



Coverage to Care: Insuring Vermont Families

A comprehensive look at the different coverage options available for Vermonters through Vermont Health Connect and Green Mountain Care.



Department of Vermont Health Access



- under 65 years of age and/or not determined disabled

Medicaid for Children and Adults

Qualified Health Plans

- with financial help
- without financial help



- over 65 years of age and/or blind or determined disabled

Medicaid for Aged, Blind and Disabled

Medicare Savings Programs
Prescription Assistance Programs



Medicaid for Children and Adults





Medicaid for Children and Adults

- Medicaid for Children & Adults (MCA) is free or low-cost health coverage.
- Eligibility for MCA is based on family size and household income.
- You can apply [online](#) or by phone by calling 1-855-899-9600.
- You can also complete a paper application and mail it in.
- Medicaid enrollment is year-round.





Medicaid for Adults

- You may be eligible for Medicaid for adults if you are:
 - Under age 65
 - Not entitled to, or enrolled in Medicare Part A and/or enrolled in Medicare Part B
- Have household income that is at or below 138% Federal Poverty Level (FPL) (133% plus a 5% disregard in Vermont)





Dr. Dynasaur



Vermonters who are pregnant or under the age of 19 may qualify for Medicaid (also known as Dr. Dynasaur) if you are:

- A child under the age of 19 with household income below 312% FPL (plus 5% disregard) or
- Pregnant with income below 208% FPL (plus 5% disregard)
- Dr. Dynasaur is free for pregnant persons with qualifying household income.
- Depending on household income and family size, Dr. Dynasaur for children under 19 may have a monthly premium up to \$60 per household.



Medicaid for Children and Adults (2021)

Eligibility for Benefits Determined in Relation to 2020 Federal Poverty Level (FPL)			
Upper FPL% and <i>monthly</i> income limits for:	Medicaid for Adults	Pregnant Women	Children under 19
Household Size*	133% of FPL + 5% disregard	208% of FPL + 5% disregard	312% of FPL + 5% disregard
1	\$1,468.20	N/A	\$3,371.20
2	\$1,982.85	\$3,060.85	\$4,554.85
3	\$2,498.50	\$3,855.50	\$5,738.50
4	\$3,013.20	\$4,651.20	\$6,921.20
5	\$3,528.85	\$5,445.85	\$8,104.85
6	\$4,043.50	\$6,241.50	\$9,288.50
7	\$4,559.20	\$7,036.20	\$10,472.20
8	\$5,073.85	\$7,831.85	\$11,655.85



Questions about Medicaid for Children and Adults?





Qualified Health Plans





Qualified Health Plans & Premiums

- All include [Essential Health Benefits](#)
- Premium Rates are tiered based on who is covered by the plan:
 - Single
 - Couple
 - Parent and child(ren)
 - Family (up to 2 adults and child(ren) - no cap)

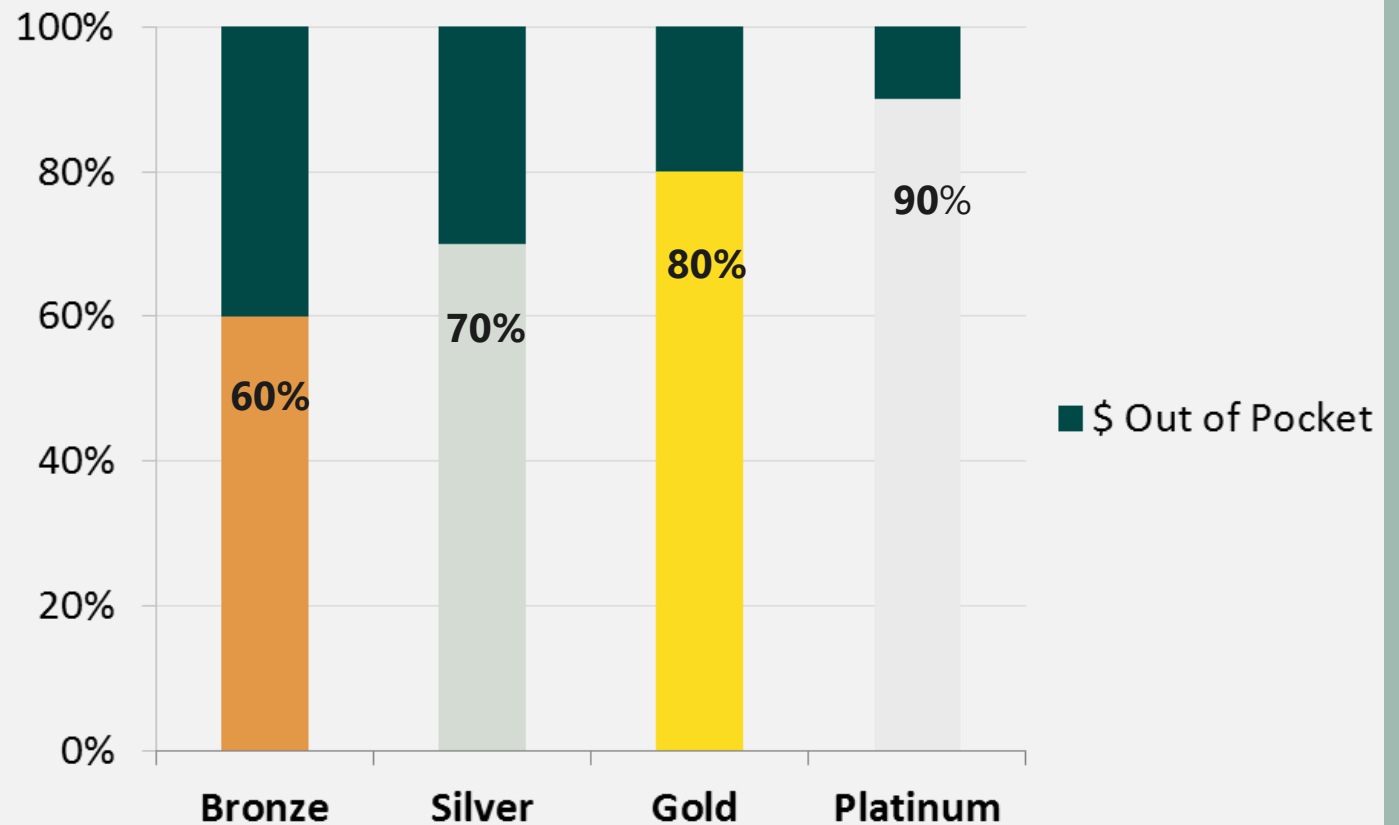




Plans are Offered at Standard Metal Levels

Qualified Health Plans (QHPs) are developed based on the following "metal levels":

- Bronze
- Silver
- Gold
- Platinum





Cost Sharing Reductions

A discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance, copayments based on your income.

- There are 4 tiers of CSRs
 - Tier 1: 94% Actuarial value for those at 150% of FPL
 - Tier 2: 87% Actuarial value for those at 200% of FPL
 - Tier 3: 77% Actuarial value for those at 250% of FPL
 - Tier 4: 73% Actuarial value for those at 300% of FPL
- For those above 300% they may be eligible for *Advanced Premium Tax Credits*



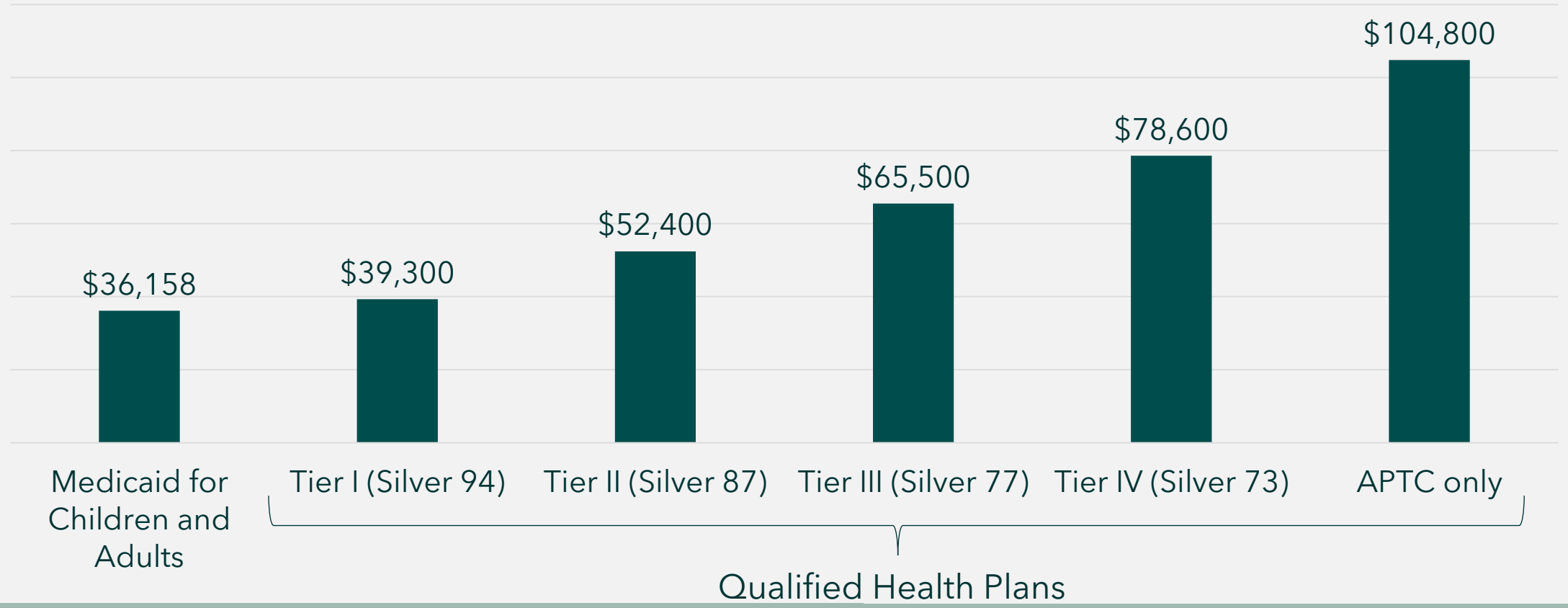
2021 APTC/VPA/CSR Chart

Vermont Household Income Thresholds for Advanced Premium Tax Credits (APTC), Vermont Premium Assistance (VPS), and Cost Sharing Reductions (CSR)						
Eligibility for 2021 Benefits Determined Based on 2020 Federal Poverty Level (FPL)						
Upper FPL% and annual income limits for:		Silver 94 (94% AV) CSR Tier I	Silver 87 (87% AV) CSR Tier II	Silver 77 (77% AV) CSR Tier III	VPA & Silver 73 (73% AV) CSR Tier IV	APTC only
Household Size*	100% (for reference)	150%	200%	250%	300%	400%
1	\$12,760	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040
2	\$17,240	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960
3	\$21,720	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880
4	\$26,200	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800
5	\$30,680	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720
6	\$35,160	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640
7	\$39,640	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560
8	\$44,120	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480
For each additional person add	\$4,480	\$6,720	\$8,960	\$11,200	\$13,440	\$17,920

*Household size = tax filer + spouse (even if they live apart) + tax filer's dependents. Married couples must file jointly to be eligible for APTC and CSR.

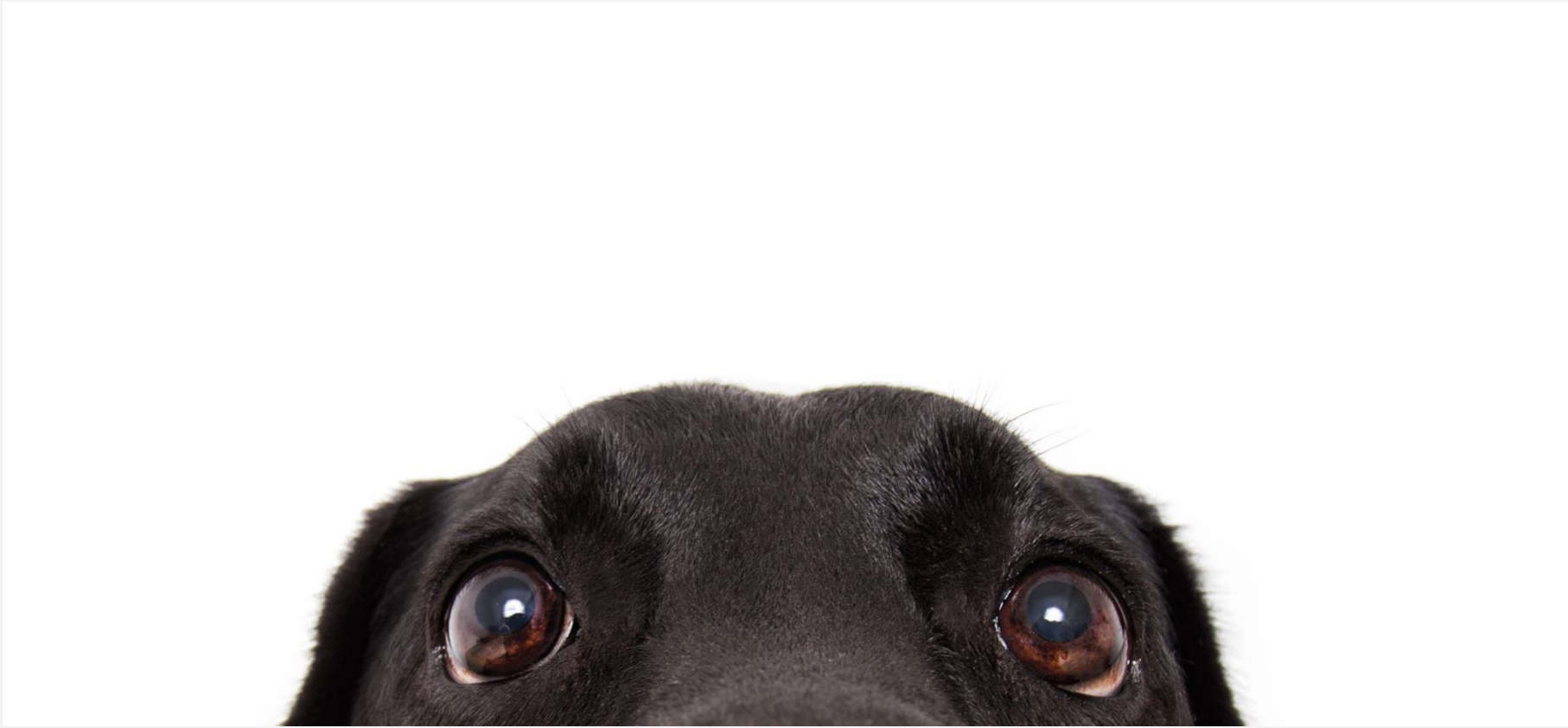


Vermont Health Connect Coverage Options for a Family of Four (by household income)





Questions about Qualified Health Plans?





Dental Plans and Programs



Dental Insurance and the ACA

- Dental coverage for adults is optional and for children is an essential health benefit:
 - For someone 18 or younger who is receiving health coverage;
 - Dental coverage must be available for the individual who is 18 or younger as either;
 - A part of the health benefit plan; or
 - A stand-alone plan
- Dental Coverage is optional





Dental Insurance and VHC

- Northeast Delta Dental offers the dental coverage through Vermont Health Connect:
 - Dental with Pediatric High Option
 - Meets the Pediatric Dental Benefit requirement of the ACA
 - Only adult enrollees have an annual maximum benefit
 - Pediatric enrollees have maximum out-of-pockets



Northeast Delta Dental





Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

- EPSDT is a Dr. Dynasaur/Medicaid benefit for children and youth under age 21.
 - Early: Identify problems early, starting at birth.
 - Periodic: Check children's health at regular, age-appropriate intervals
 - Screening: Provide physical, mental, developmental, dental, hearing, vision, and other screening tests to identify potential problems
 - Diagnostic: Perform tests to follow up when a risk is identified, and
 - Treatment: Provide treatment to control, correct, or reduce any health problems found.





Green Mountain Care





Green Mountain Care



Medicaid For The Aged, Blind Or Disabled

Information is for individuals applying for Medicaid based on being age 65 or older, blind, or disabled.



Prescription Assistance

Prescription Assistance helps eligible Vermonters pay for prescription medicines.



Medicaid for the Aged, Blind and Disabled

- To be eligible for this type of Medicaid, you must:
 1. Be a Vermont resident;
 2. Meet one of the following criteria:
 1. Aged - 65 years of age or over;
 2. Blind; or
 3. Disabled (*as defined by the Social Security Administration*); and
 3. Meet the financial criteria, including [income guidelines and resource limits \(2020 Protected Income Level \(PIL\) and Percentage of Federal Poverty Income Guidelines \(FPL\)\)](#)



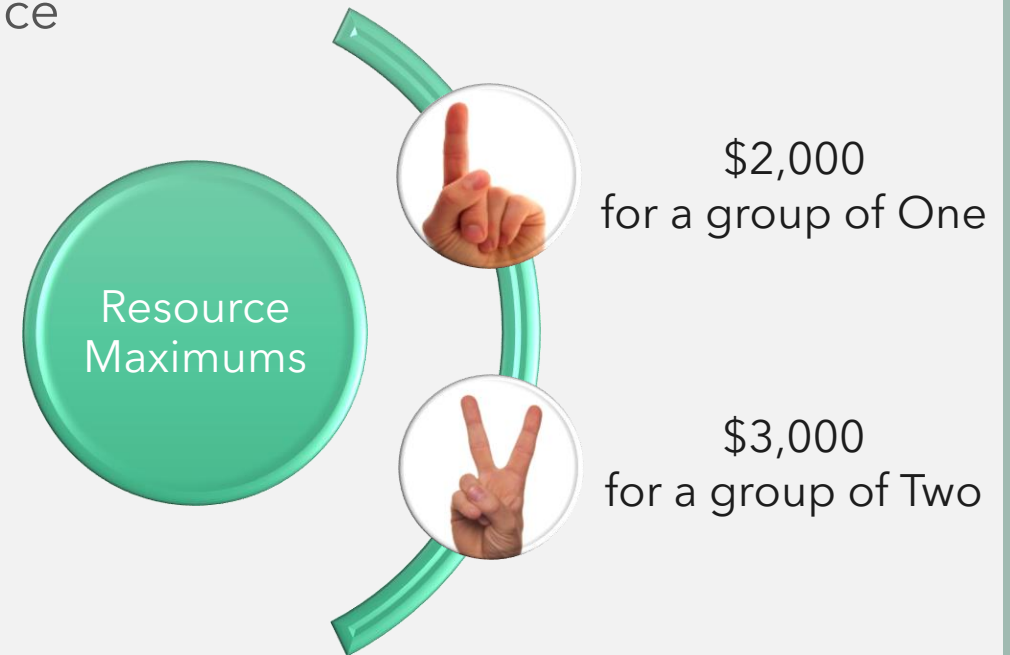
Resources

Resources are cash and other property, real or personal, that an individual (or their spouse, if any):

- Owns
- Has the right, authority, or power to convert to cash (if not already cash)
- Is available for their support and maintenance

Resource limits vary depending on the type of category and services, and the size of the Medicaid group.

If an excess resource amount remains after all exclusions have been applied, the individual has not passed the resource test. An individual may become eligible for MABD by spending down or giving away excess resources.





Spenddowns

Spending down is the process by which a Medicaid group incurs allowable expenses to be deducted from its income or spends resources to meet financial eligibility requirements.

When the total countable income or, if applicable, resources of an individual exceeds the applicable income or resource standard for eligibility after allocations are made, and exclusions and disregards, if applicable, are applied, an individual may use the spenddown provisions set forth in rule to attain financial eligibility.

Also Known As...

Medicaid Excess Income/Resource Program

Surplus Income/Resources

Applied Income/Resource Periods





Medicare Savings Program (MSP)





Medicare Savings Program (MSP)



- Medicare Savings Programs help low-income individuals with some of the out-of-pocket costs for Medicare, including Medicare Part A and Part B premiums, deductibles, copayments, and coinsurance. Eligibility for certain MSPs automatically qualifies you for the Extra Help program as well, which helps beneficiaries with the cost of prescription drugs.



- To qualify, you must have or be eligible for Medicare Part A and have income below a certain threshold. The income requirements are different for each MSPs and may change from year to year.



Prescription Assistance Programs





VPharm

VPharm provides supplemental pharmacy coverage to a Medicare part D prescription drug plan (PDP). The VPharm program also covers the part D premium (*up to the benchmark amount*), co-pays, deductibles, co-insurance, and gaps for the individual not eligible for limited income subsidy (LIS).

There is no retroactive coverage for VPharm, and there is no resource test.





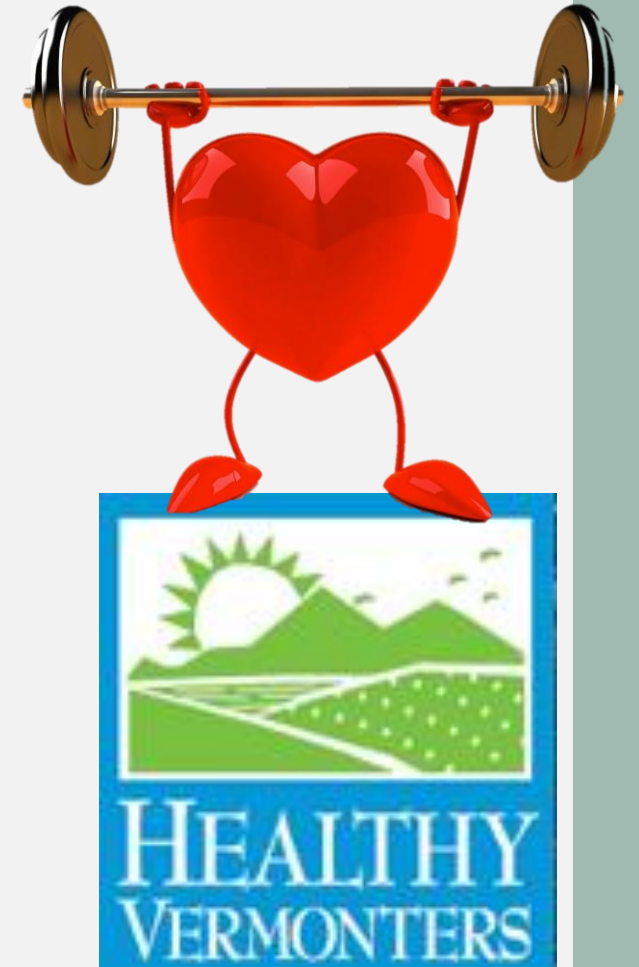
Healthy Vermonters Program

HVP is a discount prescription program for Vermonters without prescription insurance or who have met the annual maximum coverage limit for prescriptions on their commercial plan.

Under HVP, individuals can purchase prescription medicines at the discounted Medicaid payment rate to maintain their health and prevent unnecessary health problems.

There is no resource test and no premium obligation for this program.

HVP does not offer retroactive coverage.





Medicare

My Medicare.gov

The official U.S. Government Site for Medicare



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**



**Part C
Medicare
Advantage
Plans (like
HMOs/PPOs)**
Includes Part A,
Part B and
sometimes Part
D coverage



**Part D
Medicare
Prescription
Drug
Coverage**

PARTS OF MEDICARE



Part A (Hospital Insurance)



- Helps cover:
 - Inpatient care in hospitals
 - Skilled nursing facility care
 - Hospice care
 - Home health care
- To learn more, see pages 25-29 of the [Medicare Member Handbook for OE2021](#)



Part B (Medical Insurance)



- Helps cover:
 - Services from doctors and other health care providers
 - Outpatient care
 - Home health care
 - Durable medical equipment
 - (like wheelchairs, walkers, hospital beds, and other equipment)
 - Many preventive services
 - (like screenings, shots or vaccines, and yearly “Wellness” visits)

- To learn more, see pages 29-51 of the [Medicare Member Handbook for OE2021](#)



Part D (Drug Coverage)



- Helps cover the cost of prescription drugs (including many recommended shots or vaccines).
- Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare.

- To learn more, see pages 75-86 of the [Medicare Member Handbook for OE2021](#)



Medicare Open Enrollment (OE)

- During this open enrollment period (OE) a beneficiary can make changes to various aspects of their coverage.
- Can switch from Original **Medicare** to **Medicare Advantage**, or vice versa.
- Can also switch from one **Medicare** Advantage plan to another, or from one **Medicare** Part D (prescription drug) plan to another.

The screenshot shows the Medicare Plan Finder website. At the top, there is a navigation bar with links for 'Home', 'Learn More About Plans', 'Help', 'Glossary', and 'FAQ'. Below this is the 'Medicare Plan Finder' section, which includes a search bar and a 'Find Plans' button. The page is divided into two main search options: 'General Search' and 'Personalized Search'. The 'General Search' section has a 'ZIP Code' input field and a 'Find Plans' button. The 'Personalized Search' section has fields for 'ZIP Code', 'Medicare Number' (with an example: 123456789), and 'Last Name'. There is also a small video player on the right side of the page.



Medicare and Vermont Health Connect



*My*Medicare.gov
The official U.S. Government Site for Medicare



Vermont Health Connect (VHC) and Becoming Eligible for Medicare



- The enrollee can keep a Qualified Health Plan from VHC after the enrollee's Medicare coverage begins **BUT**
 - ❑ Once the enrollee's Part A coverage starts they can **no longer receive help** to get lower costs for the QHP
 - ❑ They may be liable for a **late penalty** if they decide to sign up for Medicare at a later date



Choosing Vermont Health Connect Instead of Medicare

Vermonters can choose Vermont Health Connect coverage instead of Medicare if they:

- would have to pay a premium for Part A,
 - the enrollee can drop Part A and Part B coverage and get a QHP instead
- only have Part B and would have to pay a premium for Part A,
 - the enrollee can drop Part B and get a QHP plan instead
- has been determined disabled by the SSA and is either ineligible for Medicare or in a two-year waiting period.



Resources

Centers for Medicare & Medicaid Services (CMS)

- 1-800-MEDICARE (1-800-633-4227).
TTY: 1-877-486-2048.
- [Medicare.gov](https://www.Medicare.gov)
- [CMS.gov](https://www.CMS.gov)
- [Medicaid.gov/](https://www.Medicaid.gov/)

Social Security

- 1-800-772-1213. TTY: 1-800-325-0778
- [SocialSecurity.gov/](https://www.SocialSecurity.gov/)

Railroad Retirement Board

- 1-877-772-5772. TTY: 1-312-751-4700
- [RRB.gov/](https://www.RRB.gov/)

Affordable Care Act

- [HealthCare.gov](https://www.HealthCare.gov)
- [HHS.gov/healthcare/about-the-aca/index.html](https://www.HHS.gov/healthcare/about-the-aca/index.html)

Medicare Plan Finder

- [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan)

State Health Insurance Assistance Programs and State Insurance Departments

- <http://vermont4a.org/>
- 800-642-5119



SHIP

Local Help for People with Medicare.

- **U.S. Department of Health and Human Services, Office for Civil Rights**
- [HHS.gov](https://www.HHS.gov)
- [HHS.gov/ocr/office/index.html](https://www.HHS.gov/ocr/office/index.html)
- 1-800-368-1019. TTY: 1-800-537-7697

Additional Resources

- [Benefits.gov](https://www.Benefits.gov)
- [InsureKidsNow.gov](https://www.InsureKidsNow.gov)



COVID-19 Response



**AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS**



DVHA COVID-19 Response

- Temporarily waiving financial verifications required for those seeking to enroll in health insurance;
- Extending Medicaid coverage periods (meaning the Department is not processing the annual “reviews” that could result in loss of Medicaid) until after the emergency ends;
- Not ending Medicaid coverage during the Emergency period unless the customer requests it; and
- Temporarily waiving Dr. Dynasaur premiums, beginning with the April bills for the premium due in May.



DVHA COVID-19 Response

For Long-Term Care Medicaid, Vermont is:

- Accepting self-attestations for current income and resources from applicants for Long-Term Care Medicaid eligibility determinations and suspending transfer of asset rules (60 month look back period) during the Emergency;
- Extending the review period for Long-Term Care Medicaid members who had a review scheduled for March, April or May until the Emergency ends;
- Reviews are extended for all Long-Term Care Medicaid members scheduled for those three months whether or not they returned their review application;
- All Provider questions and concerns should be sent via EMAIL to the DVHA LTC Management Team at: AHS.DVHALTCMGMT@vermont.gov



Questions?





Thank you!

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My pronouns are: she, her, hers ([what's this](#))



**AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS**