

New Contract and/or Plan											
Deleted Contract and/or Plan											
YEAR BENCHMARK	2017	2018	2019	2020	2021	2022	2023	2024	2025		
	\$34.83	\$35.58	\$36.20	\$34.77	\$35.16	\$36.27	\$36.27	\$43.53	\$52.52		
Humana H5216					057- \$39.30 058- \$0.00 138- \$0.00	057- \$39.90 058- \$0.00 138- \$0.00	057- \$48.20 058- \$0.00 138- \$0.00	057- \$54.80 058- \$0.00 138- \$0.00	057- Deleted 058- Deleted 138- \$0.00		
MVP H9615	007- \$78.20 008- \$0.00	007- \$73.50 008- \$0.00	007- \$44.30 008- \$0.00	007- \$54.50 008- \$0.00	007- \$40.30 008- \$0.00	007- Deleted 008- \$0.00	007- Deleted 008- Deleted	015- \$0.00 016- \$53.90 017- \$66.20	015- Deleted 016- Deleted 017- Deleted		
MVP H3305	022- \$58.40	022- \$54.00	022- \$34.90	021- \$43.40 022- \$41.00 032- \$31.30	021- \$38.10 022- \$31.20 032- \$22.80	021- Deleted 022- \$46.40 032- Deleted	022- \$83.80	022- \$63.30	022- Deleted		
United Health Care R7444	001- \$25.80	001- \$19.90	001- \$21.40	001- \$24.20	001- \$31.00	001- \$35.90	001- \$43.30	001- \$55.90	001- Deleted		
United Health Care H5435	024- \$25.80	024- \$19.90	024- \$21.90	024- \$22.00	024- Deleted						
United Health Care H1944	018- \$0.00	018- \$0.00 028- \$26.30	018- \$16.90 028- \$18.20	018- \$12.80 028- \$22.90 032- \$0.00	018- \$11.60 028- \$16.40 032- \$0.00	018- \$20.00 028- \$30.30 032- \$0.00	018- \$20.00 028- \$48.20 032- \$0.00	018- \$28.00 028- Deleted 032- \$0.00	018- Deleted 028- Deleted 032- Deleted		
United Health Care H2001										029- \$52.50	
United Health Care H0271			012- \$30.00	012- \$25.70	012- \$24.80	012- \$25.40	012- \$30.80	012- \$43.50	012- Deleted		
United Health Care H8768								049- \$0.00	049- Deleted		
United Health Care H3442						010- \$0.00	010- \$0.00	010- Deleted			
Vermont Blue Advantage H6898					001- \$0.00 002- \$59.00	001- \$0.00 002- \$58.40	001- \$0.00 002- \$31.80	001- \$0.00 002- \$11.20	001- \$0.00 002- \$41.30		
Vermont Blue Advantage H9489					001- \$0.00	001- \$0.00	001- \$0.00	001- \$0.00	001- \$0.00		
Wellcare H1862					001- \$0.00	001- \$0.00	001- \$0.00	001- \$0.00	001- Deleted		
Wellcare H6594					001- \$0.00 002- \$0.00 003- \$27.60	001- \$0.00 002- \$0.00 003- \$25.10 004- \$21.00	001- \$0.00 002- \$0.00 003- \$17.30 004- \$13.10	001- \$0.00 002- \$0.00 003- \$27.60 004- \$22.50	001- Deleted 002- Deleted 003- Deleted 004- Deleted		
United Health Group SNP (Special Needs Plan) H5253										170- \$52.50	

Humana - (Choice Giveback-PPO)	H5216	\$138.00
United Health Care - (UHC MA VT-PPO)	H2001	\$29.00
Vermont Blue Advantage - (Freedom PPO)	H6898	\$1.00
Vermont Blue Advantage - (Freedom Plus-PPO)	H6898	\$2.00
Vermont Blue Advantage - (Unity-HMO)	H9489	\$1.00