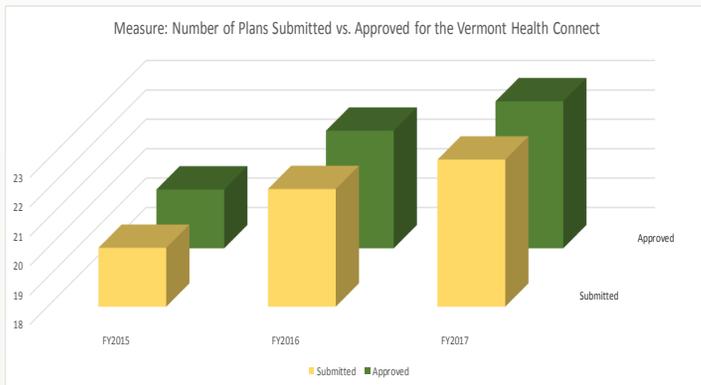


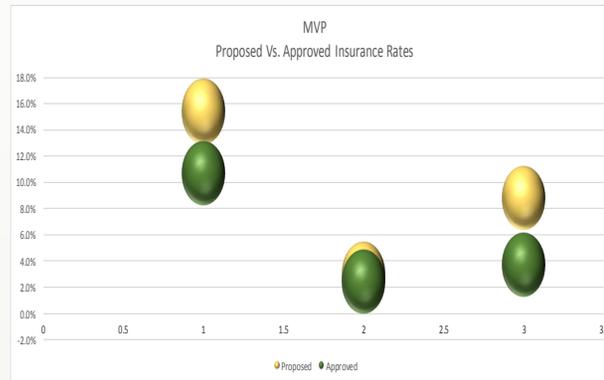
Results Base Accountability

Insurance Rate Review

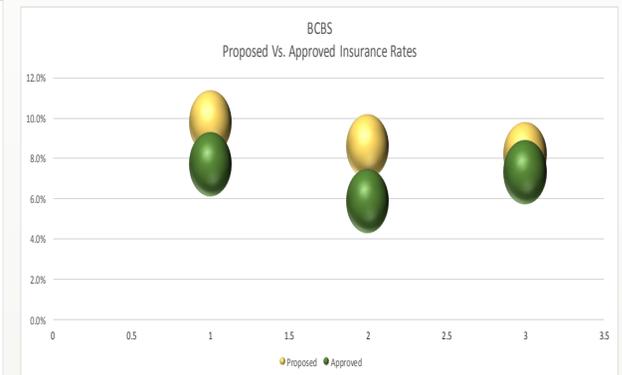
Since January 1, 2014, the GMCB has exercised primary responsibility over major medical health insurance rate review for plans offered to individuals and small group employers through Vermont Health Connect. In its role as regulator, the Board must approve, modify, or disapprove a proposed rate filing within 90 days of its submission. The Board contracts with Lewis & Ellis Actuaries and Consultants (L&E) to provide actuarial support and assist the Board in determining whether proposed rates are affordable, promote quality care, are fair and equitable, and do not jeopardize insurer solvency. In addition to actuarial assistance, the Board takes into consideration the analysis and opinion of the Department of Financial Regulation regarding insurer solvency. This comprehensive regulatory process results in an overall positive impact on the affordability, accessibility, and quality of Vermonters' health care. For example, comparing Vermont's rates to those across the nation, Vermont's premium change from 2016 to 2017 in the 2nd lowest cost silver plan category was 5% compared to the national average of 24%.



The Green Mountain Care Board reviewed 12 BCBS and 11 MVP health insurance plan rates to ensure that Vermonters pay a fair price for quality coverage on VHC in 2017. These 23 plans in total represent all plans available on VHC for 2017.



The Green Mountain Care Board reduced an 8.8% increase proposed by MVP Health Plan, Inc. to 3.7%, reducing the rate increase by 5.1% and saving the insured population an estimated \$1.7 million.



The Green Mountain Care Board reduced an 8.2% rate increase proposed by Blue Cross and Blue Shield of Vermont to 7.3%, reducing the rate increase by 0.9% and saving the insured population an estimated \$3.5 million.