

Vermont Health Connect Programs

Program	Who is Eligible? ¹	Benefits & Cost-Sharing
<p>Medicaid for Adults</p>	<p>Individuals age 19 or older and under age 65</p> <p>Household income ≤ 138% FPL (133% + 5% disregard)</p> <p>Individual is not entitled to or enrolled in Medicare Part A and/or enrolled in Part B</p>	<p>Physical and mental health</p> <p>Chiropractic (limited)</p> <p>Transportation</p> <p>Dental (\$1,000/year cap, no dentures)</p> <p>Prescriptions</p> <ul style="list-style-type: none"> • \$1/\$2/\$3 copayment if the member does not have Medicare coverage • \$1/\$2/\$3 copayment for over-the-counter medications <p>Other copayments</p> <ul style="list-style-type: none"> • \$3 copayment per dental visit • \$3 copayment per outpatient hospital visit (over 21 years of age)
<p>Medicaid for Parent/Caretaker Relative</p>	<p>Relative of a dependent by blood, adoption, or marriage with whom the dependent child is living, who assumes primary responsibility for the dependent child's care (regardless of whether the relative claims the child for tax purposes)</p> <p>Household income at or below the Parent/Caretaker Relative income standard for inside or outside of Chittenden County, depending on residency</p>	<p>Same benefits as Medicaid for Adults</p> <p>Up to \$9.85 copayment with Medicare coverage for prescriptions if the member has Low Income Subsidy (LIS) responsibility</p>

¹ See [HBEE rules](#) for full list of eligibility criteria

Dr. Dynasaur	Children under the age of 19 Household income ≤ 317% FPL (312% + 5% disregard)	Physical and mental health Chiropractic (limited) Transportation Eyeglasses (children only) Full dental benefits No copayments for prescriptions, over-the-counter medications, dental visits, or outpatient hospital visits
	Pregnant women Household income ≤ 213% FPL (208% + 5% disregard)	<u>Monthly household premiums (dependent upon household income):</u> <ul style="list-style-type: none"> • Pregnant women: No premium • ≤ 195% FPL: No premium • > 195% - ≤ 237% FPL: \$15 premium per family • > 237% - ≤ 312% FPL (Insured): \$20 premium per family • > 237% - ≤ 312% FPL (Uninsured): \$60 premium per family
Qualified Health Plan (QHP)	No income restrictions	Choice of QHPs on Vermont’s state-based exchange All plan designs include cost-sharing
Federal Advance Premium Tax Credits (APTC)	Tax filers that are not otherwise eligible for Minimum Essential Coverage (MEC) other than the purchase of a QHP Married individuals must file taxes jointly. No other tax filers will claim the individual as a dependent Household income between 100% - 400% FPL ² Lawfully present residents with income < 100% FPL who is not eligible for MCA solely due to immigration status	Can be applied to QHP monthly premium to reduce the cost of maintaining coverage Tax credits received in advance as monthly amounts, as a lump credit at tax filing, or a combination of both. Upper premium contribution limited to 8.5% of household income for 2022 (per ARPA)

² Expanded for the 2021 and 2022 plan years due to the American Rescue Plan Act (ARPA) and continuing through 2025 per the Inflation Reduction Act.

Federal Cost-Sharing Reduction (CSR)	Individuals that are enrolled in a silver-level QHP ³ Household income ≤ 250% FPL	Reduces copayments, coinsurance, deductibles, etc.
Vermont Premium Assistance (VPA)/ State Premium Assistance (SPA)	Household income ≤ 300% FPL	Reduces QHP premium
Vermont Cost-Sharing Reduction (VCSR)	Individuals that are enrolled in a silver-level QHP Household income between 200% - 300% FPL	Reduces copayments, coinsurance, deductibles, etc.
Immigrant Health Insurance Plan (IHIP)	Non-citizens who are pregnant and children under 19 who are not eligible for Dr. Dynasaur solely due to immigration status	Same benefits as Dr. Dynasaur ⁴

³ Unless the individual meets federally recognized tribal status per §59.03

⁴ Long-term services and supports, including home and community-based services, are not covered by IHIP

Green Mountain Care Programs

Program	Who is Eligible? ⁵	Benefits & Cost-Sharing
<p style="text-align: center;">Medicaid for the Aged, Blind & Disabled (MABD)</p>	<p>Individuals who are aged 65 and older, blind, and/or disabled</p> <p>Household income at or below the PIL for inside or outside of Chittenden County, depending on residency</p> <p>Resource limits:</p> <ul style="list-style-type: none"> • Individual: \$2,000 • Couple: \$3,000 	<p>Physical and mental health</p> <p>Chiropractic (limited)</p> <p>Transportation</p> <p>Dental (\$1,000/year cap, no dentures)</p> <p>Prescriptions</p> <ul style="list-style-type: none"> • \$1/\$2/\$3 copayment if the member does not have Medicare coverage • \$1/\$2/\$3 copayment for over-the-counter medications • Up to \$9.85 copayment with Medicare coverage for prescriptions if the member has Low Income Subsidy (LIS) responsibility <p>Other copayments</p> <ul style="list-style-type: none"> • \$3 copayment per dental visit • \$3 copayment per outpatient hospital visit (over 21 years of age)
<p style="text-align: center;">Medicaid for Working People with Disabilities (MWPD)</p>	<p>Individuals with disabilities who are working and, except for income and resources, is otherwise eligible for MABD</p> <p>Household income < 250% FPL</p> <p>Resource limits:</p> <ul style="list-style-type: none"> • Individual: \$10,000 • Couple: \$15,000 	<p>Same benefits as Medicaid for the Aged, Blind & Disabled (MABD)</p>

⁵ See [HBEE rules](#) for full list of eligibility criteria

<p>Disabled Child in Home Care (DCHC)/Katie Beckett</p>	<p>Children aged 18 or younger who have been determined disabled by the SSA or State of Vermont</p> <p>Require institutional level of care</p> <p>Household income and resources below MABD limits</p>	<p>Same health benefits as Dr. Dynasaur</p> <p>No premiums</p> <p>No copayments</p>
<p>VPharm⁶</p>	<p>Individuals enrolled in a Medicare Part D plan or a Medicare Part C plan with prescription drug coverage</p> <p>VPharm 1: ≤ 150% FPL</p> <ul style="list-style-type: none"> • Must apply for federal Low-Income Subsidy (LIS) <p>VPharm 2: 150.01% - 175% FPL</p> <p>VPharm 3: 175.01 – 225% FPL</p>	<p>Cost-sharing for medications and diabetic supplies covered by Medicare</p> <p>Full coverage for some over-the-counter medications and excluded Medicare drug classes</p> <p>Medicare prescription drug coverage (PDP) premium assistance up to the yearly benchmark (depending on LIS level). This includes Parts C and D PDP coverage.</p> <p>Eye examinations (VPharm 1 only)</p> <p><u>Monthly premiums per person (dependent upon household income):</u></p> <ul style="list-style-type: none"> • VPharm 1: \$15 premium • VPharm 2: \$20 premium • VPharm 3: \$50 premium <p>\$1/\$2 prescription copayments</p> <p>No retroactive coverage</p>
<p>Healthy Vermonters Program (HVP)⁷</p>	<p>Individuals without prescription insurance or who have met the annual maximum coverage limit for prescription drugs on their commercial plan</p> <p>Under 65 years old and not disabled: ≤ 350% FPL</p> <p>65 years or older, blind, or disabled: ≤ 400% FPL</p>	<p>Not a funded benefit; offers Medicaid prescription pricing</p> <p>If enrolled in a Medicare prescription drug plan (PDP), excluded classes of prescriptions are priced at the Medicaid rate</p> <p>No monthly premium</p> <p>No retroactive coverage</p>

⁶ See [VPharm Rules](#) for full list of eligibility criteria

⁷ See [HVP Rules](#) for full list of eligibility criteria

Medicare Savings Program (MSP)	<p>Qualified Medicare Beneficiary (QMB)</p> <p>Individuals who are enrolled in Medicare</p> <p>Household income \leq 100% FPL</p>	<p>Medicaid payment of Medicare Part A and Part B premiums, deductibles, and coinsurance</p> <p>No retroactive coverage</p> <p>Coverage begins the first of the month after the initial QMB benefit is granted</p>
	<p>Specified Low-Income Medicare Beneficiary (SLMB)</p> <p>Individuals who are enrolled in Medicare</p> <p>Household income between 100.01% - 120% FPL</p>	<p>Medicaid payment of Medicare Part B premiums</p> <p>Retroactive coverage up to 3 calendar months, if eligible</p> <p>Coverage begins the first of the month of application</p>
	<p>Qualifying Individual (QI-1)</p> <p>Individuals who are enrolled in Medicare and do not receive other federal-funded medical assistance (including Medicaid)⁸</p> <p>Household income between 120.01% - 135% FPL</p>	<p>Medicaid payment of Medicare Part B premiums</p> <p>Retroactive coverage up to 3 calendar months, if eligible</p> <p>Coverage begins the first of the month of application</p>
	<p>Qualified Disabled and Working Individual (QDWI)</p> <p>Individuals who are disabled and under the age of 65 who have lost premium-free Medicare Part A due to returning to work</p> <p>Household income \leq 200% FPL</p> <p>Household Resources \leq twice the MABD limit</p>	<p>Medicaid payment of Medicare Part A premiums</p> <p>Retroactive coverage up to 3 calendar months, if eligible</p> <p>Coverage begins the first day of the month of application or the date on which all eligibility criteria are met, whichever is later</p> <p>Exceedingly rare program with low enrollment nationally</p>

⁸ Except for coverage for excluded drug classes under Part D