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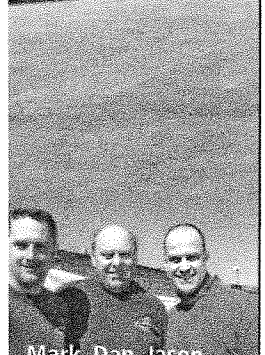
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became a member of the Friends of CHaD board. Members of the board are asked to serve as “hard-core volunteers” in a couple events each year. Amy was drawn to the half-marathon in particular because she “really liked the feel of it.” Two years ago, the event took on a “hero” theme, trying to break the Guinness World Record for most people dressed up as superheroes in one place. Amy took this opportunity to get people at work involved. Since many of the people in the office are parents, it wasn’t hard for Amy to get people interested in supporting a children’s hospital, and the majority of the office participated in the event, costumes and all.

Amy and her colleagues have been very successful in their efforts. They had a team of 15 participate in this year’s Prouty, dedicating their participation to an employee’s mom who passed away from cancer the month before. They raised \$475,000 for CHaD

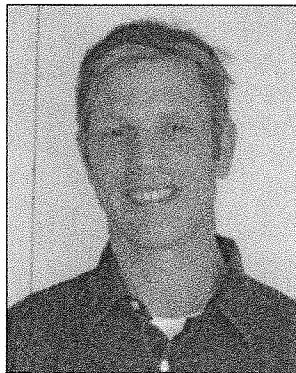
year to low Medicaid reimbursement rates.” As soon as she saw the numbers, she knew she wanted to be on board.

Amy has not been the first or only of her colleagues to bring a charitable spirit to the company; Amy’s father, Ned Redpath, who’s been in the business and the area for around 40 years, has always made giving back one of the company’s top priorities. “My dad is big on charity,” says Amy, “and he’s spread that on to us.” Ned, as well as everyone at Coldwell Banker-Redpath, has always felt that it’s important not just to give back financially, but personally and physically, as well. This is one reason why the company is drawn to such active events as the CHaD Half-Marathon and the Prouty. “It may not just be about money donations,” Amy says, “but getting a team together or dressing up like a superhero”—things that can get more people involved and show more support.

### Understanding Local Health Care Reform

After 22 years as a student of health care in various roles its’ never been more interesting to participate and contribute in needed changes as we venture into a very different looking framework under both Act 48, An Act Relating to a Universal and Unified Health System, in Vermont, and under The Patients Protection and Affordable Care Act (PPACA, or my least favorite description, “Obamacare”).

For both individuals and employers, health insurance as we know it today will change dramatically and whether or not you are offering insurance now, you will need to make a decision on your level of participation in the very near future. In an attempt to equalize everyone’s contribution into the system, 2014 will mandate everyone to carry health insurance. The PPACA mandate to have health insurance comes with eligible cost-sharing subsidies to help pay for insurance premium on what will be known as Health Care Exchanges. These subsidies will be similar to programs we have today in Vermont such as Catamount Health and Dr. Dynasaur. In fact Household income eligibility for a family of four to receive subsidies under the PPACA Health Care Exchange can be as much as \$88,200 and for an individual it varies in amounts up to \$43,320. Small businesses (defined as those with less than 50 employees) and individuals will likely utilize the Exchange for health insurance while businesses with greater than 50 employees will be penalized if their employees use the Exchange, at least until 2017. In



order to avoid penalties, large employers will be required to offer all their full-time employees equivalent coverage and cost similar to what is offered on the Exchange plans.

While 26 states pursue the unconstitutionality of the 2014 health insurance mandate and many of those same states and others balk at building their Exchange, Vermont has chosen a very different path. In Vermont, our Governor signed into law Act 48, a framework that will allow for our Exchange

to be built in a way as to transform itself into our country’s first single payer universal health care plan called Green Mountain Care. You will read varying views on Green Mountain Care that will be politically charged. In fact get ready for a double header because we will witness first a debate surrounding how hospitals and providers should be paid followed shortly by how the entire Vermont health care system will be funded. In the end we will eventually come to grips with change of some sort and while there is no disputing the problem; health care cost inflation simply cannot continue at past levels, it will be a very interesting journey.

I would urge you to stay informed, learn, participate and help shape the outcome of what these two frameworks ultimately provide. My team and I are deeply engaged locally and have a very good understanding of both the Acts that have been signed into law. As a local business, this is a resource you are welcome to visit.

Thank you.

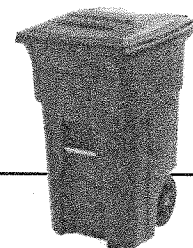
Tom Scull, Partner The Richards Group

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