

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: 2027 Standard Qualified Health Plans)
 and Reflective Silver Plans)
_____)

ORDER APPROVING MODIFICATIONS TO 2027 PLAN DESIGNS

The Green Mountain Care Board (Board) is responsible for reviewing and approving, with recommendations from the Department of Vermont Health Access (DVHA), the benefit package or packages for qualified health benefit plans and reflective silver plans,¹ including the cost sharing structure or “design” of the plans. *See* 18 V.S.A. § 9375(b)(9). There are currently 28 qualified health benefit plans offered in Vermont by two issuers, 14 standard plans (seven from each issuer) and 14 non-standard plans (seven from each issuer).²

Changes to plan designs must be considered annually to ensure the plans comply with actuarial value requirements³ and other rules. For the standard plans, this is done by DVHA, with the assistance of its contract actuaries and input from a stakeholder group that includes Blue Cross Blue Shield of Vermont, MVP Health Care, Northeast Delta Dental, the Vermont Office of the Health Care Advocate, and the Vermont Department of Financial Regulation. By prior orders, the Board has allowed DVHA to make certain “minor” modifications to standard plan designs without Board approval. *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) (copay, coinsurance, and deductible changes); *see also In re: Modifications to 2017 Qualified Health Plans*, April 1, 2016 (effective Feb. 11, 2016) (out of pocket maximum changes).

At a public Board meeting on March 11, 2026, DVHA representatives presented its recommended and alternative standard plan designs for the Board’s consideration.⁴ Two plans contained non-minor changes requiring Board approval. The Bronze Deductible Plan without Pharmacy Limit will increase the medical deductible from \$10,150 to \$12,000 and the out of

¹ 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 benefit plans offered through Vermont Health Connect that include funding to offset the loss of federal cost-sharing reduction payments.

² Standard plan designs are the same across issuers while non-standard plan designs may vary by issuer.

³ Actuarial value is a measurement of the “richness” of a plan or the expected percentage of claims for essential health benefits that an insurer will cover on average under the plan. Qualified health plans are offered at four “metal levels,” Platinum, Gold, Silver, and Bronze, each corresponding to a range of actuarial values.

⁴ DVHA’s presentation can be accessed at <https://gmcboard.vermont.gov/2026-meetings>.

pocket maximum from \$10,150 to \$12,000; and the Bronze High Deductible Health Plan will increase the medical deductible from \$6,000 to \$6,300.

At a public Board meeting on March 18, 2026, the Board voted to adjust the 2027 Qualified Health Plan designs as recommended by DVHA.

SO ORDERED.

Dated: March 18, 2026, at Montpelier, Vermont.

)	
<u>s/ Jessica Holmes</u>)	GREEN MOUNTAIN CARE BOARD OF VERMONT
)	
<u>s/ David Murman</u>)	
)	
<u>s/ Thom Walsh</u>)	
)	
<u>s/ Sara Teachout</u>)	

Filed: March 18, 2026

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

NOTICE TO READERS: This decision is subject to revision of technical errors. Readers are requested to notify the Board (by email, telephone, or in writing) of any apparent errors, so that any necessary corrections may be made. (email address: tara.bredice@vermont.gov).