



State of Vermont
Green Mountain Care Board
89 Main Street
Montpelier VT 05620

Report to the Legislature

**REPORT REGARDING CHANGES TO CERTAIN
2016 QUALIFIED HEALTH PLANS ON
VERMONT'S HEALTH INSURANCE EXCHANGE**

In accordance with 18 V.S.A. § 9375(b)(9)

*Submitted to the
House Committee on Health Care
And the Senate Committee on Health & Welfare*

*Submitted by the
Green Mountain Care Board
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March 31, 2015

Pursuant to 18 V.S.A. § 9375(b)(9), the General Assembly charged the Green Mountain Care Board with approving the initial health benefit package and plan designs for qualified health plans (QHPs) offered through the health benefit exchange (Vermont Health Connect, or VHC). In addition, the Board is required to report its approval of “any subsequent substantive changes to the benefit package” to the House Committee on Health Care and the Senate Committee on Health and Welfare. This memorandum is intended to fulfill this latter statutory requirement.

Although there is no definition of what constitutes a substantive change, the Board in October 2012 voted to approve the administration’s request that the Department of Vermont Health Access (DVHA) be permitted to make “minor modifications” to VHC plan designs without Board approval.¹ GMCB Order (Order), May 19, 2014 (eff. Oct. 4, 2012). Over the course of several meetings in February and March 2015, DVHA appeared before the Board and recommended approval of changes to 2016 QHPs that are not “minor” under the Board’s Order, and thus required Board approval.

On March 19, 2015, the Board voted to approve DVHA’s recommendations for the following changes to the 2016 QHPs:

- 2016 Silver Deductible Plan
 - The Board voted to approve plan changes that include increases to the medical deductible from \$1,900 to \$2,000 and to the prescription drug deductible from \$100 to \$150. The plan also increases copays for specialist office visits from \$45 to \$50, for generic brand drugs from \$12 to \$15, and for preferred drug brands from \$50 to \$60. The medical out-of-pocket-max (MOOP) increases from \$5,100 to \$5,600.
 - The approved plan does not increase preventive office visit and mental health/substance abuse (MH/SA) cost sharing over 2015 levels.
- 2016 Bronze Deductible Plan
 - The Board voted to approve plan changes that include increases to the medical deductible from \$3,500 to \$4,000 and to the prescription drug deductible from \$300 to \$500. The plan increases copays for specialist office visits increase from \$80 to \$85. The medical MOOP increases from \$6,350 to \$6,850.
 - All cost sharing levels among other service categories remain the same as for 2015.
- 2016 Bronze High Deductible Health Plan (HDHP)
 - The Board approved two plan design options. In Option 1, the medical deductible increases from \$2,000 to \$4,100. The MOOP is embedded and increases from \$6,250 to \$6,500.
 - Option 2 includes an increase in medical deductible from \$2,000 to \$4,400. The MOOP is stacked, and increases from \$6,250 to \$6,500.

Note that the plan design changes were necessitated to comply with changes in federal law and regulation and to meet actuarial values set under the federal Affordable Care Act.

¹ DVHA can modify approved plan designs, without further Board approval, if: (1) the modification is needed to meet federal guidance, and (2) the modification is limited to a copay change equal to or less than \$15; a co-insurance change equal to or less than 5%, or a deductible change equal to or less than \$200.