

**BLUE CROSS BLUE SHIELD OF VERMONT**  
**2025 VERMONT QHP MARKET – INDIVIDUAL MARKET RATE FILING**  
**PLAIN LANGUAGE SUMMARY**

**Our commitment.** For more than 40 years, our nonprofit health plan has had a simple, powerful mission: make healthcare work better for all Vermonters.

**Rate request summary.** This filing includes our 2025 proposed rates and supporting calculations for individual plans. Overall, we are requesting rates that are higher than last year by 16.3 percent.

- There are 23,164 members currently enrolled in the individual plans affected by this rate request.
- The increases for specific plans range from 8.5 percent to 21.5 percent for non-loaded silver plans and from 39.9 percent to 44.9 percent for On-Exchange silver plans. The range of changes are due to plan design and model updates to meet federal requirements and the new Green Mountain Care Board guidance on silver loading, which increases the loaded silver plans by 20.8 percent and reduces the non-loaded plans by 2.1 percent.

**Reasons for rate changes in the individual market.** Our premiums must be adequately funded to ensure Blue Cross VT's financial solvency in order to protect members and to maintain access to high-quality healthcare. The factors that drive this rate increase are primarily the cost and utilization of care in hospitals and life-saving drugs.

- **Medical care and retail pharmacy costs continue to rise.** The cost of medical and pharmacy services, along with the number of services and their intensity continue to put pressure on the health care in Vermont. This alone resulted in a 11.0 percent increase in our members' premiums.
- **Vermont Legislative policy decision add to the rising cost of health care.** The Vermont Legislature is limiting our ability to contain the rising costs of health care with passage of H.766, increasing the premiums by 1.8 percent.
- **Impact of required benefit changes.** We changed the cost sharing aspect of our plans as required by the Affordable Care Act to meet metal levels. Because of the relationship between cost sharing, the model used to assess the changes, and premiums, those changes increased rates by 1.2 percent.

**Regulatory requirements.** The proposed rates reflect the federal and state requirements that Blue Cross VT must implement:

- **Solvency.** As a regulated insurer, Blue Cross VT must maintain financial reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis. These reserves have been crucial during these past two years, and must be sufficient at any given time to cover the health needs of our members and maintain programs that reduce costs and promote quality care. Our 2025 rate request includes a 3.0 percent contribution to policyholder reserves.
- **Ongoing costs.** The rate request includes other ongoing regulatory costs, such as regulatory billbacks and federal and state taxes and fees.

**Our experience in this market.** Blue Cross VT began selling Qualified Health Plans on the Vermont Exchange in January 2014. Blue Cross VT has cumulative losses of \$40.4 million since inception for these plans for the combined Individual and Small Group QHP markets.

**Public comment.** Members of the public can submit comments to the Green Mountain Care Board about this rate request from May 13, 2024 through July 29, 2024. For more information, please visit the Board's Public Comment page: [https://ratereview.vermont.gov/public\\_comment](https://ratereview.vermont.gov/public_comment)