

**STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD**

In re: Modifications to 2022 Qualified )  
Health Plans and Reflective Silver Plans )  
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**ORDER APPROVING MODIFICATIONS TO THE  
2022 STANDARD QUALIFIED HEALTH PLANS  
AND REFLECTIVE SILVER PLANS**

The Green Mountain Care Board (GMCB or Board) is charged with reviewing and approving, with recommendations from the Commissioner of Vermont Health Access, the benefit package or packages for qualified health benefit plans and reflective silver plans offered in Vermont.<sup>1</sup> See 18 V.S.A. § 9375(b)(9); 33 V.S.A. chapter 18, subchapter 1. The Board must approve changes to standard plan designs unless the changes are “minor,” as set forth by prior order of the Board. See In re: Minor modifications to Vermont Health Connect qualified health plan designs that do not require Green Mountain Care Board approval, May 19, 2014 (effective Oct. 4, 2012).

At an open Board meeting on February 3, 2021, representatives of the Department of Vermont Health Access (DVHA) recommended changes to the designs of the standard qualified health plans that will be offered through Vermont Health Connect (VHC) and the reflective silver plans that will be offered outside of VHC for 2022.<sup>2</sup> These recommended changes were developed by DVHA between November 2020 and January 2021 through a stakeholder process that included Vermont issuers, the Vermont Office of the Health Care Advocate, and the Vermont Department of Financial Regulation, with assistance from DVHA’s contract actuary, Wakely Consulting. At an open Board meeting on February 10, 2021, following the presentation of additional information by DVHA representatives, Board discussion, and public comment, the Board voted four to one<sup>3</sup> to approve the non-minor modification recommended by DVHA to the standard Bronze Deductible Plan without Rx Limit,<sup>4</sup> as well as modifications recommended by

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<sup>1</sup> Reflective silver plans are defined in 33 V.S.A. § 1802(10) and § 1813 as plans that are similar to, but contain at least one variation from, the silver-level qualified health plans offered through Vermont Health Connect that include funding to offset the loss of federal cost-sharing reduction payments. Since 2019, the benefit variation has been a \$5 or 5% higher cost share for ambulance services. This variation will remain unchanged for 2022.

<sup>2</sup> DVHA’s presentation may be accessed here: <https://gmcbboard.vermont.gov/board/meeting-information/2021-meetings>.

<sup>3</sup> Board Member Tom Pelham voted against the changes.

<sup>4</sup> Other recommended changes reflected on page 18 of DVHA’s presentation did not require Board approval pursuant to the policy mentioned above.

DVHA to the pediatric vision benefits that will align cost sharing across all standard plans and metal levels.<sup>5</sup>

**SO ORDERED.**

Dated: February 12, 2021, at Montpelier, Vermont

s/ Kevin Mullin, Chair )  
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s/ Jessica Holmes )  
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s/ Robin Lunge )  
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s/ Maureen Usifer )

Filed: February 12, 2021

Attest: s/ Jean Stetter  
Green Mountain Care Board  
Administrative Services Director

*NOTICE TO READERS: This document is subject to revision of technical errors. Readers are requested to notify the Board (by e-mail, telephone, or in writing) of any apparent errors, so that any necessary corrections may be made. (Email address: [Abigail.Connolly@vermont.gov](mailto:Abigail.Connolly@vermont.gov)).*

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<sup>5</sup> DVHA explained that, currently, the cost sharing on these services and supplies varies according to the richness of the plan selected. The changes recommended by DVHA will improve equitable access to vision care and supplies for children and bring the pediatric vision cost-share structure in line with the pediatric dental cost-share structure. See DVHA Presentation, 19 (Feb. 3, 2021).