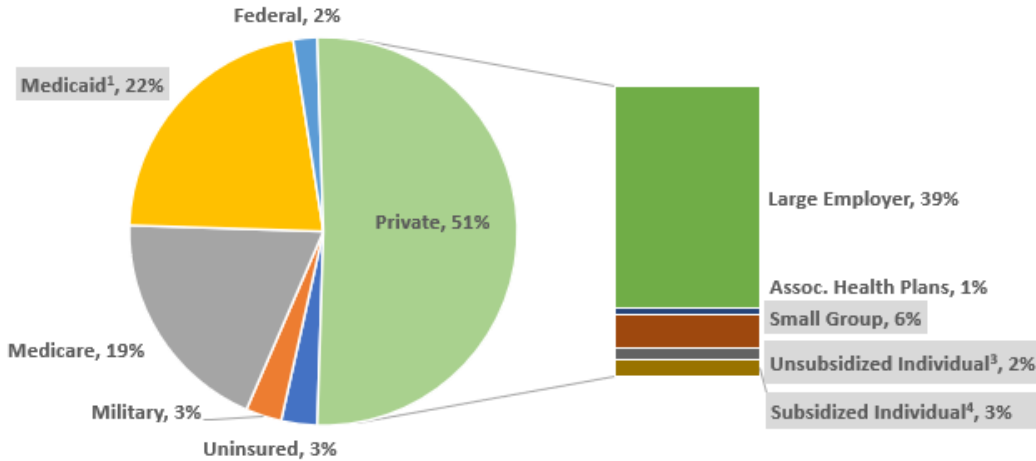


HEALTH INSURANCE IN VERMONT



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

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

Note: Estimates based on 2018 Vermont Household Health Insurance Survey and DVHA data.

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

Total Medicaid: 178,852 ¹			Total Commercial: 72,463					
Medicaid Health Insurance			Other Medicaid Benefits		Health Insurance Marketplace Qualified Health Plans (QHP) ²		Direct from Insurance Companies ³ QHP & Reflective	
Total: 164,156			Total: 14,696		Total: 24,203		Total: 48,260	
Medicaid for the Aged, Blind & Disabled ⁴ : 25,612			Pharmacy Assistance (Only): 10,054		Total w/ Subsidy ⁴ : 20,121		Small Businesses: 40,707	
Aged, Blind & Disabled Adults: 6,248	Duals (Medicare/Medicaid): 17,722	Blind, Disabled Children: 1,642			State & Federal Subsidy: 15,170	Federal Only Subsidy: 4,951	QHP: 30,208	Reflective: 10,499
Medicaid for Children and Adults ⁴ : 138,544			Choices for Care: 4,642		No Subsidy ⁵ : 4,082		Individuals: 7,553	
Adults: 73,729	Children: 64,815						QHP: 4,796	Reflective: 2,757

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.

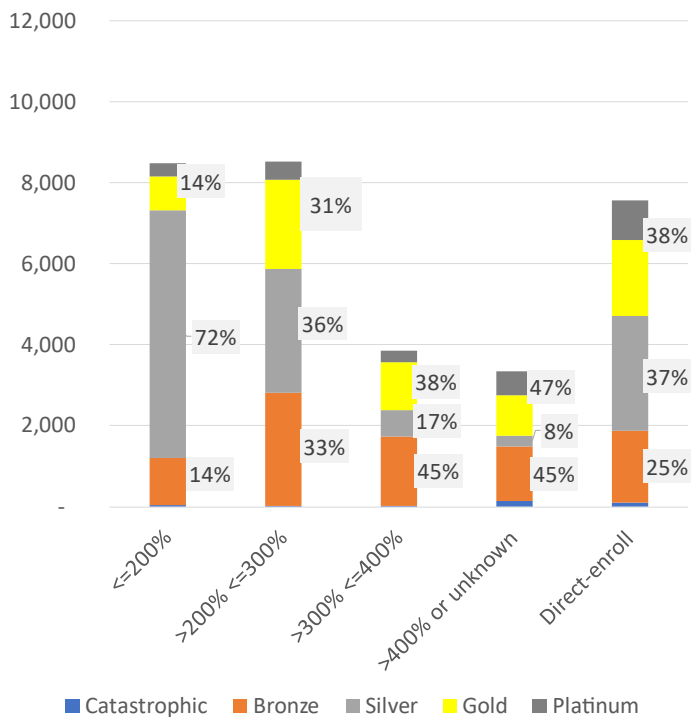
⁴ DVHA uses the tax-based measure of income, Modified Adjusted Gross Income (MAGI), to determine eligibility for Medicaid for Children and Adults and financial help for qualified health plans in accordance with the Affordable Care Act. Medicaid for the Aged, Blind, and Disabled, Pharmacy Assistance,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

⁵ No Subsidy = includes members who did not qualify for a subsidy but chose to enroll through the marketplace anyway, and members who did not apply for a subsidy.

A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS

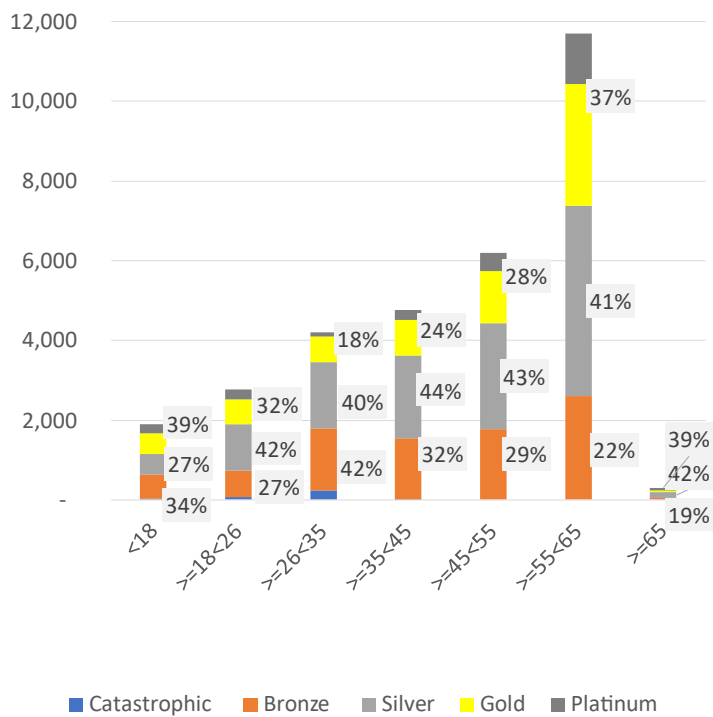
2021 Enrollment by Income

% enrolled in bronze/cat v. silver v. gold/plat

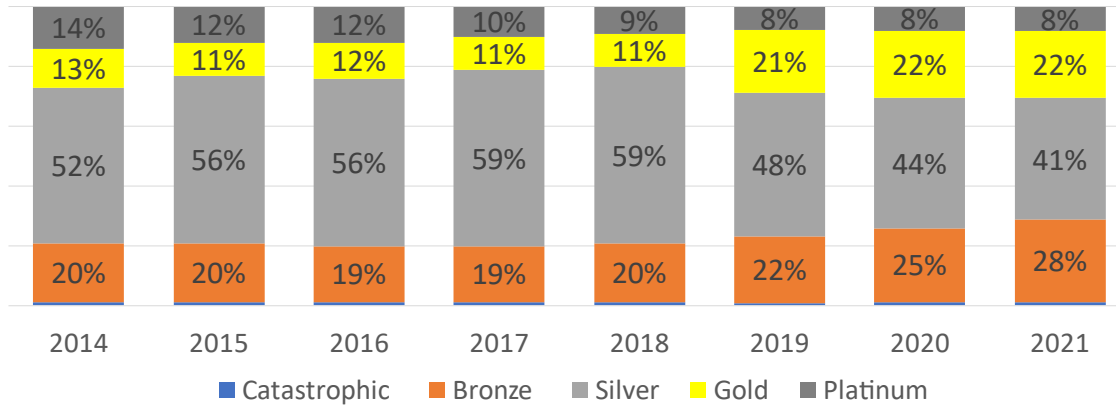


2021 Enrollment by Age

% enrolled in bronze/cat v. silver v. gold/plat

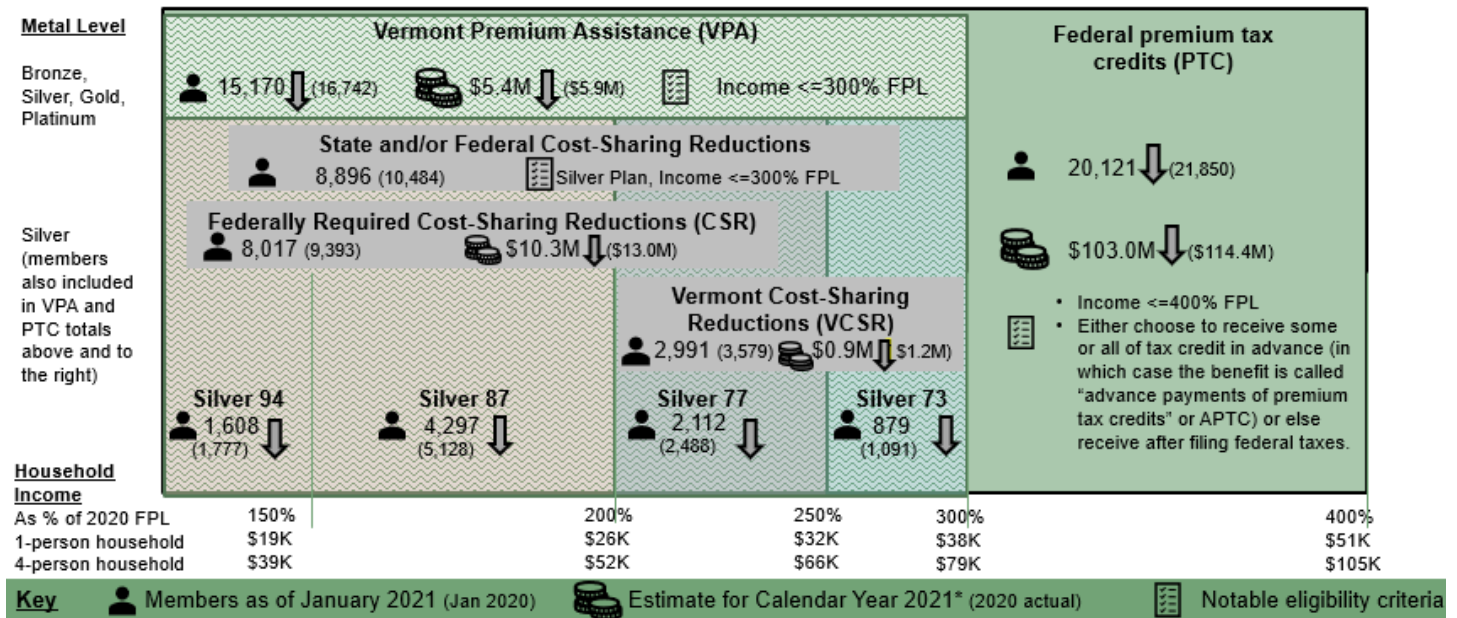


Metal Level Distribution by Year



A CLOSER LOOK: INDIVIDUALS IN QUALIFIED HEALTH PLANS WITH SUBSIDIES

As of January 2021, nearly 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 insurance, must enroll in a metal level plan, and must meet income guidelines.



*Estimates of total 2021 subsidies are based on pre-American Rescue Plan trends and likely underestimate the amount of subsidies to be received by members under new eligibility rules and anticipated increased enrollment.