

**Overview of Green Mountain Care Programs as of 1/1/08**  
**Created by the Office of Health Care Ombudsman**  
**1-800-917-7787**

<b>PROGRAM</b>	<b>WHO IS ELIGIBLE</b>	<b>BENEFITS</b>	<b>COST-SHARING</b>
<b>Medicaid<sup>1</sup></b> <b>PIL<sup>2</sup></b>  <b>Medicaid Working Disabled</b> <b>250% FPL<sup>3</sup></b>	<ul style="list-style-type: none"> <li>• Aged, blind, disabled</li> <li>• Parents or caretaker relatives of a dependent child</li> <li>• Children up to age 21</li> </ul> <ul style="list-style-type: none"> <li>• Disabled working adults</li> </ul>	<ul style="list-style-type: none"> <li>• Covers: physical and mental health, dental (\$495 yearly cap), prescriptions.</li> <li>• Not covered: dentures, eyeglasses, or chiropractic.</li> <li>• Covers excluded classes of Medicare Part D drugs for dual-eligible individuals.</li> <li>• &lt;21 same as Dr. Dynasaur</li> </ul>	<ul style="list-style-type: none"> <li>• No program fee. Some co-pays age 18-21.</li> <li>• \$1/\$2/\$3 prescription co-pay if no Medicare Part D coverage.</li> <li>• \$1- \$5.60 co-pays if have Medicare Part D. Medicare Part D is primary prescription coverage for Medicaid/Medicare recipients.</li> <li>• \$3 dental co-pay</li> <li>• \$3/outpatient hospital visit</li> <li>• \$75/inpatient admission</li> </ul>
<b>Dr. Dynasaur</b> <b>200% FPL</b>	Pregnant women	<ul style="list-style-type: none"> <li>• Same as Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 185% FPL: No fee</li> <li>• Up to 200% FPL: \$15/family/month</li> <li>• No co-payments required.</li> </ul>
<b>Dr. Dynasaur</b> <b>300% FPL</b>	Children up to age 18	<ul style="list-style-type: none"> <li>• Same as Medicaid but covers eyeglasses, full dental, &amp; additional benefits.</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 185% FPL: no fee</li> <li>• Up to 225% FPL: \$15/family/month</li> <li>• Up to 300% FPL: \$20/family/month (\$40/family/month without other insurance)</li> <li>• No co-payments required.</li> </ul>
<b>VHAP (Vermont Health Access Plan)</b> <b>150% FPL</b> <b>-or-</b> <b>VHAP-ESIA (Employer Sponsored Insurance Assistance)</b>	Uninsured adults  Uninsured adults with access to approved ESI	<ul style="list-style-type: none"> <li>• Same as Medicaid except: <b>no</b> dental.</li> <li>• Covered by employer sponsored insurance; VHAP wraps coverage as secondary</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 50%FPL: \$0</li> <li>• Up to 75% FPL: \$7/person/ month</li> <li>• Up to 100% FPL: \$25/person/ month</li> <li>• Up to 150% FPL: \$33/ person/ month</li> <li>• No cost sharing except: \$25 emergency room visit/ \$60 if not medically necessary.</li> </ul>
<b>VHAP -or- VHAP-ESIA</b> <b>185% FPL</b>	Uninsured adults with dependent children (with or w/o access to ESI)	<ul style="list-style-type: none"> <li>• Same as directly above</li> </ul>	<ul style="list-style-type: none"> <li>• \$49/person/month, otherwise same as VHAP without dependent children.</li> </ul>
<b>Catamount-ESIA (Employer Sponsored Insurance Assistance)</b> <b>150%-300% FPL</b>	Uninsured adults (some exceptions) w/access to approved ESI	<ul style="list-style-type: none"> <li>• Covered by employer sponsored insurance; provides premium assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Wrap-around benefits for chronic care as per Blueprint</li> <li>• Cost sharing according to ESI</li> <li>• Premiums \$60-\$135 per person</li> </ul>
<b>CHAP (Catamount Health Premium Assistance Program)</b> <b>150%-300% FPL</b>	Uninsured adults (some exceptions) WITHOUT access to approved ESI	Covered by BCBS Catamount Blue -OR- MVP Catamount Choice	<ul style="list-style-type: none"> <li>• Cost sharing according to plan</li> <li>• Premiums \$60-\$135 per person</li> </ul>
<b>Catamount Health (no state assistance)</b>	Same as directly above income over 300% FPL	Covered by BCBS or MVP plans above	<ul style="list-style-type: none"> <li>• Cost sharing according to plan</li> <li>• Full premium costs; family plans available</li> </ul>
<b>VHAP Pharmacy</b> <b>150% FPL</b>	Aged or disabled, not eligible for Medicare Part A or B, and has no other insurance that covers any portion of prescription cost	<ul style="list-style-type: none"> <li>• Same prescriptions covered by Medicaid</li> <li>• Diabetic supplies</li> <li>• Eye exams</li> </ul>	<ul style="list-style-type: none"> <li>• \$15/person/month</li> <li>• No co-payments</li> </ul>
<b>VScript</b> <b>175% FPL</b>  <b>VScript Expanded</b> <b>225% FPL</b>	Same as directly above  Same as directly above	<ul style="list-style-type: none"> <li>• Maintenance medication</li> <li>• Diabetic supplies</li> </ul> <ul style="list-style-type: none"> <li>• Maintenance medication</li> <li>• Diabetic supplies</li> </ul>	<ul style="list-style-type: none"> <li>• \$20/person/month; No co-payments</li> <li>• \$42/person/month; No co-payments</li> <li>• Manufacturer has to sign supplemental rebate agreement with the state.</li> </ul>

<sup>1</sup> Medicaid is the only program with resource limits: \$2000/individual; \$3000/couple. Long Term Care Medicaid (nursing home care; waiver services) is not included in this chart.

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

<sup>3</sup> FPL: Federal Poverty Level

<b>VPharm 150% FPL</b>	Medicare Part D beneficiaries	<ul style="list-style-type: none"> <li>Covers Medicare Part D cost-sharing and excluded classes of Part D meds.</li> </ul>	<ul style="list-style-type: none"> <li>\$15/person/month premium paid to State.</li> <li>No Medicare Part D co-payments.</li> <li><b>*Must apply for the low income subsidy*</b></li> </ul>
<b>VPharm 175% FPL</b>	Medicare Part D beneficiaries	<ul style="list-style-type: none"> <li>Covers Medicare Part D cost-sharing and excluded classes of Part D meds for maintenance medication.</li> </ul>	<ul style="list-style-type: none"> <li>\$20/person/month premium paid to State.</li> <li>Medicare Part D cost-sharing for maintenance medications</li> </ul>
<b>VPharm 225% FPL</b>	Medicare Part D beneficiaries	<ul style="list-style-type: none"> <li>Same as directly above.</li> </ul>	<ul style="list-style-type: none"> <li>\$42/person/month Part D cost-sharing for maintenance meds.</li> </ul>
<b>Healthy Vermonters 350% FPL</b>	<ul style="list-style-type: none"> <li>Anyone who has no or has exhausted prescription coverage</li> </ul>	<ul style="list-style-type: none"> <li>Discount on medications</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary pays the Medicaid rate for all prescriptions.</li> </ul>
<b>Healthy Vermonters 400% FPL</b>	<ul style="list-style-type: none"> <li>Aged or disabled, has no or has exhausted prescription coverage</li> </ul>	<ul style="list-style-type: none"> <li>Discount on medications.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiary pays the Medicaid rate for all prescriptions. Medicare Part D is primary. HV is secondary.</li> </ul>

Coverage Groups	Premium	FPL <sup>3</sup>	household size			
			1	2	3	4
Medicaid PIL outside Chittenden Cty		NA	\$883.00	\$883.00 <sup>2</sup>	\$1058.00 <sup>2</sup>	\$1200.00 <sup>2</sup>
Medicaid PIL inside Chittenden Cty		NA	\$950.00	\$950.00 <sup>2</sup>	\$1133.00 <sup>2</sup>	\$1266.00 <sup>2</sup>
VHAP/VHAP-ESIA	No Fee	50%	\$436.00	\$586.00	\$736.00	\$886.00
VHAP/VHAP-ESIA	\$7/person/month	75%	\$654.00	\$879.00	\$1104.00	\$1329.00
VHAP	\$25/person/month	100%	\$871.00	\$1171.00	\$1471.00	\$1771.00
VHAP	\$33/person/month	150%	\$1307.00	\$1757.00	\$2207.00	\$2657.00
VHAP (families with dependent children only)	\$49/person/month	185%	\$1612.00	\$2167.00	\$2722.00	\$3277.00
VHAP Pharmacy	\$15/person/month	150%	\$1307.00	\$1757.00	\$2207.00	\$2657.00
VScript	\$20/person/month	175%	\$1524.00	\$2049.00	\$2574.00	\$3099.00
VScript Expanded	\$42/person/month	225%	\$1960.00	\$2635.00	\$3310.00	\$3985.00
VPharm	\$15/person/month	150%	\$1307.00	\$1757.00	\$2207.00	\$2657.00
VPharm	\$20/person/month	175%	\$1524.00	\$2049.00	\$2574.00	\$3099.00
VPharm	\$42/person/month	225%	\$1960.00	\$2635.00	\$3310.00	\$3985.00
Dr. Dynasaur (kids up to 18)	No Fee	185%	\$1612.00	\$2167.00	\$2722.00	\$3277.00
Dr. Dynasaur (pregnant women & kids up to 18)	\$15/family/month	200%	\$1742.00	\$2342.00	\$2942.00	\$3542.00
Dr. Dynasaur (kids >18)	\$15/family/month	225%	\$1960.00	\$2635.00	\$3310.00	\$3985.00
Dr. Dynasaur (kids up to 18)	<ul style="list-style-type: none"> <li>\$20/family/month</li> <li>\$40/family uninsured</li> </ul>	300%	\$2613.00	\$3513.00	\$4413.00	\$5313.00
Catamount-ESIA or CHAP (if no ESI)		150%-300%				
>150% but ≤200%	\$60 per person	200%	\$1742.00	\$2342.00	\$2942.00	\$3542.00
>200% but ≤225%	\$90 pp	225%	\$1960.00	\$2635.00	\$3310.00	\$3985.00
>225% but ≤250%	\$110 pp	250%	\$2178.00	\$2928.00	\$3678.00	\$4428.00
>250% but ≤275%	\$125 pp	275%	\$2395.00	\$3220.00	\$4045.00	\$4870.00
>275% but ≤300%	\$135 pp	300%	\$2613.00	\$3513.00	\$4413.00	\$5313.00
Catamount Health (no premium assistance)		>300%	>\$2613.00	>\$3513.00	>\$4413.00	>\$5313.00
Healthy Vermonters (any age)		350%	\$3048.00	\$4098.00	\$5148.00	\$6198.00
Healthy Vermonters (aged, disabled)		400%	\$3484.00	\$4684.00	\$5884.00	\$7084.00

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