

STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

# DCF

## Department for Children and Families

  
**FROM:** Richard Giddings, Deputy Commissioner  
Economic Services Division

**BULLETIN NO.:** 13-06

**DATE:** April 18, 2013

**SUBJECT:** Technical Amendments to the 1/1/13 Health Care  
Programs Premiums

**CHANGES ADOPTED EFFECTIVE** 1/1/13

### INSTRUCTIONS

**MANUAL REFERENCE(S):**

P-2420 B3 and B4

**Maintain Manual - See instructions below.**  
 **Proposed Regulation - Retain bulletin  
and attachments until you receive  
Manual Maintenance Bulletin: \_\_\_\_\_**

Bulletin 12-22 was issued with some technical errors.

This bulletin corrects typographical errors for the VHAP- Pharmacy and VPharm 1 premiums from \$17.00 to \$15.00 and the VScript and VPharm 2 premiums from \$23.00 to \$20.00. This bulletin also clarifies the FPL percentages listed are those in effect as of January 1, 2013 in addition to providing the actual premium amount effective date for the various health care programs.

Vertical lines in the left margin indicate significant changes.

### Manual Maintenance

### Medicaid Procedures

#### Remove

#### Insert

P-2420 B3	(12-22)	P-2420 B3	(13-06)
P-2420 B4	(12-22)	P-2420 B4	(13-06)
P-2420 B5	(12-22)	P-2420 B5	(13-06)

1/1/13

Bulletin No. 13 - 06

P-2420 B3

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. %FPL premium ranges in effect 1/1/13

**Actual Premium Amount Effective Dates:**

VHAP: UA - UF, U1 - U6 – effective 7/1/07

Pharmacy Programs: V1 - V8, VA - VO, VS – VU – effective 9/1/12

Dr. Dynasaur: C0, C2, C4, C6, P1, P2 – effective 8/1/08

Dr. Dynasaur Underinsured: C3, C9 - effective 7/1/07

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP - UA, U1, UB, U2 No fee	5331	> 0 ≤ 50%	479	647	814	982	1,149	1,317	1,484	1,652
VHAP - UC, U3 \$7/person/month	5331	> 50 ≤ 75%	719	970	1,221	1,472	1,724	1,975	2,226	2,477
VHAP - UC, U3 \$25/person/month	5331	> 75 ≤ 100%	958	1,293	1,628	1,963	2,298	2,633	2,968	3,303
VHAP - UD, U4, UE, U5 \$33/person/month	5331	> 100 ≤ 150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VHAP - UF, U6 \$49/person/month	5331	> 150 ≤ 185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$15/person/month	5550 5441	> 0 ≤ 150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$20/person/month	5650 5441	> 150 ≤ 175%	1,676	2,262	2,849	3,435	4,021	4,607	5,194	5,780
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$50/person/month	5650 5441	> 175 ≤ 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
Dr. Dynasaur - C0, C4 No fee	4312.6 4312.7	> 0 ≤ 185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110
Dr. Dynasaur (pregnant) - P1, P2 \$15/family/month	4312.7	> 185 ≤ 200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
Dr. Dynasaur (under 18) - C0, C4 \$15/family/month	4312.6 4312.7	> 185 ≤ 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

**VHAP-ESIA and ESIA**

**Client's share of cost (premium balance)**

VHAP-ESIA and ESIA provide premium assistance to the employee through a monthly benefit amount paid to the household. Below reflects the premium balance amount (the amount the client is responsible for). This amount is taken out of the benefit amount.

**VHAP-ESIA premium balances in effect 1/1/13**

**Actual Premium Amount Effective Dates:**

VHAP - Employer Sponsored Insurance Assistance: ZA – effective 10/1/07

VHAP-ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP-ESIA - ZA \$0	5331	> 0 ≤ 50%	479	647	814	982	1,149	1,317	1,484	1,652
VHAP-ESIA - ZA \$7/person/month	5331	> 50 ≤ 75%	719	970	1,221	1,472	1,724	1,975	2,226	2,477
VHAP-ESIA - ZA \$25/person/month	5331	> 75 ≤ 100%	958	1,293	1,628	1,963	2,298	2,633	2,968	3,303
VHAP-ESIA - ZA \$33/person/month	5331	> 100 ≤ 150%	1,437	1,939	2,442	2,944	3,447	3,949	4,452	4,954
VHAP-ESIA - ZA \$49/person/month	5331	> 150 ≤ 185%	1,772	2,392	3,011	3,631	4,251	4,871	5,490	6,110

**ESIA premium balances in effect 1/1/13**

**Actual Premium Amount Effective Dates:**

Employer Sponsored Insurance Assistance: ZB – effective 1/1/10

ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
ESIA – ZB \$60/person	5961 5963	> 0 ≤ 200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
ESIA – ZB \$122/person	5961 5963	> 200 ≤ 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
ESIA – ZB \$149/person	5961 5963	> 225 ≤ 250%	2,394	3,232	4,069	4,907	5,744	6,582	7,419	8,257
ESIA – ZB \$177/person	5961 5963	> 250 ≤ 275%	2,634	3,555	4,476	5,397	6,319	7,240	8,161	9,082
ESIA – ZB \$205/person	5961 5963	> 275 ≤ 300%	2,873	3,878	4,883	5,888	6,893	7,898	8,903	9,908

1/1/13

Bulletin No. 13 - 06

P-2420 B5

P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards

**CHAP:** CHAP provides premium assistance to an individual's Catamount Health plan. The individual pays the premium balance (the amount the client is responsible for) to the state and the full premium is then sent to the carrier. Below reflects the premium balance amount.

**Actual Premium Amount Effective Date:**

Catamount Health Premium Assistance: ZC – effective 4/1/10

CHAP	Rule	FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>CHAP – ZC</b> \$60/person	5961 5963	> 0 ≤ 200%	1,915	2,585	3,255	3,925	4,595	5,265	5,935	6,605
<b>CHAP – ZC</b> \$124/person	5961 5963	> 200 < 225%	2,155	2,909	3,662	4,416	5,170	5,924	6,677	7,431
<b>CHAP – ZC</b> \$152/person	5961 5963	> 225 < 250%	2,394	3,232	4,069	4,907	5,744	6,582	7,419	8,257
<b>CHAP – ZC</b> \$180/person	5961 5963	> 250 < 275%	2,634	3,555	4,476	5,397	6,319	7,240	8,161	9,082
<b>CHAP – ZC</b> \$208/person	5961 5963	> 275 < 300%	2,873	3,878	4,883	5,888	6,893	7,898	8,903	9,908

**Surcharges**

In addition to the premium amount owed on the above table, an individual may also be responsible to pay a surcharge. BC/BS decides how much they will charge for its Catamount Health policies. If individuals choose a carrier that charges more for their policies than the other carrier, the client will be responsible for paying the additional amount. Effective 1/1/2013, the surcharge amount is \$0.00.