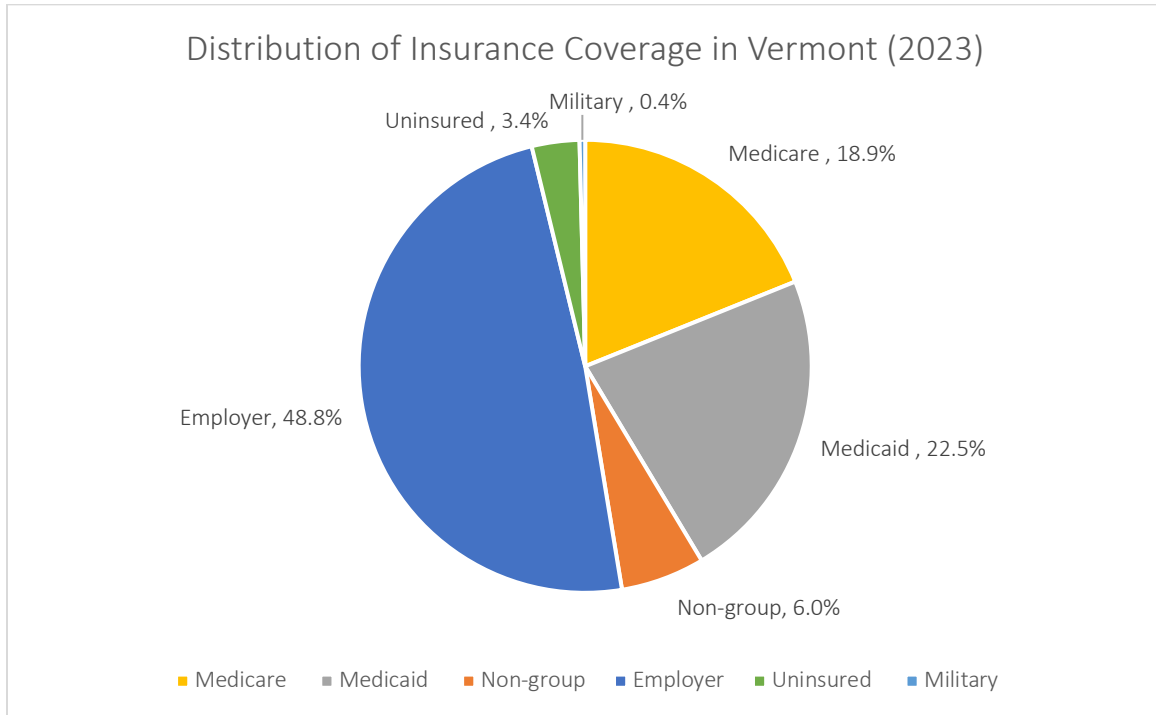


# Vermont

## Sources of Insurance Coverage



*\*Source: KFF, Health Insurance Coverage of the Total Population, 2023*

### Medicare

In Vermont, approximately [117,800](#) residents are enrolled in Medicare, 18.9% of the state's population (2023 data). In 2024, [34%](#) of Medicare beneficiaries are enrolled in a Medicare Advantage plan. For Vermont residents in the traditional Medicare program, the Department of Financial Regulation (DFR) regulates Medicare supplemental plans.

### Medicaid and the Children's Health Insurance Program (CHIP)

In Vermont, about [140,500](#) residents are enrolled in Medicaid or CHIP, or roughly 22.5% of the population (2023 data).

Vermont adopted Medicaid expansion under the Affordable Care Act and covers childless adults under age 65 up to [138%](#) of the federal poverty level (FPL). The expansion currently covers over [85,000](#) low-income adults (August 2024 data).

Vermont Medicaid covers children up to [317%](#) of the federal poverty level (FPL). Approximately [38%](#) of all births in Vermont are covered by Medicaid (August 2024 data). In Vermont, the CHIP program is [operated](#) as expansion of Medicaid.

Medicaid also covers pregnant women up to [213% FPL](#).

Currently, Vermont also covers children up to age 18 and pregnant individuals [regardless of immigration status](#), if they would otherwise qualify for Medicaid, using state funds.

In Vermont, Medicaid enrollees [do not](#) receive benefits via private managed care organizations (MCOs).

### Employer-sponsored Insurance

In Vermont, approximately [304,000](#) people are covered by employer-sponsored insurance (ESI), around 48.8% of the total state population (2023 data). Approximately [40.9%](#) of private-sector establishments in Vermont offer ESI. However, offer rates vary significantly by size of firm. In Vermont, 96.2% of large firms (50 or more employees) offer ESI, while only 25.3% of small employers offer ESI.

In Vermont, approximately [39.9%](#) of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 60.7% self-fund at least one health plan.

### Individual Market Insurance

Approximately [6%](#) of Vermont residents are enrolled in the individual market (2023 data). In 2024, [30,027](#) Vermont residents selected a plan through the Affordable Care Act Marketplace, which in Vermont is run by the state's Department of Vermont Health Access (DVHA) and is called "[Vermont Health Connect](#)." It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Vermont by the Department of Financial Regulation (DFR) and the Green Mountain Care Board (GMCB).

### Other Coverage

Some Vermont residents are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers [0.4%](#), or roughly 2,600 residents (2023 data).

### The Uninsured

Approximately [3.4%](#), or around 21,200 Vermont residents are uninsured (2023 data), one of the lowest uninsured rate in the country.

Among the non-elderly population, lack of insurance is correlated with income—[7.3%](#) of people under 100% FPL and 6.4% of people between 100-199% FPL are uninsured in Vermont, while just 2.8% of people at or above 400% FPL are uninsured.

### State Regulators: Vermont

The Centers for Medicare & Medicaid Services (CMS) Regional Office for Vermont is based in Boston. Media inquiries may be submitted [here](#).

## Department of Financial Regulation (DFR)

The [Department of Financial Regulation](#) (DFR) regulates the business of insurance in the state. For health insurance companies, the DFR is responsible for:

- **Licensure:** All insurers operating in the state must obtain a license. Insurers must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must undergo annual independent financial statement audits, and the DFR conducts financial examinations at of each licensed company at least once every five years. Recent financial examinations can be found [here](#). The agency also licenses and oversees insurance agents and brokers.
- **Form review:** The DFR reviews health insurers' contracts and covered benefits to ensure that they comport with state and federal law.
- **Rate review:** Although rate review is conducted by the Green Mountain Care Board (GMCB), the GMCB receives and considers the DFR's evaluation and opinion regarding how proposed rates will impact insurer solvency and reserves.
- **Marketing:** The DFR is responsible for oversight of insurers' marketing tactics and discouraging misleading or deceptive practices.
- **Enforcement:** The DFR commissioner has authority to enforce insurance laws. Enforcement tools can range from issuing a cease and desist order, imposing civil monetary penalties, or seeking enforcement action by the Vermont Attorney General or, for violations of federal law, to the U.S. Department of Health and Human Services. Consumers can learn more about filing a complaint and access the online system [here](#). DFR orders and market conduct exams can be searched [here](#).
- **Appeals:** Under the ACA, insurers must provide enrollees with an internal review of adverse benefit decisions and the right to an external, independent appeal. The DFR operates Vermont's external review system, and provides information to enrollees seeking an appeal [here](#).

## Green Mountain Care Board (GMCB)

The Green Mountain Care Board (GMCB) regulates several components of the health care system in Vermont. One of its responsibilities is to review health insurance rate proposals. GMCB has the authority to review rates from the individual and small group market, as well as health maintenance organizations (HMOs) and non-profit hospital service corporations in the large group market, and require adjustments before rates can be used. Rate filings and information about the rate review process can be found [here](#).

## Agency of Human Services (AHS) and the Department of Vermont Health Access (DVHA)

The [Agency for Human Services](#) (AHS) runs the state's Medicaid program. Vermont does not contract with managed care organizations (MCOs), but instead the Department of Vermont Health Access (DVHA) within AHS serves as the "managed care" entity, receiving capitated payments from the AHS for delivering Medicaid services and conducting and publishing

performance measures for the state Medicaid program (available [here](#)). However, DVHA does not serve as a risk-bearing managed care organization.

DVHA also operates Vermont's state-based marketplace, Vermont Health Connect.

### Vermont Attorney General

The Vermont Office of the Attorney General represents the state in civil and criminal matters, and the DFR can report violations of the insurance laws to the Attorney General for enforcement action, including against unauthorized insurers. The Attorney General's office also has a [consumer protection division](#), which operates a Consumer Assistance Program ("CAP") to help individual consumers with complaints against a business. More information, and the online CAP complaint form, can be accessed [here](#).

### Other Sources of Information

#### Health Insurance Navigators, Agents and Brokers (collectively, "consumer assisters")

Vermont provides grants to local organizations called "Navigators" that are tasked with assisting consumers, determining eligibility for coverage affordability programs, and helping consumers with post-enrollment questions. Consumers can also get answers to questions about the marketplace or help with enrollment from a Certified Application Counselor (CAC).

Vermont-based insurance agents and brokers perform similar consumer assistance functions, but they are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through [this page](#) on the Marketplace website.

#### Vermont Office of the Healthcare Advocate (HCA)

The Vermont Office of the Healthcare Advocate (HCA), part of Vermont Legal Aid, helps consumers with health care-related issues, including program eligibility, applying for free and low-cost coverage, understanding plan benefits, problems with billing issues, filing a complaint, claims denials, and other matters. More information is available [here](#).

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