SENATE PUBLIC HEALTH, WELFARE & SAFETY
EXHIBIT NO. 18
DATE: 1-17-05
BILL NO. SB 110

Montana Comprehensive Health Association
Fact Sheet

Vision . . .

The Montana Comprehensive Health Association is committed to providing access to quality health insurance for uninsurable Montanans. To fulfill our vision, we advance:

- ♦Quality health insurance plans
- ♦Accessibility for qualifying Montanans
- ♦Effective programs to manage health claims and expenses
- ♦Collaborative industry involvement

Who we are . . .

• Statutorily created in 1985 to make health insurance accessible to Montana residents who are uninsurable due to a pre-existing health condition or offered coverage with a significant rider.

• MCHA is funded by premiums paid by MCHA policyholders and assessments on all health benefit policies written in the state of Montana. Fully insured group and individual policies are subject to assessments. Self-insured groups are not.

• MCHA makes health benefits available to persons who have been diagnosed with many chronic health conditions, including metastatic cancer, congestive heart failure, diabetes, multiple sclerosis, and coronary heart disease.

• In 1987 MCHA issued its first policies to a handful of Montanans under the Traditional Plan. Enrollment grew slowly and by 1989 MCHA covered 141 persons. Enrollment on this plan currently is 1,657.

• In 1997, MCHA became Montana's Health Insurance Portability and Accountability Act (a federal act) mechanism by opening a new plan. The Portability Plan provides guaranteed access to individual coverage for persons who lose employer group coverage. Enrollment on the Portability Plan grew from 107 (in 1997) to 1,728 today.

• In 2002, the MCHA opened the Pilot Program (Premium Assistance Program) that provides the Traditional Plan health benefits to qualified persons with incomes at or below 150% of federal poverty level at a reduced premium. Federal grant funds and state monies from the Tobacco Settlement fund have been used to provide the premium subsidy. Plan enrollment is currently 240 with 49 on a waiting list. More funding is needed to continue the premium subsidy for low-income uninsurable Montanans.

• A 2003 mechanism allows otherwise qualified persons with a premium that is more than 150% of the average premium rate (used to calculate the MCHA plan premium rates) as eligible for the Traditional Plan without a pre-existing condition being imposed.

• In 2003 MCHA became a coverage option for persons eligible for a federal Trade Adjustment Assistance Act of 2002 health care tax credit.

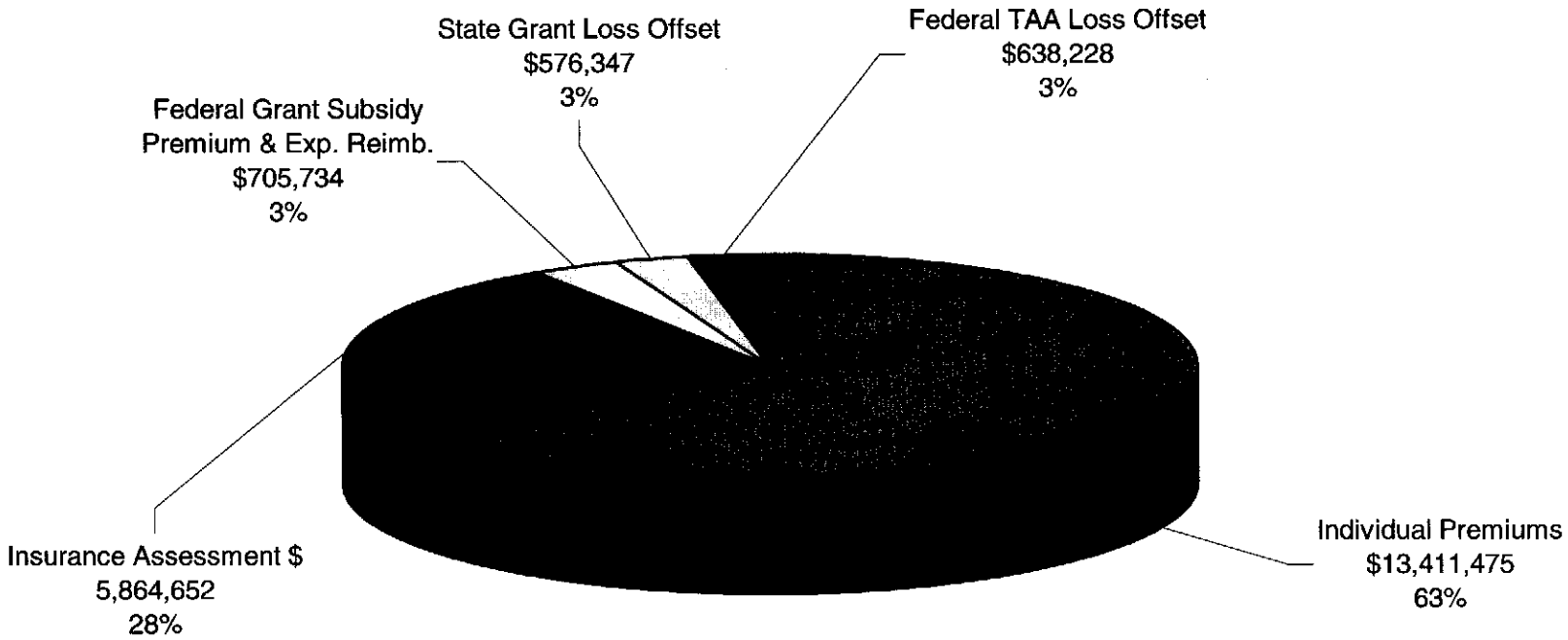
Compiled 12/31/2004

MONTANA COMPREHENSIVE HEALTH ASSOCIATION FINANCIAL PROJECTIONS
Summary Income Statement & Year-End Surplus
Scenario 86 (B-2: Baseline with approved 2005 rate increases; alternative Rx benefit; new P-3 Plan)
With Pilot Program Terminating at end of FY2006

Fiscal Year	2003 Combined	2004 Combined	2005 Combined	2006 Combined	2007 Combined	2008 Combined
Ending Members [e]	3,042	3,556	3,943	4,445	4,832	5,401
Income						
Premium [a] [f]	10,999,143	13,442,526	16,987,493	22,208,905	28,334,418	36,063,103
Commissions	(94,000)	(109,300)	(110,700)	(135,200)	(147,000)	(163,800)
Net Premium Income	10,905,143	13,333,226	16,876,793	22,073,705	28,187,418	35,899,303
Claims Expense						
Medical Claims	10,614,332	14,234,408	18,513,412	22,595,412	27,065,008	33,823,080
Drug Claims	3,443,822	5,073,166	6,390,994	8,331,574	11,480,617	16,038,877
Total Claims Expense	14,058,154	19,307,574	24,904,406	30,926,986	38,545,626	49,861,957
Drug Claims as % Total	24%	26%	26%	27%	30%	32%
Gain(Loss) before Admin	(3,180,011)	(5,974,348)	(8,027,613)	(8,853,281)	(10,358,208)	(13,962,654)
Expenses						
BCBSMT Admin	1,084,860	1,246,275	1,399,069	1,636,136	1,844,693	2,118,783
Other Admin	112,047	137,727	158,525	166,526	190,233	222,913
Total Admin	1,196,907	1,384,003	1,557,594	1,802,662	2,034,926	2,341,695
Other Income						
Admin Reimbursement	47,560	-	-	-	-	-
Interest Income	127,608	-	2,950	-	-	-
Federal Premium Subsidy	294,209	644,741	195,820	-	-	-
Federal Subsidy	-	51,652	8,169	-	-	-
State Subsidy	-	576,346	659,600	600,000	-	-
Total Other Income	469,377	1,272,739	866,539	600,000	-	-
Net Income (Loss)	(3,907,541)	(6,085,612)	(8,718,668)	(10,055,943)	(12,393,133)	(16,304,349)
Federal TAA Grant Income	-	638,228	608,062	500,000	500,000	500,000
Assessment - Funding Req.	(3,907,541)	(5,447,384)	(8,110,606)	(9,555,943)	(11,893,133)	(15,804,349)
Assessment - Income	5,287,312	5,889,815	6,518,176	6,974,448	7,462,660	7,985,046
Assessment - Excess	1,379,771	442,431	(1,592,430)	(2,581,495)	(4,430,474)	(7,819,303)
Prior Y/E Surplus	1,532,380	2,912,151	3,354,582	1,762,152	(819,343)	(5,249,817)
Incurred Loss Ratio [b]	126%	137%	141%	135%	136%	138%

Footnotes:
[a] Premium for Pilot-A and Pilot-MC represents subscriber premiums received. Subsidized portion of premium is Federal Premium Subsidy
[b] Using true premiums. Federal Premium Subsidy may be less than full amount needed to subsidize premiums ($1,209,375 exhausted)
[c] Allocated State Subsidy to Pilot and Pilot-MC plans in proportion to Premium
[d] 2004 Y/E Surplus per financial statements is $2,704,177, or about $650K less than projected.
[e] Growth Assumptions: Traditional Plan B = 25%, Medicare Carve-Out Plan =15%, Portability Option 2 =10% and Option 3 =15%
[f] Includes actual rate increases for 2005 (Trad -15%, Med Car - 5%, Port Opt 1 - 12.6% Opt 2 - 20% and 15% increases for all plans in 2006+.

Montana Comprehensive Health Association
Revenue by Sources
for fiscal year 2004

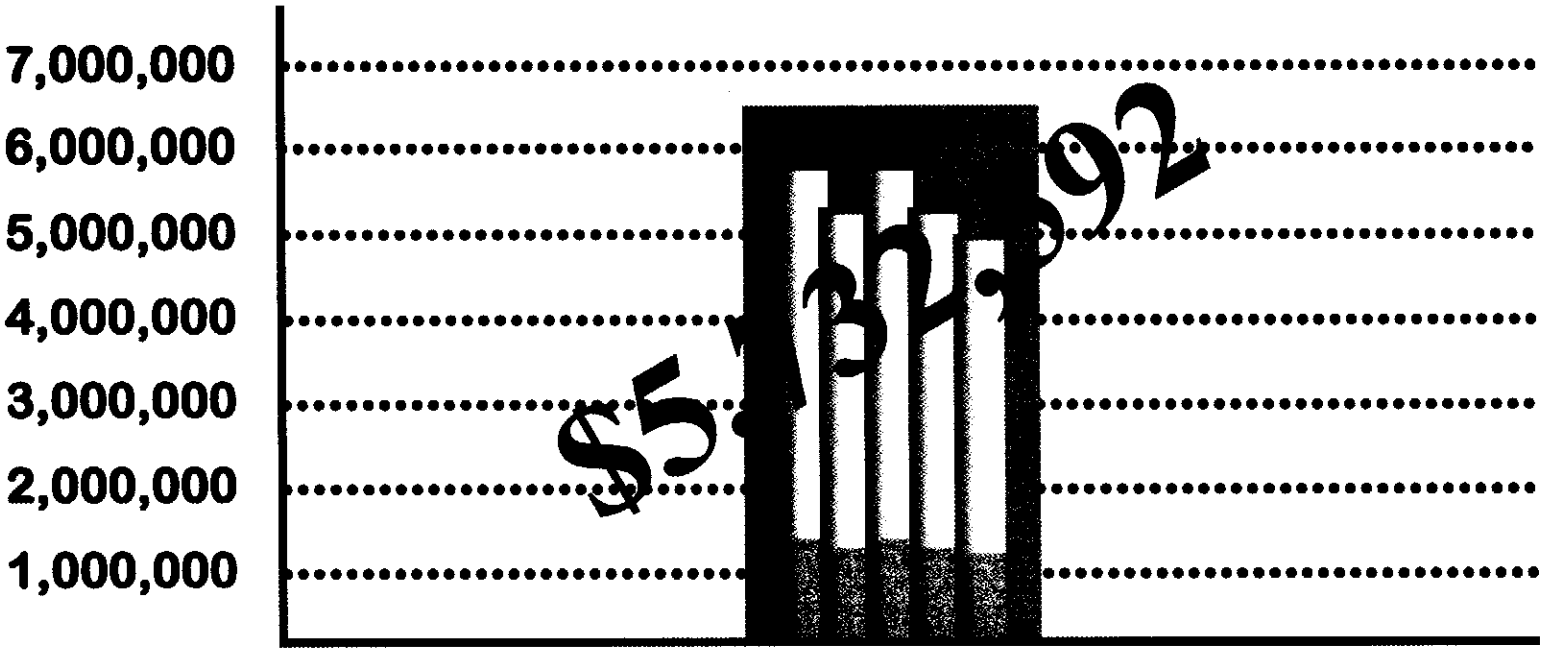


*Assessments are paid only by fully insured groups and individuals. Self-funded groups do not contribute to the assessment base, but, all qualifying Montanans have access to MCHA coverage.

- Individual Premiums $13,411,475
- Insurance Assessment $ 5,864,652
- Federal Grant Subsidy Premium & Exp. Reimb. $705,734
- State Grant Loss Offset $576,347
- Federal TAA Loss Offset $638,228

Montana Comprehensive Health Association Plans Benefits Paid

For claims using ICD-9 Diagnoses featured in Minnesota Tobacco Litigation



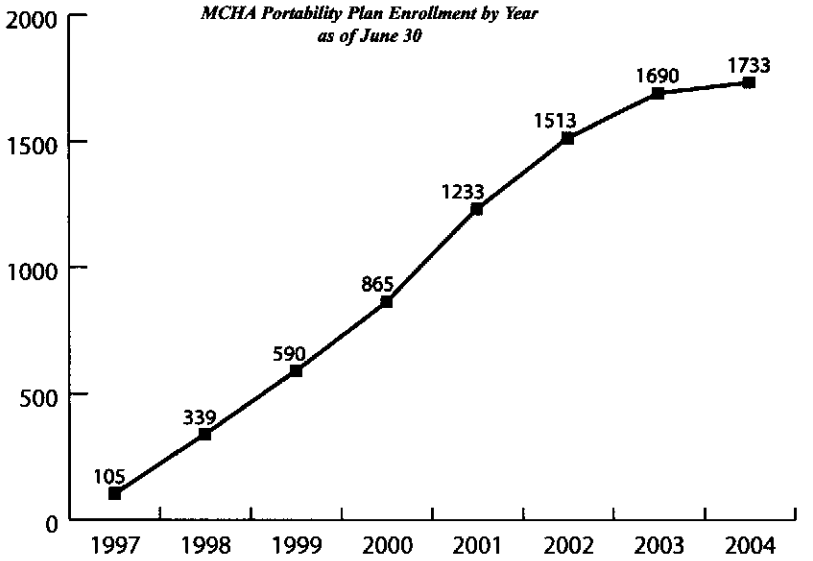
For period of July 1, 1997 - June 30, 2004

Current Plan enrollment as of 11/30/2004:

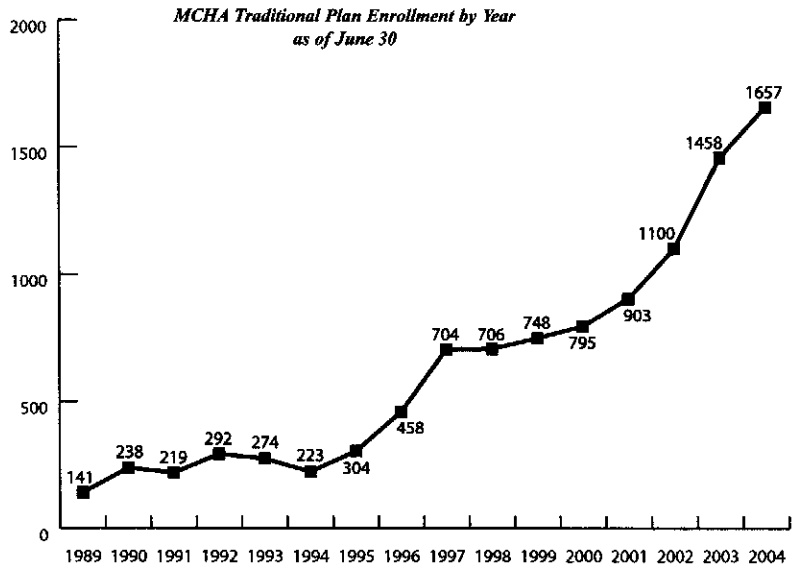
MCHA Traditional Plan: 1657
MCHA Portability Plan: 1733
MCHA Premium Assistance Plan: 280

MCHA Total Enrollment

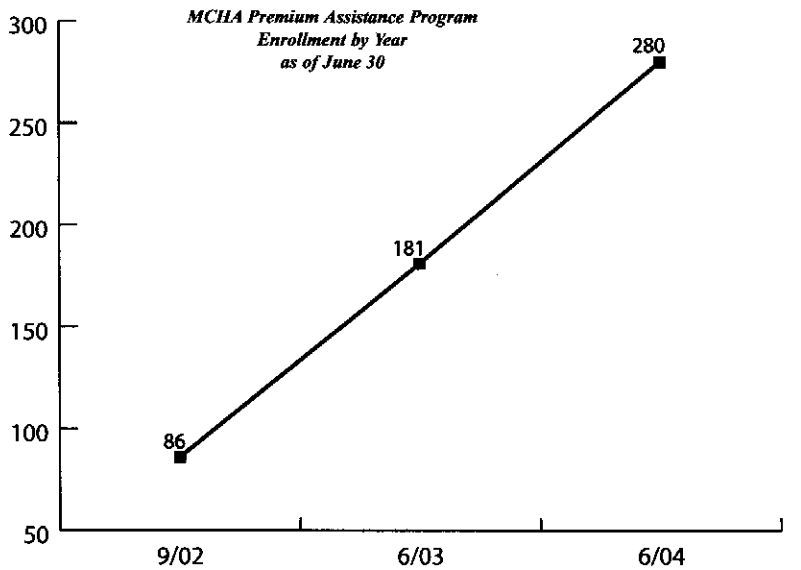
Montana Residents are eligible for the MCHA Portability Plan if their most recent prior creditable coverage was under an employer group health plan, a government plan or a church plan with an aggregate of 18 months or more of creditable prior health coverage, and they must not have, or be eligible for other group coverage. The Portability Plan was first offered September 1, 1997.



Montana residents are eligible for the MCHA Traditional Plan if they have certain specified major illnesses or have been rejected or offered a restrictive rider by two insurers within the last six months. This includes individuals on Medicare due to disability or age. Medicare is the primary payer in these cases.

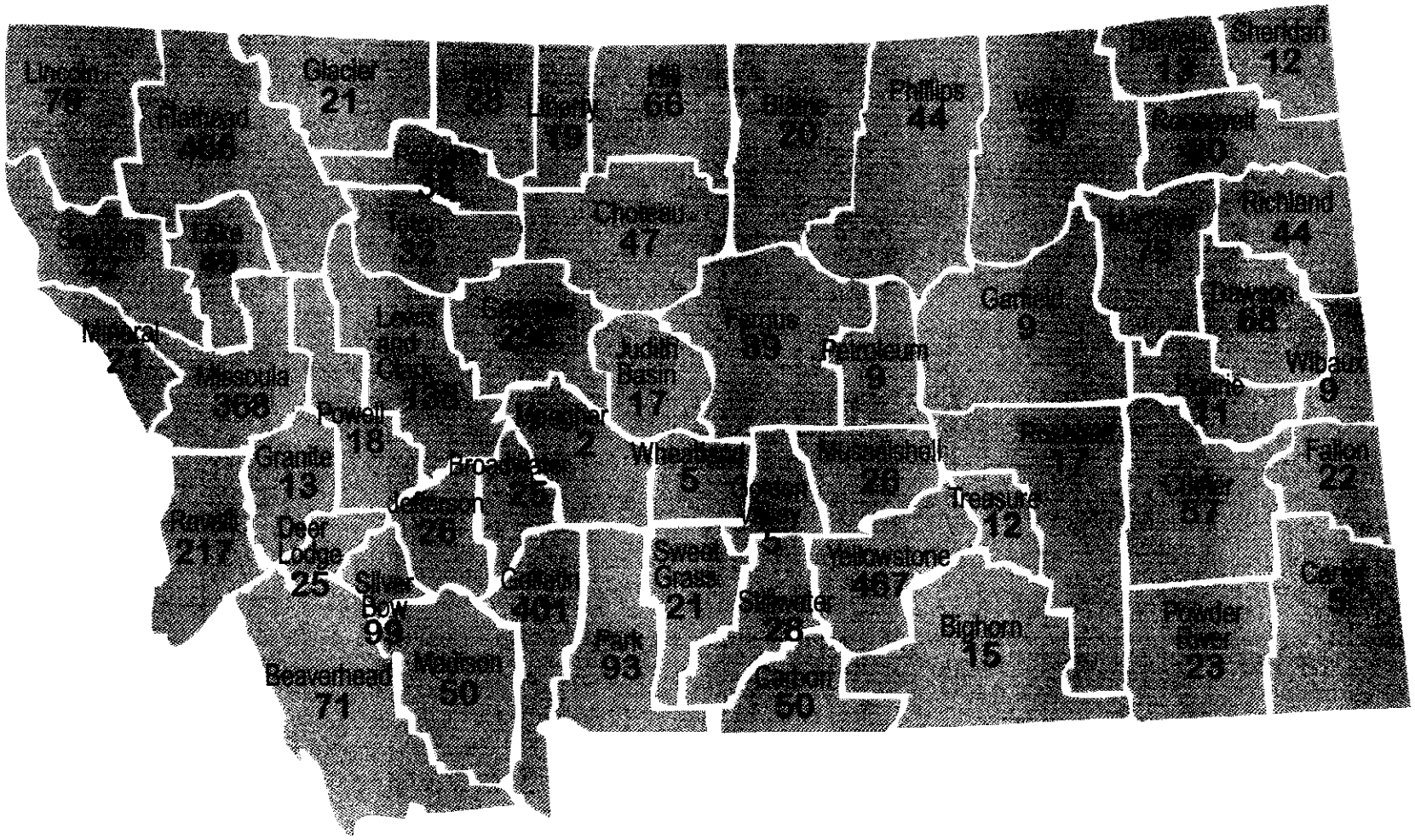


Montana Residents are eligible for the MCHA Premium Assistance Program if they have certain specified major illnesses or have been rejected or offered a restrictive rider by two insurers within the last six months and have income at or below a qualifying level (150% of federal poverty level.) A federal grant was secured to pay the premium subsidy. This includes individuals on Medicare due to disability or age. Medicare is the primary payer in these cases.

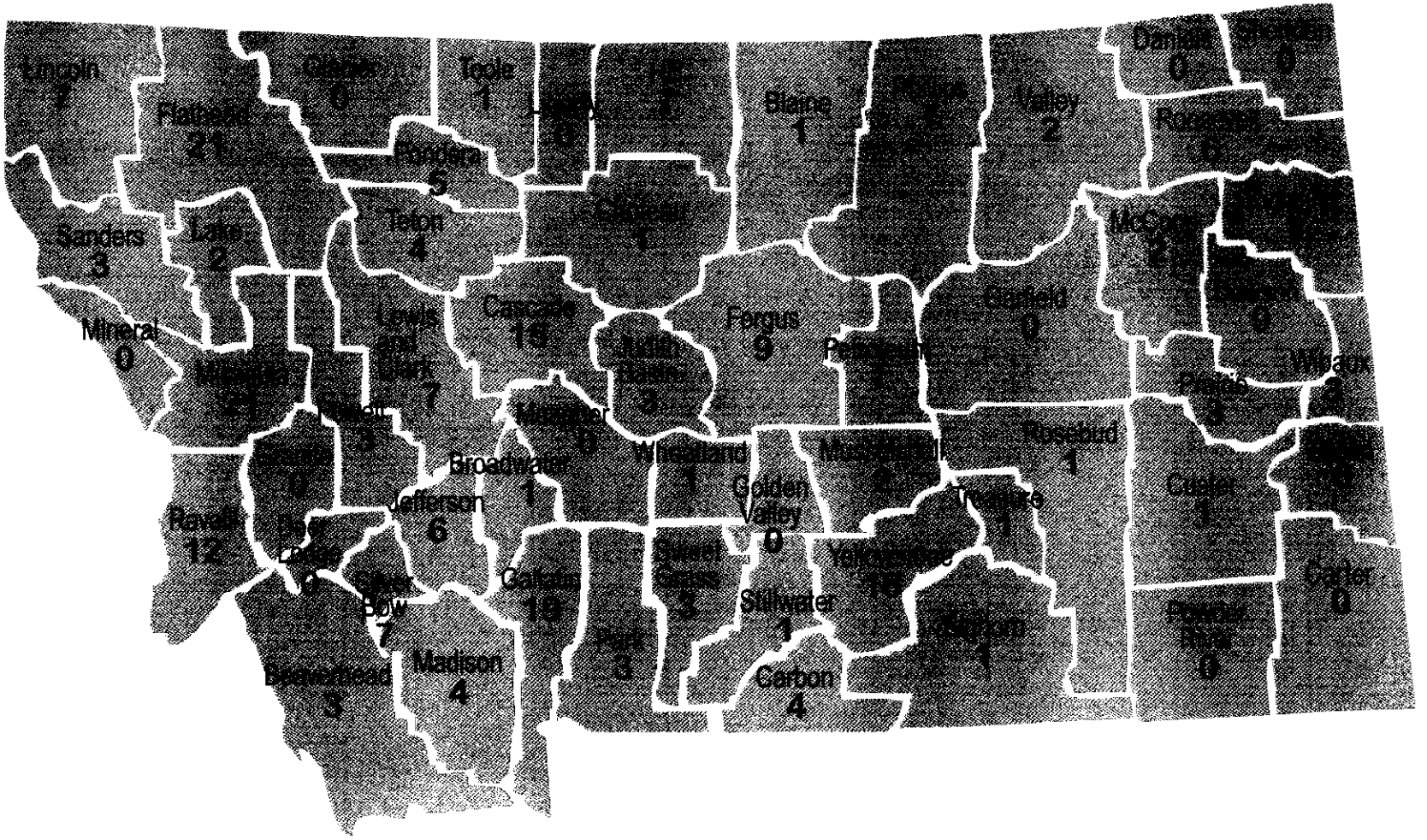


Total MCHA Plan Enrollment by County

as of November 30, 2004



The number for each county represents combined enrollment on the Portability Plan, TAA Portability Plan, Traditional Plan, and Premium Assistance Program.

MCHA Premium Assistance Plan Enrollment by County

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