

Overview of Green Mountain Care Programs as of 4/1/11
Created by Vermont Legal Aid's Office of Health Care Ombudsman
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PROGRAM	WHO IS ELIGIBLE	BENEFITS	COST-SHARING
Medicaid¹ PIL² Medicaid Working Disabled 250% FPL³	<ul style="list-style-type: none"> • Aged, blind, disabled • Parents or caretaker relatives of a dependent child • Youth ages 18-20 Disabled working adults	<ul style="list-style-type: none"> • Covers physical and mental health, dental (\$495 cap/yr), prescriptions, chiro (limited), transportation (limited). • Not covered: eyeglasses (except youth 18-20); dentures. • Additional benefits listed under Dr. Dynasaur (below) covered for youth 18-20. • 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. • \$1.10 -\$6.30 co-pays if have Part D. Medicare Part D is primary prescription coverage for dual-eligible individuals. • \$3 dental co-pay • \$3/outpatient hospital visit • \$75/inpatient admission
Dr. Dynasaur 200% FPL	Pregnant women	Same as Medicaid.	<ul style="list-style-type: none"> • Up to 185% FPL: no premium • Up to 200% FPL: \$15/family/month • No prescription co-pays.
Dr. Dynasaur 300% FPL	Children up to age 18	Same as Medicaid but covers eyeglasses, full dental, & additional benefits.	<ul style="list-style-type: none"> • Up to 185% FPL: no premium • Up to 225% FPL: \$15/family/month • Up to 300% FPL: \$20/family/month (\$60/family/mo. w/out other insurance) • No prescription co-pays.
VHAP (Vermont Health Access Plan) -or- VHAP-ESIA (Employer Sponsored Insurance Assistance) 150% FPL/ 185% if have dependent child	Uninsured adults (some exceptions) WITHOUT access to approved ESI Uninsured adults with access to approved ESI	<ul style="list-style-type: none"> • Same as Medicaid except: no dental or transportation. • If covered by employer-sponsored insurance, VHAP wraps ESI coverage as secondary. 	<ul style="list-style-type: none"> • Up to 50% FPL: no premium • Up to 75% FPL: \$7/person/month • Up to 100% FPL: \$25/person/month • Up to 150% FPL: \$33/person/month • Up to 185% FPL (adults w/child only): \$49/person/month • Only cost-sharing is \$25 ER visit; \$1/\$2 script co-pay if income > 100%.
Catamount-ESIA (Employer Sponsored Insurance Assistance) 150%-300% FPL	Uninsured adults (some exceptions) with access to approved ESI	Covered by employer-sponsored insurance; State provides premium assistance.	<ul style="list-style-type: none"> • Coverage/cost-sharing by ESI. • Wrap-around benefits for some chronic care. • \$60-\$321/person/mo pd. to State.
CHAP (Catamount Health Premium Assistance Program) 150%-300% FPL	Uninsured adults (some exceptions) WITHOUT access to approved ESI	Covered by BCBS Catamount Blue -OR- MVP Catamount Choice.	<ul style="list-style-type: none"> • Cost sharing according to plan. • \$60-\$321/person/mo paid to State.
Catamount Health (no state assistance)	Same as directly above except income over 300% FPL (some exceptions)	Covered by BCBS Cat. Blue or MVP Catamount Choice.	<ul style="list-style-type: none"> • Cost sharing according to plan. • Full premium costs; family plans available.
VHAP Pharmacy 150% FPL VScript 175% FPL VScript Expanded 225% FPL	Aged or disabled, not eligible for Medicare, and has no script coverage	<ul style="list-style-type: none"> • VHAP Pharmacy: acute and maintenance Medicaid drugs, diabetic supplies, eye exams. • VS & VS Expanded cover maintenance drugs and diabetic supplies only. 	<ul style="list-style-type: none"> • VHAP Pharmacy: \$15/person/month • VScript: \$20/person/month • VS Expanded: \$50/person/month • \$1/\$2 prescription co-pays • VS Expanded only: manufacturer must sign supplemental agreement w/State.
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 Limited Income Subsidy.

¹ Medicaid is the only program w/resource limits: \$2000/person, \$3000/couple (MWD is \$4000/person, \$6000/couple).

Long Term Care Medicaid (nursing home care; waiver services) is not included in this chart.

² PIL: Protected Income Limit. Note: Medicaid income limit for age 18 in households ≥ 2 is 100% of FPL.

³ FPL: Federal Poverty Level

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 no/has exhausted script coverage	<ul style="list-style-type: none"> • Discount on medications. (NOT INSURANCE) 	Beneficiary pays the Medicaid rate for all prescriptions.

Coverage Groups	Premium	FPL ³	Household			
			1	2	3	4
Medicaid PIL outside Chittenden County Medicaid PIL inside Chittenden County Medicaid Working Disabled		NA NA <250%	\$925.00 ² \$1000.00 ² \$2303.00	\$925.00 ² \$1000.00 ² \$3094.00	\$1116.00 ² \$1183.00 ² \$3886.00	\$1258.00 ² \$1333.00 ² \$4678.00
VHAP-ESIA or VHAP (if no ESI) ≤50% FPL No fee >50% but ≤75% FPL \$7/person/month >75% but ≤100% FPL \$25/person/month >100% but ≤150% FPL \$33/person/month >150% but ≤185% FPL * \$49/person/month *families with dependent children only		<185% 50% 75% 100% 150% 185%	\$460.50 \$690.75 \$921.00 \$1382.00 \$1704.00	\$619.00 \$928.50 \$1238.00 \$1857.00 \$2290.00	\$777.50 \$1166.25 \$1555.00 \$2332.00 \$2876.00	\$935.50 \$1403.20 \$1871.00 \$2807.00 \$3462.00
VPharm1/ VHAP Pharmacy \$15/person/mo VPharm2/ VScript \$20/person/mo VPharm3/ VScript Expanded \$50/person/mo		<150% <175% <225%	\$1382.00 \$1612.00 \$2072.00	\$1857.00 \$2166.00 \$2785.00	\$2332.00 \$2720.00 \$3497.00	\$2807.00 \$3274.00 \$4210.00
Dr. Dynasaur (kids up to 18 & pregnant women) Kids ≤185% FPL No Fee Pregnant women ≤ 200% FPL \$15/family/month Kids >185% but ≤ 225% FPL \$15/family/month Kids >225% but ≤ 300% FPL \$20/family/month If uninsured, \$60/family/month		<300% kids/ <200% women 185% 200% 225% 300%	\$1704.00 \$1842.00 \$2072.00 \$2763.00	\$2290.00 \$2475.00 \$2785.00 \$3713.00	\$2876.00 \$3109.00 \$3497.00 \$4663.00	\$3462.00 \$3742.00 \$4210.00 \$5613.00
Catamount-ESIA >150% but ≤ 200% FPL \$60/person/month >200% but ≤ 225% FPL \$122/person/month >225% but ≤ 250% FPL \$149/person/month >250% but ≤ 275% FPL \$177/person/month >275% but ≤ 300% FPL \$205/person/month Catamount ESIA premium rates may change at start of each calendar yr.		150%-300% 200% 225% 250% 275% 300%	\$1842.00 \$2072.00 \$2303.00 \$2532.75 \$2763.00	\$2475.00 \$2785.00 \$3094.00 \$3404.50 \$3713.00	\$3109.00 \$3497.00 \$3886.00 \$4276.25 \$4663.00	\$3742.00 \$4210.00 \$4678.00 \$5145.25 \$5613.00
CHAP-Catamount Blue >150% but ≤ 200% FPL \$60/person/month >200% but ≤ 225% FPL \$124/person/month >225% but ≤ 250% FPL \$152/person/month >250% but ≤ 275% FPL \$180/person/month >275% but ≤ 300% FPL \$208/person/month CHAP premium rates may change at start of beneficiary's policy anniversary.		150%-300% 200% 225% 250% 275% 300%	\$1842.00 \$2072.00 \$2303.00 \$2532.75 \$2763.00	\$2475.00 \$2785.00 \$3094.00 \$3404.50 \$3713.00	\$3109.00 \$3497.00 \$3886.00 \$4276.25 \$4663.00	\$3742.00 \$4210.00 \$4678.00 \$5145.25 \$5613.00
CHAP-MVP Catamount Choice >150-≤ 200% FPL \$60* /\$70**/ \$96***/\$173****/\$146*****p/m >200-≤225% FPL \$124*/\$134**/\$160***/\$237****/\$210*****p/m >225-≤250% FPL \$152*/\$162**/\$188***/\$265****/\$238*****p/m >250-≤ 275% FPL \$180*/\$190**/\$216***/\$293****/\$266*****p/m >275-≤ 300% FPL \$208*/\$218**/\$244***/\$321****/\$294*****p/m *Policies w/ start date before 6/30/10. **Policies w/ start date 7/1/10 through 9/30/10. ***Policies w/ start date 10/1/10 through 12/31/10. ****Policies w/start date 1/1/11 through 3/31/11. *****Policies w/start date 4/1/11 or after. CHAP premium rates may change at start of beneficiary's policy anniversary.		150%-300% 200% 225% 250% 275% 300%	\$1842.00 \$2072.00 \$2303.00 \$2532.75 \$2763.00	\$2475.00 \$2785.00 \$3094.00 \$3404.50 \$3713.00	\$3109.00 \$3497.00 \$3886.00 \$4276.25 \$4663.00	\$3742.00 \$4210.00 \$4678.00 \$5145.25 \$5613.00
Medicare Savings Programs: QMB SLMB QI-1		<100% <120% <135%	\$921.00 \$1105.00 \$1244.00	\$1238.00 \$1485.00 \$1671.00	N/A	N/A
Healthy Vermonters (any age) Healthy Vermonters (aged, disabled)		<350% <400%	\$3223.00 \$3684.00	\$4332.00 \$4950.00	\$5440.00 \$6217.00	\$6548.00 \$7484.00

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