

Vermont Health Connect Update

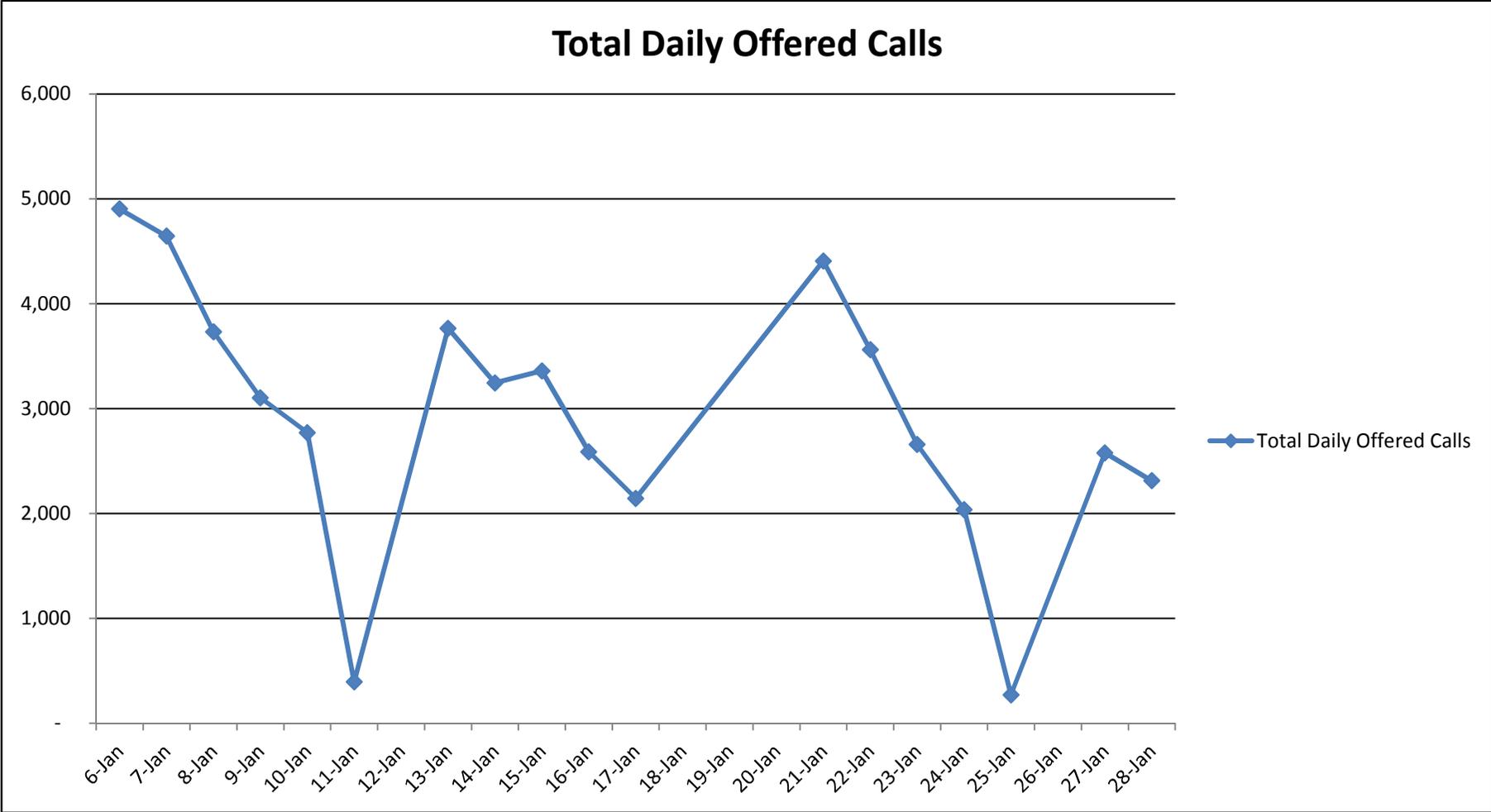
Commissioner Mark Larson
Department of Vermont Health Access
January 30, 2014



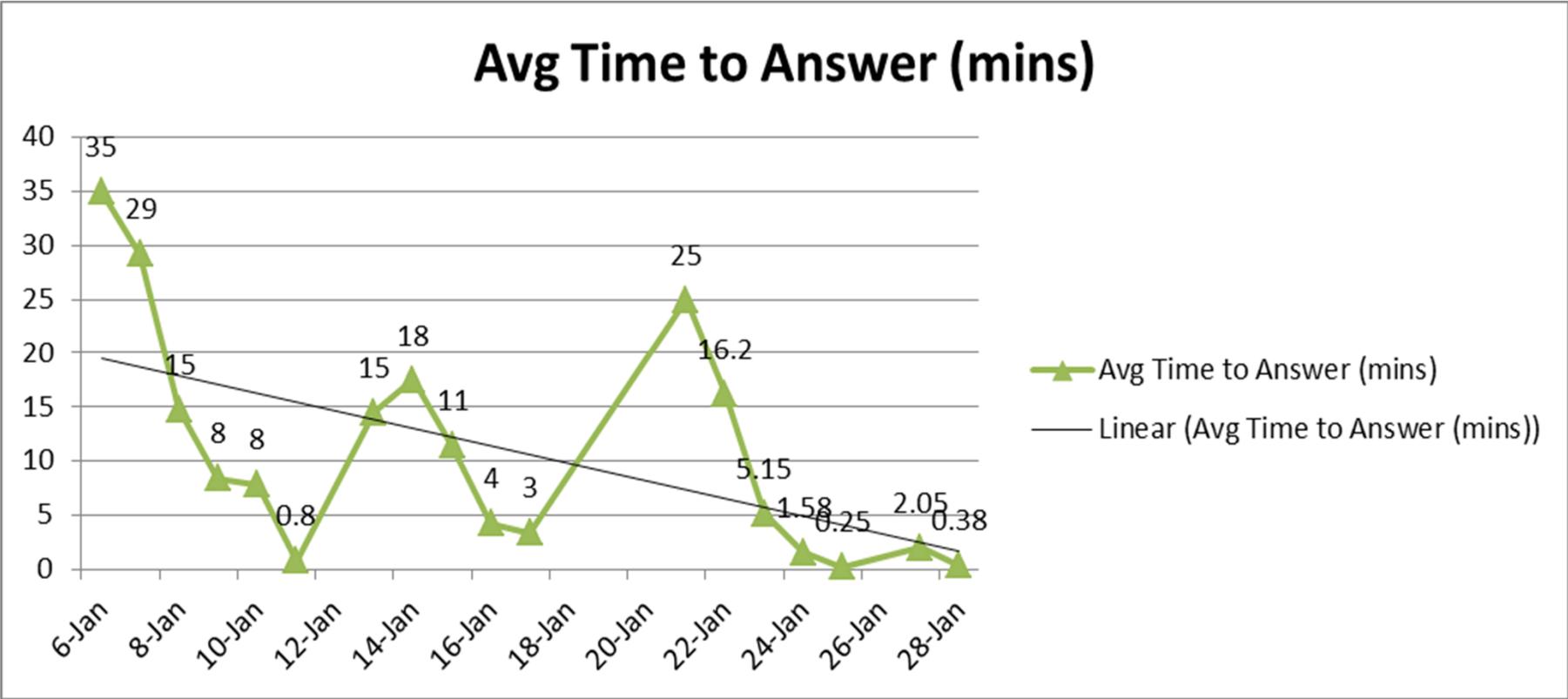
Overview

- Customer Support Center Update
- 1/1 Coverage Data
- 2015 Plan Design Proposals

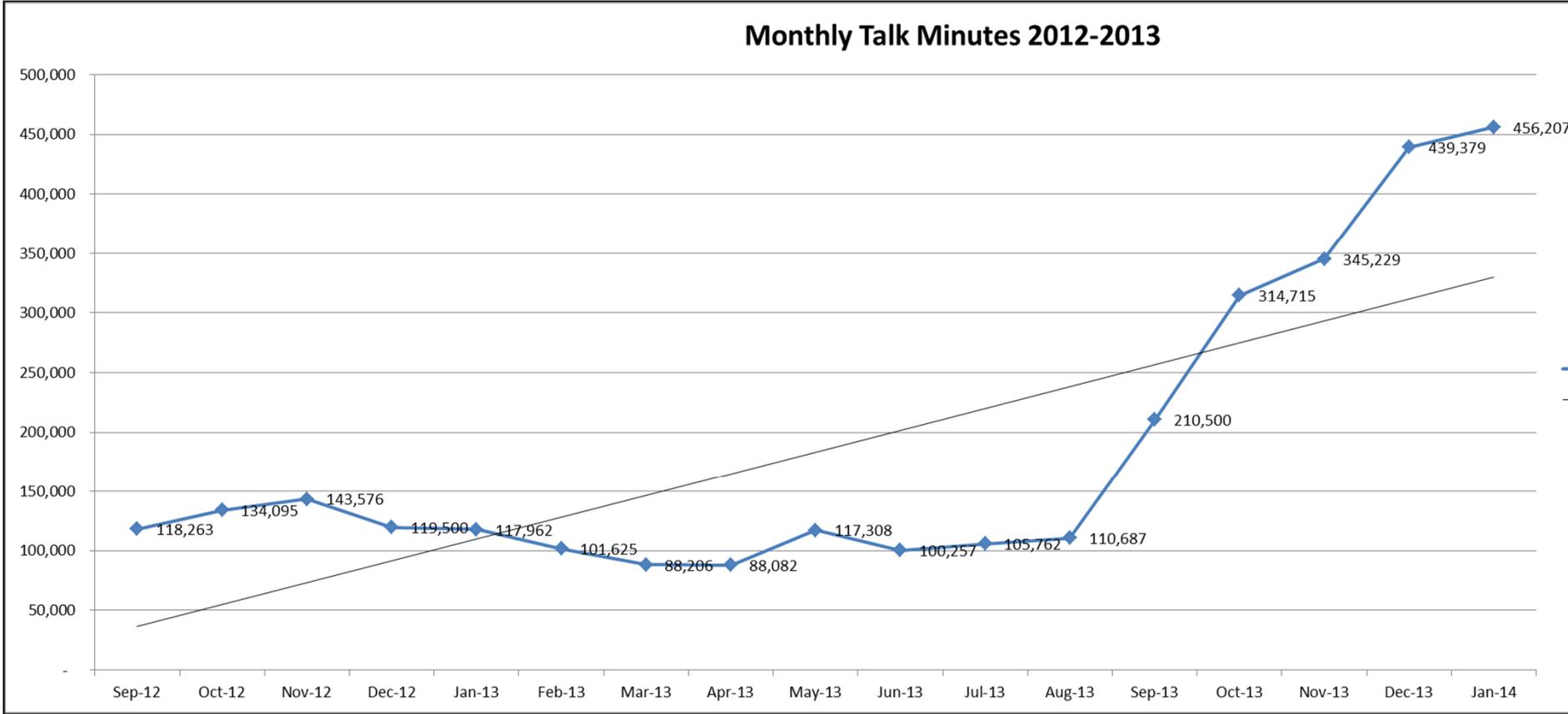
Customer Support Center



Customer Support Center



Customer Support Center

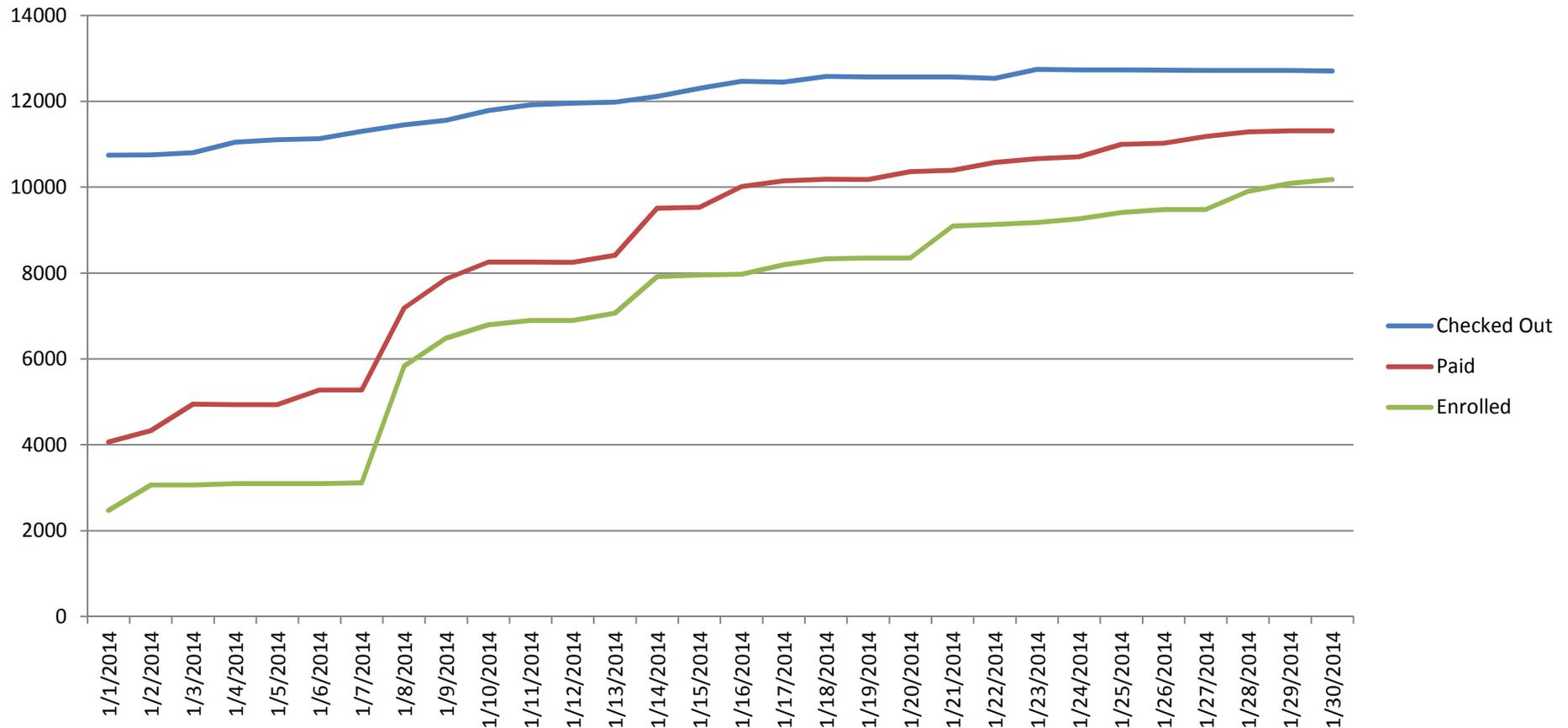


Data for January 1 Coverage Effective Date

	Individual Plans Confirmed (Checked Out)	Payment Received (Paid)	Enrollment Effectuated (Enrolled)
QHP	12,847	11,267	10,234
Medicaid	11,830	N/A	11,128
Total	24,667	11,267	21,362*

*2,501 more than when last presented

Status of QHPs with January 1 Effective Date



Proposed 2015 Plans Timeline

- DVHA recommends plan design adjustments January 16, 2014
- Carriers must file forms no later than March 1, 2014
 - Form review would conclude no later than May 31, 2014
- Carriers must submit rates on June 1, 2014
 - Rate review would conclude by August 31, 2014, (September 30, 2014 if necessary)
- VHC plan selection would begin September 1, 2014 and conclude no later than November 14, 2014
- Open enrollment from November 15, 2014 to January 15, 2015

Review: Benefits & Cost Structure

- The “Essential Health Benefits” (EHB) plan is the “benchmark” that states use to determine the required benefits and quantitative limitations of any small group or non-group plan sold in 2014 and 2015
 - The EHB covers 10 categories of benefits
- The total cost of providing EHB is split between insurance coverage (funded by premiums) and what enrollees pay out-of-pocket for covered services
 - Qualified health plans are grouped into four sets of actuarial value (AV) or “metal levels”
- ACA Principles:
 - State flexibility
 - Comprehensive benefits across ten statutory categories
 - Scope of benefits under a typical employer plan
 - Coverage consistent with the mental health parity laws
 - Additional Vermont Principle: All state mandates are included

2015 Plan Design Adjustment Board Request

- No cost-sharing for Class I (basic) pediatric oral health essential health benefits
 - Class I are basic services: screenings, exams, x-rays, and cleanings
 - No co-insurance, and no co-pay after deductible is met
 - Deductible would apply on plans which are Health Savings Account qualified under IRS regulations in order to keep their tax advantage status

2015 Plan Design Adjustment

- Lower the medical deductible on the Standard Platinum plan from \$150 to \$100
 - This is an increase in benefit that is necessary in order to meet the federal AV requirement for platinum level plans

2015 Plan Design Adjustment

- Lower the medical deductible of the Standard Silver CSR variation from \$750 to \$600
 - These plans are available to individuals with income from 150%-200%FPL who have selected a Silver Plan
 - 150%-200%FPL is \$17,235 - \$22,980 annually
 - This is an increase in benefit necessary in order to meet the federal AV requirement for CSR 87% plans