

**Overview of Vermont Health Care Programs as of 1/15/2025**  
**Created by Vermont Legal Aid's Office of the Health Care Advocate**  
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<b>PROGRAM</b>	<b>WHO IS ELIGIBLE</b>	<b>BENEFITS</b>	<b>COST-SHARING</b>
<b>MABD Medicaid<sup>1</sup></b>  <b>Medicaid Working Disabled</b>  <b>MCA<sup>2</sup> (Expanded Medicaid)</b>	<p>Aged, blind, disabled at or below the PIL<sup>3</sup>.</p> <p>Disabled working adults at or below 250% FPL<sup>4</sup>.</p> <p>Vermonters at or below 138% of FPL who are:</p> <ul style="list-style-type: none"> <li>• Parents or caretaker relatives of a dependent child; or</li> <li>• Adults under age 65 and not eligible for Medicare</li> </ul>	<ul style="list-style-type: none"> <li>• Covers physical and mental health, dental (\$1,500 cap/yr), prescriptions, chiro (limited), transportation (limited).</li> <li>• Not covered: eyeglasses (except youth ages 19-20); dentures.</li> <li>• Additional benefits listed under Dr. Dynasaur (below) for youth ages 19-20.</li> <li>• Covers excluded classes of Medicare Part D drugs for dual-eligible individuals.</li> </ul>	<ul style="list-style-type: none"> <li>• No monthly premium.</li> <li>• \$1/\$2/\$3 prescription co-pay if no Medicare Part D coverage.</li> <li>• \$4.90 -\$12.15 co-pays if have Part D. (If beneficiary is under 100% FPL \$1.60 to \$4.80)</li> <li>• Medicare Part D is primary prescription coverage for dual-eligible individuals.</li> <li>• \$3 dental co-pay.</li> <li>• \$3/outpatient hospital visit.</li> </ul>
<b>Dr. Dynasaur</b>	Pregnant women at or below 213% FPL.	Same as Medicaid, but with full dental.	No premium or prescription co-pays.
<b>Dr. Dynasaur</b>	Children under age 19 at or below 317% FPL.	Same as Medicaid but covers eyeglasses, full dental, & additional benefits.	No premium or prescription co-pays.
<b>VPharm1 150% FPL</b> <b>VPharm2 175% FPL</b> <b>VPharm3 225% FPL</b>	Medicare Part D beneficiaries	<ul style="list-style-type: none"> <li>• VPharm1, 2 &amp; 3 cover Part D cost-sharing &amp; excluded classes of Part D meds, diabetic supplies; VPharm1 covers eye exams every two years.</li> </ul>	<ul style="list-style-type: none"> <li>• VPharm1: \$15/person/mo. pd to State</li> <li>• VPharm2: \$20/person/mo. pd to State</li> <li>• VPharm3: \$50/person/mo. pd to State</li> <li>• \$1/\$2 prescription co-pays.</li> <li>• VPharm1 must apply for Part D Low Income Subsidy.</li> </ul>
<b>Medicare Savings Programs:</b>  <b>QMB 100%FPL</b> (Qualified Medicare Beneficiaries)  <b>SLMB 120% FPL</b> (Specified Low-Income Beneficiaries)  <b>QI-1135% FPL</b> (Qualified Individuals)	<ul style="list-style-type: none"> <li>• QMB &amp; SLMB: Medicare beneficiaries w/ Part A</li> <li>• QI-1: Medicare bens. who are not on other fed. med. benefits e.g. Medicaid (LIS for Part D OK).</li> </ul>	<ul style="list-style-type: none"> <li>• QMB covers Medicare Part B (and A if not free) premiums; Medicare A &amp; B cost-sharing.</li> <li>• SLMB and QI-1 cover Medicare Part B premiums only.</li> <li>• All MSP levels (QMB, SLMB, QI-1) auto eligible for Low Income Subsidy (LIS).</li> </ul>	<ul style="list-style-type: none"> <li>• No cost (monthly premium) pd to State</li> <li>• No cost-sharing for Medicare Part A &amp; B if on QMB.</li> <li>• Federal LIS pays Part D premium up to benchmark amount. \$4.90 -\$12.15 RX co-pays. (If beneficiary is under 100% FPL \$1.60 to \$4.80 copays.)</li> </ul>
<b>Healthy Vermonters 350% FPL/ 400% FPL if aged or disabled</b>	Anyone who has exhausted or has no prescription coverage	• Discount on medications. (NOT INSURANCE)	Beneficiary pays the Medicaid rate for all prescriptions.
<b>Qualified Health Plan (QHP)</b>  <b>[Advance] Premium Tax Credits (APTC / PTC)</b>  <b>Cost-Sharing Reduction (CSR)</b>	<p>Legally present Vermonters who do not have Medicare</p> <p>Legally present Vermonters from 138% FPL<sup>5</sup> who do not have an offer of affordable<sup>6</sup> MEC.<sup>7</sup></p> <p>Legally present Vermonters up to 300% FPL who do not have an offer of affordable<sup>6</sup> MEC.<sup>7</sup> Must purchase silver plan on VHC.</p>	<p>Choice of QHPs on Vermont Health Connect (VHC)</p> <p>Covers all or part of premium on VHC.</p> <p>Reduces cost-sharing burden.</p>	Individual pays full premium unless they qualify for tax credits, or employer pays a portion

<sup>1</sup> 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.

<sup>2</sup> MCA: Medicaid for Children and Adults

<sup>3</sup> PIL: Protected Income Limit.

<sup>4</sup> FPL: Federal Poverty Level

<sup>5</sup> 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. The 400 FPL upper limit for APTC has been removed through 2025.

<sup>6</sup> "Affordable": employee's contribution for a self-only plan is less than 9.02% of household's MAGI (Modified Adjusted Gross Income).

<sup>7</sup> 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 <sup>8</sup>	Household			
		1	2	3	4
MABD Medicaid PIL <sup>9</sup> outside Chittenden County	N/A	\$1333	\$1333	N/A	N/A
MABD Medicaid PIL inside Chittenden County	N/A	\$1441	\$1441	N/A	N/A
Medicaid Working Disabled	<250%	\$3261	\$4407	N/A	N/A
VPharm1 \$15/person/mo	≤150%	\$1957	\$2644	\$3332	\$4019
VPharm2 \$20/person/mo	≤175%	\$2283	\$3085	\$3887	\$4689
VPharm3 \$50/person/mo	≤225%	\$2935	\$3966	\$4997	\$6029
Dr. Dynasaur <sup>8</sup> (kids up to 19 & pregnancy)					
Pregnant ≤ 213% FPL		N/A	\$3628	\$4583	\$5538
Kids: ≤ 317% FPL		\$3978	\$5399	\$6821	\$8242
(Limits reflect 2024 FPLs, 2025 FPLs will go into effect 4/1/25)					
Medicare Savings Programs: QMB	≤100%	\$1305	\$1763		
SLMB	≤120%	\$1565	\$2115	N/A	N/A
QI-1	≤135%	\$1761	\$2380		
Healthy Vermonters (any age)	≤350%	\$4565	\$6169	\$7773	\$9378
Healthy Vermonters (aged, disabled)	≤400%	\$5217	\$7050	\$8884	\$10,717
Medicaid for Children and Adults <sup>8</sup> (will be updated 4/1/25)	<138% <sup>10</sup>	\$1732	\$2350.60	\$2969	\$3588
CSR	≤300%	\$3765	\$5110	\$6455	\$7800
APTC (400 FPL upper limit removed through 2025) <sup>11</sup>	400%	\$5020	\$6813	\$8607	\$10,400

Income calculation for MABD is based on monthly Gross Income less 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 2024 FPL calculations throughout 2025. Medicaid for Children and Adults and Dr. Dynasaur start using 2025 FPLs on April 1, 2025.

Household Size	Annual Income 2024 FPL, except Alaska and Hawaii
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960

<sup>8</sup> FPL noted here is based on 2025 FPL calculations, except for APTC and CSR, which use 2024 FPL.

<sup>9</sup> PIL: Protected Income Limit.

<sup>10</sup> 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.

<sup>11</sup> In 2025, you can get APTC if your income is above 400 FPL. The amount will be based on a required contribution of 8.5% of household income.