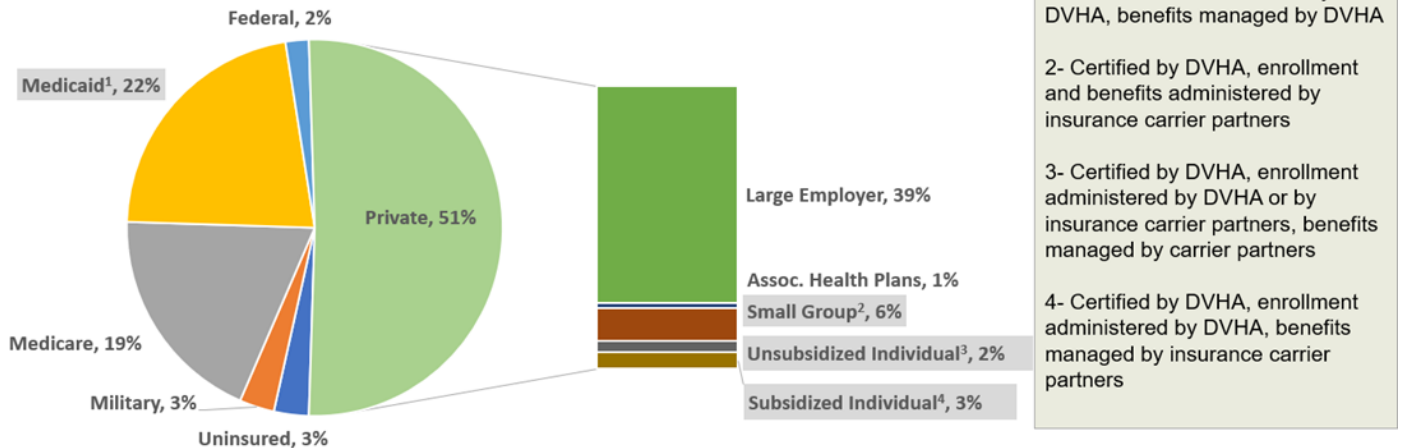


HEALTH COVERAGE IN VERMONT*


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: 163,863 ¹			Total Commercial: 75,563					
Medicaid Health Coverage			Other Medicaid Benefits		Vermont Health Connect Qualified Health Plans²		Direct from Carriers³ QHP & Reflective	
Total: 149,460			Total: 14,403		Total: 25,796		Total: 49,767	
Medicaid for the Aged, Blind & Disabled ⁴ : 25,562			Pharmacy Assistance (Only): 9,989		Total w/ Subsidy ⁵ : 21,958		Individuals: 7,671	
Aged, Blind & Disabled Adults: 6,313	Duals (Medicare & Medicaid): 17,465	Blind, Disabled Children: 1,784			State & Federal Subsidy: 16,789	Federal Only Subsidy: 5,169	Qualified Health Plan (QHP): 4,980	Reflective: 2,691
Medicaid for Children and Adults ⁵ : 123,898			Choices for Care: 4,414		No Subsidy ⁶ : 3,838		Small Businesses: 42,096	
Adults: 61,535	Children: 62,363	QHP: 31,491					Reflective: 10,605	

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 March effectuated coverage from DVHA enrollment reports.

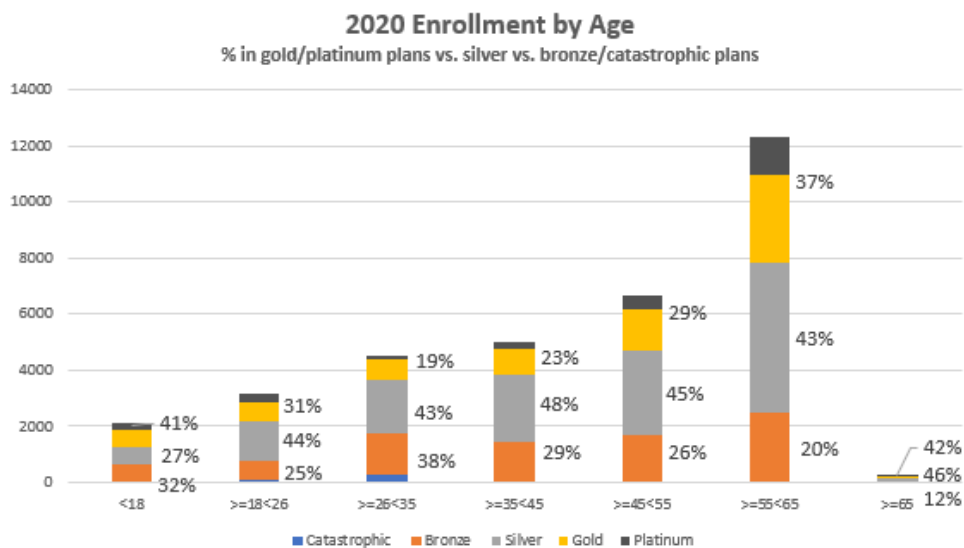
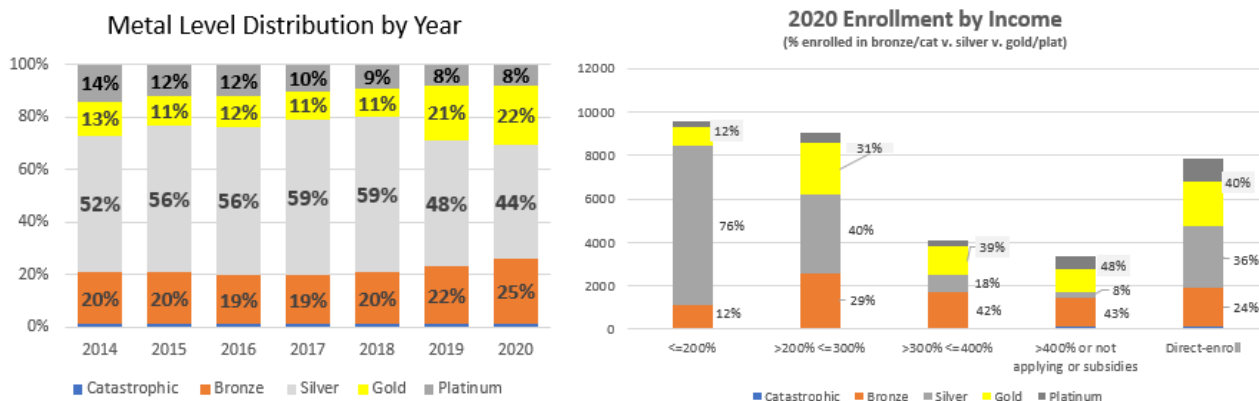
³ Carrier direct enrollment is March effectuated coverage as reported by the Carriers to DVHA.

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, 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.

