

Overview of Green Mountain Care and Vermont Health Connect Programs as of 1/27/20
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PROGRAM	WHO IS ELIGIBLE	BENEFITS	COST-SHARING
MABD Medicaid¹ Medicaid Working Disabled MCA² (Expanded Medicaid)	<p>Aged, blind, disabled at or below the PIL³.</p> <p>Disabled working adults at or below 250% FPL⁴.</p> <p>Vermonters at or below 138% of FPL who are:</p> <ul style="list-style-type: none"> • Parents or caretaker relatives of a dependent child; or • Adults under age 65 and not eligible for Medicare 	<ul style="list-style-type: none"> • Covers physical and mental health, dental (\$1000 cap/yr), prescriptions, chiro (limited), transportation (limited). • Not covered: eyeglasses (except youth 19-20); dentures. • Additional benefits listed under Dr. Dynasaur (below) covered for youth 19-20. • Covers excluded classes of Medicare Part D drugs for dual-eligible individuals. 	<ul style="list-style-type: none"> • No monthly premium. • \$1/\$2/\$3 prescription co-pay if no Medicare Part D coverage. • \$3.60 -\$8.95 co-pays if have Part D. (if beneficiary is under 100% FPL \$1.30 to \$3.90) • Medicare Part D is primary prescription coverage for dual-eligible individuals. • \$3 dental co-pay. • \$3/outpatient hospital visit.
Dr. Dynasaur	Pregnant women at or below 213% FPL.	Same as Medicaid, but with full dental.	No premium or prescription co-pays.
Dr. Dynasaur	Children under age 19 at or below 317% FPL.	Same as Medicaid but covers eyeglasses, full dental, & additional benefits.	<ul style="list-style-type: none"> • Up to 195% FPL: no premium. • Up to 237% FPL: \$15/family/month. • Up to 317% FPL: \$20/family/month . (\$60/family/mo. w/out other insurance) • No prescription co-pays.
VPharm1 150% FPL VPharm2 175% FPL VPharm3 225% FPL	Medicare Part D beneficiaries	<ul style="list-style-type: none"> • VPharm1 covers Part D cost-sharing & excluded classes of Part D meds, diabetic supplies, eye exams. • VPharm 2&3 cover maintenance meds & diabetic supplies only. 	<ul style="list-style-type: none"> • VPharm1: \$15/person/mo. pd to State • VPharm2: \$20/person/mo. pd to State • VPharm3: \$50/person/mo. pd to State • \$1/\$2 prescription co-pays. • VPharm1 must apply for Part D Low Income Subsidy.
Medicare Savings Programs: QMB 100%FPL Qualified Medicare Beneficiaries SLMB 120% FPL Specified Low-Income Beneficiaries QI-1 135% FPL Qualified Individuals	<ul style="list-style-type: none"> • QMB & SLMB: Medicare beneficiaries w/ Part A • QI-1: Medicare bens. who are not on other fed. med. benefits e.g. Medicaid (LIS for Part D OK). 	<ul style="list-style-type: none"> • QMB covers Medicare Part B (and A if not free) premiums; Medicare A & B cost-sharing. • SLMB and QI-1 cover Medicare Part B premiums only. 	No cost / no monthly premium.
Healthy Vermonters 350% FPL/ 400% FPL if aged or disabled	Anyone who has exhausted or has no prescription coverage	• Discount on medications. (NOT INSURANCE)	Beneficiary pays the Medicaid rate for all prescriptions.
Qualified Health Plan (QHP)	Legally present Vermonters who do not have Medicare	Choice of QHPs on Vermont Health Connect (VHC)	Individual pays full premium unless s/he qualifies for tax credits, or employer pays a portion
[Advance] Premium Tax Credits (APTC / PTC)	Legally present Vermonters from 138-400% FPL ⁵ who do not have an offer of affordable ⁶ MEC. ⁷	Covers all or part of premium on VHC.	
Cost-Sharing Reduction (CSR)	Legally present Vermonters up to 300% FPL who do not have an offer of affordable ⁶ MEC. ⁷ Must purchase silver plan on VHC.	Reduces cost-sharing burden.	

¹ MABD: Medicaid for the Aged, Blind, and Disabled. MABD is the only program w/ resource limits: \$2000/person, \$3000/couple (Medicaid for the Working Disabled is \$10,000/person, \$15,000/couple). Long Term Care Medicaid (nursing home care; waiver services) is not included in this chart.

² MCA: Medicaid for Children and Adults

³ PIL: Protected Income Limit.

⁴ FPL: Federal Poverty Level

⁵ Lawfully present non-citizens with FPL below 138% FPL are also eligible for APTC, since they are not eligible for Medicaid until they have lived in the United States for at least 5 years.

⁶ "Affordable": employee's contribution for a self-only plan is less than 9.78 % of household's MAGI (Modified Adjusted Gross Income).

⁷ MEC: Minimum Essential Coverage. Vermont Health Connect (VHC) will disregard offers of certain insurance, including student health plans, TRICARE, and Medicare coverage that requires the beneficiary to pay a Part A premium.

Coverage Groups	Premium	FPL ⁸	Household			
			1	2	3	4
MABD Medicaid PIL ⁹ outside Chittenden County		N/A	\$1091	\$1091	N/A	N/A
MABD Medicaid PIL inside Chittenden County		N/A	\$1175	\$1175	N/A	N/A
Medicaid Working Disabled		<250%	\$2659	\$3592	N/A	N/A
VPharm1 \$15/person/mo		≤150%	\$1595	\$2155	\$2715	\$3275
VPharm2 \$20/person/mo		≤175%	\$1861	\$2515	\$3168	\$3821
VPharm3 \$50/person/mo		≤225%	\$2393	\$3233	\$4073	\$4913
Dr. Dynasaur (kids up to 19 & pregnant women)						
Kids ≤195% FPL	No Fee	≤195%	\$2029.62	\$2747.87	\$3466.12	\$4184.37
Pregnant women ≤ 213% FPL	No Fee	≤213%	N/A	\$3001.52	\$3786.07	\$4570.62
Kids >195% but ≤ 237% FPL	\$15/family/month	≤237%	\$2466.77	\$3339.72	\$4212.674	\$5085.62
Kids >237% but ≤ 317% FPL	\$20/family/month	≤317%	\$3299.44	\$4467.05	\$5634.67	\$6802.29
If otherwise uninsured,	\$60/family/month					
Medicare Savings Programs: QMB		≤100%	\$1064	\$1437		
SLMB		≤120%	\$1276	\$1724	N/A	N/A
QI-1		≤135%	\$1436	\$1940		
Healthy Vermonters (any age)		≤350%	\$3722	\$5029	\$6335	\$7642
Healthy Vermonters (aged, disabled)		≤400%	\$4254	\$5747	\$7240	\$8734
Medicaid for Children and Adults (Expanded Medicaid)		≤138% ¹⁰	\$1436.33	\$1944.66	\$2452.91	\$2961.25
CSR		≤300%	\$3123	\$4230	\$5334	\$6438
APTC		<400%	\$4164	\$5640	\$7112	\$8584

Income calculation for MABD is based on monthly Gross Income less some deductions. Taxes and FICA are not deductions.

For MCA, QHPs, APTC, and CSR, income and FPL are calculated using MAGI (Modified Adjusted Gross Income).

PTC and CSR will continue to use 2019 FPL calculations throughout 2020. Medicaid for Children and Adults and Dr. Dynasaur will use 2019 FPL until April 2020—and then will be updated with 2020 FPLs. .

2020 FPLs

Poverty Guidelines, all states (except Alaska and Hawaii)

Household /Family Size	*100%*	135%	138%	150%	200%	300%	400%
1	\$12,760	17,226	17,609	19,140	25,520	38,280	51,040
2	\$17,240	23,274	23,791	25,860	34,480	51,720	68,960
3	\$21,720	29,322	29,974	32,580	43,440	65,160	86,880
4	\$26,200	35,370	36,156	39,300	52,400	78,600	104,800
5	\$30,680	41,418	42,338	46,020	61,360	92,040	122,720
6	\$35,160	47,466	48,521	52,740	70,320	105,480	140,640
7	\$39,640	53,514	54,703	59,460	79,280	118,920	158,560
8	\$44,120	59,562	60,886	66,180	88,240	132,360	176,480

⁸ FPL noted here is based on 2020 FPL calculations, except for APTC and CSR, which use 2019 FPL.

⁹ PIL: Protected Income Limit.

¹⁰ The state will use an initial threshold of 133% FPL for expanded Medicaid. However, there is an additional 5% disregard for individuals near the cutoff, making the threshold effectively 138% FPL.