

S.89

An act relating to allowing reflective health benefit plans at all metal levels

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 8 V.S.A. § 4088a(a)(4) is amended to read:

(4) For silver- and bronze-level qualified health benefit plans and any reflective ~~silver~~ health benefit plans offered at the silver or bronze level pursuant to 33 V.S.A. chapter 18, subchapter 1, health care services provided by a chiropractic physician may be subject to a co-payment requirement, provided that any required co-payment amount shall be between 125 and 150 percent of the amount of the co-payment applicable to care and services provided by a primary care provider under the plan.

Sec. 2. 8 V.S.A. § 4088k is amended to read:

§ 4088k. PHYSICAL THERAPY CO-PAYMENTS FOR CERTAIN PLANS

For silver- and bronze-level qualified health benefit plans and any reflective ~~silver~~ health benefit plans offered at the silver or bronze level pursuant to 33 V.S.A. chapter 18, subchapter 1, health care services provided by a licensed physical therapist may be subject to a co-payment requirement, provided that any required co-payment amount shall be between 125 and 150 percent of the amount of the co-payment applicable to care and services provided by a primary care provider under the plan.

Sec. 3. 18 V.S.A. § 9375(b) is amended to read:

(b) The Board shall have the following duties:

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(9) Review and approve, with recommendations from the Commissioner of Vermont Health Access, the benefit package or packages for qualified health benefit plans and reflective ~~silver~~ health benefit plans pursuant to 33 V.S.A. chapter 18, subchapter 1. The Board shall report to the House Committee on Health Care and the Senate Committee on Health and Welfare within 15 days following its approval of any substantive changes to the benefit packages.

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Sec. 4. 33 V.S.A. § 1802 is amended to read:

§ 1802. DEFINITIONS

As used in this subchapter:

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(10) “Reflective ~~silver~~ health benefit plan” means a health benefit plan that meets the requirements set forth in section 1813 of this title.

Sec. 5. 33 V.S.A. § 1811 is amended to read:

§ 1811. HEALTH BENEFIT PLANS FOR INDIVIDUALS AND SMALL
EMPLOYERS

(a) As used in this section:

(1) “Health benefit plan” means a health insurance policy, a nonprofit hospital or medical service corporation service contract, or a health maintenance organization health benefit plan offered through the Vermont Health Benefit Exchange or a reflective ~~silver~~ health benefit plan offered in accordance with section 1813 of this title that is issued to an individual or to an employee of a small employer. The term does not include coverage only for accident or disability income insurance, liability insurance, coverage issued as a supplement to liability insurance, workers’ compensation or similar insurance, automobile medical payment insurance, credit-only insurance, coverage for on-site medical clinics, or other similar insurance coverage in which benefits for health services are secondary or incidental to other insurance benefits as provided under the Affordable Care Act. The term also does not include stand-alone dental or vision benefits; long-term care insurance; short-term, limited-duration health insurance; specific disease or other limited benefit coverage; Medicare supplemental health benefits; Medicare Advantage plans; and other similar benefits excluded under the Affordable Care Act.

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Sec. 6. 33 V.S.A. § 1813 is amended to read:

§ 1813. REFLECTIVE ~~SILVER~~ HEALTH BENEFIT PLANS

(a)(1) In the event that federal cost-sharing reduction payments to insurers are suspended or discontinued, registered carriers may offer to individuals and employees of small employers ~~silver-level~~ nonqualified reflective health benefit plans that do not include funding to offset the loss of the federal cost-sharing reduction payments. These plans shall be similar to, but contain at least one variation from, ~~silver-level~~ qualified health benefit plans offered through the Vermont Health Benefit Exchange that include funding to offset the loss of the federal cost-sharing reduction payments.

(2) In its review and approval of premium rates pursuant to 8 V.S.A. § 4062, the Green Mountain Care Board shall ensure that:

(A) the rates for ~~the silver-level~~ some or all qualified health benefit plans offered through the Vermont Health Benefit Exchange include funding to offset the loss of the federal cost-sharing reduction payments; and

(B) the rates for the reflective ~~silver~~ health benefit plans described in subdivision (1) of this subsection (a) do not include funding to offset the loss of the federal cost-sharing reduction payments.

(3) To the extent not expressly prohibited under federal law, the Green Mountain Care Board shall ensure that funding to offset the loss of the federal

cost-sharing reduction payments is included exclusively in silver-level qualified health benefit plans offered through the Vermont Health Benefit Exchange.

(b) A reflective ~~silver~~ health benefit plan shall comply with the requirements of section 1806 of this title except that the plan shall not be offered through the Vermont Health Benefit Exchange.

Sec. 7. EFFECTIVE DATE

This act shall take effect on January 1, 2020.