Montana State Legislature

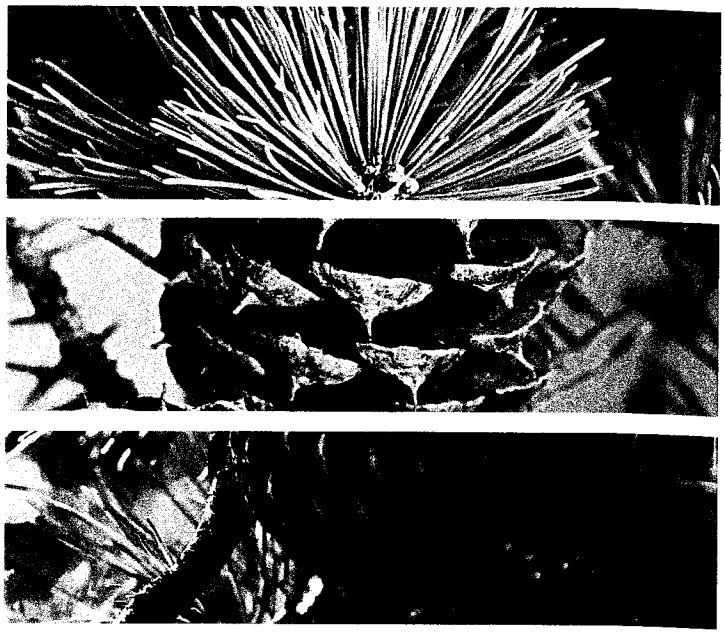
Exhibit 6

This is a booklet only the cover has been scanned to aid you in your research.

The original exhibit is on file at the Montana Historical Society and may be viewed there

Montana Historical Society
Archives, 225 N. Roberts, Helena,
MT 59620-1201
Phone (406) 444-4774.
Scanning by: Susie Hamilton

EXHIBIT 6
DATE 3-20-07
SB 265



MCHA
MONTANA COMPREHENSIVE HEALTH ASSOCIATION

ANNUAL REPORT

July 1, 2005 – June 30, 2006

Presented by Tanya Ask BCBSMT
House Business & Labor
SB265
3/20/07

Additional Benefits

Healthy Generations

Healthy Generations provides education, support, and early identification of risks to help expectant mothers achieve a full term pregnancy. This service is voluntary and available at no additional cost to MCHA members.

New Member Contact

As a new member to MCHA, you will be contacted by an APS Care Coordinator, a registered nurse, who will explain programs available to you and conduct a brief health risk assessment. You may have direct access to that Care Coordinator should you need them in the future.

Some common services for which coverage is not provided are:

- ☞ Eyeglasses
- ☞ Hearing Aids
- ☞ Treatment for Chemical Dependency
- ☞ Treatment for Mental Illness
  (except Severe Mental Illness which is defined as Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major depression, Panic disorder, Obesessive-compulsive disorder, Autism)

For Information on MCHA:

- Call the Administrator, Blue Cross and Blue Shield of Montana at 444-8537 or 1-800-447-7828, Extension 8537, or any of the district offices of Blue Cross and Blue Shield of Montana, or
- Call any health insurance producer/agent.
- Call the Montana Department of Insurance at 1-800-332-6148 or 444-2040.

NUMBERS TO CALL

Administrator
Blue Cross and Blue Shield of Montana
1-800-447-7828, Extension 8537
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Montana Department of Insurance
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or visit the MCHA Website at:

www.mthealth.org

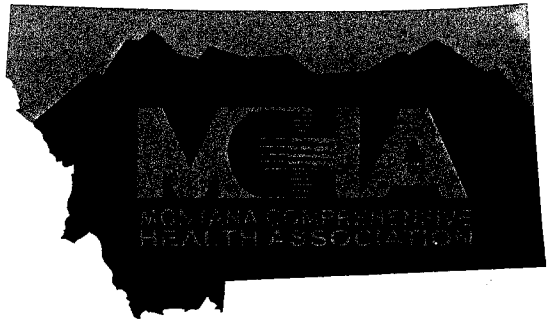
Administered By:

Blue Cross and Blue Shield of Montana

An Independent Licensee of the Blue Cross and Blue Shield Association

BCBSMT provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

MCHA TRAD Brochure (01/2007)



Can't get medical insurance for health reasons?

Call the MCHA

Administered by Blue Cross and Blue Shield of Montana

HAVE YOU BEEN DENIED MEDICAL INSURANCE OR HAD LIMITATIONS PLACED ON YOUR POLICY BECAUSE OF YOUR HEALTH?

The Montana Comprehensive Health Association (MCHA) may help.

What is MCHA?

The MCHA was established by the Montana Legislature to make comprehensive health insurance benefits available to high-risk individuals regardless of their physical condition.

The continued viability of the program is ensured through various funding mechanisms, which include the premiums paid by enrollees on the plan, and assessments made to the health insurers operating in the state.

Eligibility

You may be eligible for this plan if:

1. You are a resident of the state of Montana for at least 30 days; and
2. You have been rejected or offered a restrictive rider by two insurers within the last six months or have one of the specified major illnesses; and
3. You are not eligible for any other health insurance coverage; or, you have comparable coverage but are paying or have received a notice of a premium rate that is more than 150% of the average premium rate used to calculate MCHA premium rates.

NOTE: If you work for an employer who has between 2 and 50 employees, you may now be eligible to join your employer's group health program without having to show proof of good health. For more information about small group coverage, please call the Montana Department of Insurance at 1-800-332-6148.

Preexisting Condition Limitation

No payment will be made for treatment of <u>any</u> preexisting condition, including pregnancy, until you have been continuously covered under this Plan for 12 months. This preexisting condition limitation does not apply:

1. to newborn children or children placed for adoption; or
2. Creditable coverage may be given if:
   - coverage was not voluntarily canceled by the applicant
   - application for this plan is made within 30 days of the last day of your previous coverage
   - all other options for health insurance, including COBRA or state continuation, have been exhausted

If you become insured by MCHA, read your contract carefully.

Participating Provider Network

Participating Providers accept the allowable fee as their full reimbursement, so Plan payment, deductible, and co-payment is their full reimbursement. **They will not bill you for charges in excess of the allowable fee for covered services.** Payment for services of nonparticipating providers is made directly to you. **These providers may bill you for charges above the allowable fee in addition to deductible and co-payment.**

Benefits

Three options for coverage:

Deductible Option	Copay	Maximum Annual Deductible & Copay Limit
$1,000	80/20	$5,000.
$2,500	80/20	$6,000.
$5,000	80/20	$7,500.
Lifetime Maximum: $2,000,000.		

Some examples of services for which coverage is provided are:

- ☞ Inpatient Hospital care
- ☞ Convalescent Home - 60 Days/Year
- ☞ Outpatient Hospital care
- ☞ Office Visits
- ☞ Surgery and Anesthesia
- ☞ X-ray and Lab
- ☞ Immunizations
- ☞ Radiation Therapy and Chemotherapy
- ☞ Ambulance
- ☞ Oxygen
- ☞ Durable Medical Equipment
- ☞ Prosthetics
- ☞ Diabetes Education
- ☞ Newborn and Adopted Children coverage for First 31 Days
- ☞ Well-Child Care through 2 years of age
- ☞ Home Health Care - 180 Visits/Year
- ☞ Mammography
- ☞ Maternity
- ☞ Transplants–$500,000 Lifetime Benefit (effective 3/1/07)
- ☞ Inpatient Rehabilitation Therapy
- ☞ Prescription Drug Coverage

This is not a contract. This brochure is only a brief outline of the important benefits of the MCHA plan.

Prescription Drug Benefit

<u>Prescription drugs are not covered on the Medicare Carve Out Option but can be obtained through Medicare Part D</u>

Deductible $0

Pharmacy Benefit for up to 34 day supply:

Generic $10

Brand Name Formulary

$35+20% of remaining cost

Maximum copay per script $200

Brand Name Non-Formulary

$50+30% of remaining cost

Maximum copay per script $300

Mail Service Program for up to 90 day supply:

Generic $20

Brand Name Formulary

$70+20% of remaining cost

Maximum copay per script $400

Brand Name Non-Formulary

$100+30% of remaining cost

Maximum copay per script $600

Self-Audit Program

You may be eligible to receive 50 percent of the savings up to $1,000 if you detect and identify an error on your bill that has been processed by the lead carrier.

Individual Assistance Program

A little help sometimes goes a long way. Short-term counseling for any personal problems for you and your immediate family members is available at no cost to you through the IAP. Help is available for stress, depression, grief, mental issues, parenting, finances, drug and alcohol abuse, and other problems. 24-hour crisis counseling is also available.

Medicare

If you are eligible for Medicare A & B, you may qualify for this plan at a reduced rate. If you have coverage with Medicare, your MCHA plan will be your secondary coverage. Once Medicare has processed your claim, MCHA will process according to your MCHA benefits. MCHA will coordinate with Medicare and not pay more than the balance remaining after Medicare's payment.

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
TRADITIONAL PLAN
OPTION 1000
SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2007

$1,000 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	$187	41	$490
18	$323	42	$504
19	$324	43	$522
20	$328	44	$541
21	$329	45	$560
22	$330	46	$581
23	$333	47	$602
24	$335	48	$628
25	$337	49	$656
26	$341	50	$686
27	$343	51	$716
28	$351	52	$748
29	$359	53	$776
30	$366	54	$802
31	$372	55	$832
32	$381	56	$862
33	$393	57	$893
34	$404	58	$918
35	$416	59	$943
36	$429	60	$969
37	$443	61	$996
38	$455	62	$1,025
39	$466	63	$1,038
40	$479	64 & over	$1,051

Medicare Carveout

0 – 17	$57
18 – 65 and over	$152

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
TRADITIONAL PLAN
OPTION 2500
SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2007

$2,500 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	$151	41	$397
18	$262	42	$407
19	$262	43	$422
20	$265	44	$437
21	$266	45	$453
22	$267	46	$469
23	$269	47	$486
24	$271	48	$508
25	$273	49	$531
26	$276	50	$555
27	$278	51	$579
28	$284	52	$605
29	$290	53	$627
30	$296	54	$649
31	$301	55	$673
32	$308	56	$697
33	$318	57	$722
34	$327	58	$742
35	$336	59	$763
36	$347	60	$784
37	$358	61	$806
38	$367	62	$829
39	$377	63	$840
40	$387	64 & over	$850

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
TRADITIONAL PLAN
OPTION 5000
SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2007

$5,000 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	$107	41	$282
18	$186	42	$290
19	$187	43	$300
20	$189	44	$311
21	$189	45	$322
22	$190	46	$334
23	$191	47	$346
24	$193	48	$361
25	$194	49	$378
26	$196	50	$394
27	$198	51	$412
28	$202	52	$430
29	$206	53	$446
30	$211	54	$461
31	$214	55	$478
32	$219	56	$496
33	$226	57	$513
34	$232	58	$528
35	$239	59	$542
36	$247	60	$557
37	$255	61	$573
38	$261	62	$589
39	$268	63	$597
40	$275	64 & over	$604

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal increase. Rates are subject to change each January.

To determine your premium, find the correct age band. Your age band is your age as of January 1, 2007.

PRESCRIPTION DRUG BENEFIT

Prescription drugs are not covered on the Medicare Carve Out Option but can be obtained through Medicare Part D

Deductible $0

Pharmacy Benefit for up to 34 day supply:

Generic $10

Brand Name Formulary

$35+20% of remaining cost

Maximum copay per script $200

Brand Name Non-Formulary

$50+30% of remaining cost

Maximum copay per script $300

Mail Service Program for up to 90 day supply:

Generic $20

Brand Name Formulary

$70+20% of remaining cost

Maximum copay per script $400

Brand Name Non-Formulary

$100+30% of remaining cost

Maximum copay per script $600

SELF-AUDIT PROGRAM

You may be eligible to receive 50 percent of the savings up to $1,000 if you detect and identify *an error on your processed bill.*

INDIVIDUAL ASSISTANCE PROGRAM (IAP)

The IAP program offers short-term counseling for you and your immediate family. Help is available for stress, depression, and grief as outlined in the contract. 24-hour crisis counseling is also available.

MEDICARE

If you are eligible for Medicare A & B, you may qualify for this plan at a reduced rate. If you have Medicare coverage, your MCHA plan will be your secondary coverage. After Medicare has processed your claim, MCHA will process according to your MCHA benefits. MCHA coordinates with Medicare and will not pay more than the balance remaining after Medicare.

This is not a contract. This brochure is only a brief outline of the important benefits of the MCHA Premium Assistance Program. If you become insured by MCHA, read your contract carefully.

NUMBERS TO CALL

Administrator
Blue Cross and Blue Shield of Montana
1-800-447-7828, Extension 8537
or
444-8537

Montana Department of Insurance
1-800-332-6148 or 444-2040

or visit the MCHA Website at:
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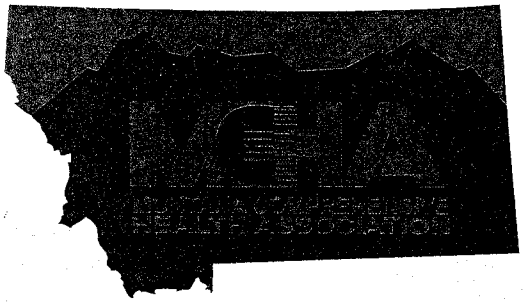
MCHA Premium Assistance Program (01/2007)



On a limited income and can't get medical insurance due to health reasons?

Call the MCHA about the Premium Assistance Program.

Administered by Blue Cross and Blue Shield of Montana

HAVE YOU BEEN DENIED MEDICAL COVERAGE? HAD LIMITATIONS PLACED ON YOUR POLICY DUE TO YOUR HEALTH? IS YOUR INCOME LIMITED?

WHAT IS THE MCHA?

The Montana Comprehensive Health Association (MCHA) was established by the Montana Legislature to make comprehensive health insurance benefits available to high-risk individuals regardless of their health conditions.

The continued viability of the program is ensured through various funding mechanisms, including the premiums paid by enrollees on the plan, assessments paid by the health insurers doing business in the state, and federal funding for this pilot.

WHAT IS THE MCHA PREMIUM ASSISTANCE PROGRAM?

The MCHA Premium Assistance Program will subsidize premiums for people who qualify for MCHA Traditional Plan coverage and have family income at or below a qualifying level. Enrollment in the program will be limited and on a first come basis. For the Premium Assistance Program the premium subsidy will be paid by a grant from the federal government. The program will end when grant funds are exhausted. If more funding is not obtained to subsidize premiums, you will need to pay the regular premium to continue coverage.

HOW TO APPLY:

You must fill out an application form and provide income documentation. To be eligible for the program you must:

- be a Montana resident for at least 30 days
- have been rejected or offered a restrictive rider by two insurers within the last six months or have a specified major illness;
- be ineligible for any other health insurance coverage and;
- have family income less than the qualifying income amounts. (Documentation of income required.)

NOTE: If you work for an employer who has between 2 and 50 employees, you may now be eligible to join your employer's group health program without having to show proof of good health. For more information about small group coverage, please call the Montana Department of Insurance at 1-800-332-6148.

PREEXISTING CONDITION LIMITATION

No payment will be made for treatment of any preexisting condition, including pregnancy, until you have been continuously covered under this plan for four (4) months. This preexisting condition limitation does not apply:

1. to newborn children or children placed for adoption.
2. Creditable coverage may be given if:
   - coverage was not voluntarily canceled by the applicant;
   - application for this plan is made within 30 days of the last day of your previous coverage;
   - all other options for health insurance, including COBRA or state continuation coverage, have been exhausted.

PARTICIPATING PROVIDER NETWORK

Participating providers accept the allowable fee as their full reimbursement, so plan payment, deductible and co-payment is their full reimbursement. They will not bill you for charges in excess of the allowable fee for covered services. Payment for services of **nonparticipating** providers is made directly to you.

These providers may bill you for charges above the allowable fee in addition to deductible and co-payment.

BENEFITS

The plan features an annual deductible of $1,000 and 20 percent co-payment. Maximum deductible and co-payment expenses during a calendar year are $5,000. Coverage is provided up to a lifetime maximum of $2,000,000.

Services for which coverage is provided:

- Inpatient Hospital Care
- Convalescent Home – 60 days/yr
- Outpatient Hospital Care
- Office Visits
- Surgery and Anesthesia
- X-ray and Lab
- Immunizations
- Radiation Therapy and Chemotherapy
- Ambulance
- Oxygen
- Durable Medical Equipment
- Prosthetics
- Diabetes Education
- Newborn and Adopted Children - (coverage for first 31 days)
- Well-Child Care through 2 years of age
- Home Health Care – 180 visits/year
- Hospice
- Mammography
- Maternity
- Transplants - $500,000 Lifetime Benefit (effective 3/1/07)
- Inpatient Rehabilitation Therapy - $100,000 Lifetime Benefit
- Prescription Drug Coverage

Services for which coverage is not provided:

- Eyeglasses
- Hearing Aids
- Treatment for Chemical Dependency
- Treatment for Mental Illness (except Severe Mental Illness which is defined as Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major depression, Panic disorder, Obesessive-compulsive disorder, Autism)

MCHA PREMIUM ASSISTANCE PROGRAM
January 1, 2007
55% Member Pays

Age	Member Monthly Premium	Full Premium
00-17	$102.85	$187
18	$177.65	$323
19	$178.20	$324
20	$180.40	$328
21	$180.95	$329
22	$181.50	$330
23	$183.15	$333
24	$184.25	$335
25	$185.35	$337
26	$187.55	$341
27	$188.65	$343
28	$193.05	$351
29	$197.45	$359
30	$201.30	$366
31	$204.60	$372
32	$209.55	$381
33	$216.15	$393
34	$222.20	$404
35	$228.80	$416
36	$235.95	$429
37	$243.65	$443
38	$250.25	$455
39	$256.30	$466
40	$263.45	$479
41	$269.50	$490
42	$277.20	$504
43	$287.10	$522
44	$297.55	$541
45	$308.00	$560
46	$319.55	$581
47	$331.10	$602
48	$345.40	$628
49	$360.80	$656
50	$377.30	$686
51	$393.80	$716
52	$411.40	$748
53	$426.80	$776
54	$441.10	$802
55	$457.60	$832
56	$474.10	$862
57	$491.15	$893
58	$504.90	$918
59	$518.65	$943
60	$532.95	$969
61	$547.80	$996
62	$563.75	$1,025
63	$570.90	$1,033
64+	$578.05	$1,051

MCHA PREMIUM
ASSISTANCE PROGRAM
MEDICARE CARVE OUT
55% Member Pays

Age	Monthly Premium	FULL PREMIUM
00-17	$31.35	$57
18-64	$83.60	$152

To determine your premium, find your current deductible option and your age as of 1/1/07.

2007 Income Guidelines for the Premium Assistance Program:

To estimate if your gross income is within the limits, find the line for your family size and use the formula that shows the allowable income and credits. You may not claim a credit for dependent care unless you are working and paying that expense.

Formula:

You qualify if your gross income minus $1,440 for each working adult minus **dependent care expenses up to $2,400 a year (per dependent) is less than the income listed below. Gross income includes earned and unearned income as defined on the income verification form, but does not include earned income of children attending school.

**Dependent Care:
Subtract from your gross income up to $2,400 per year for payments to a caretaker for a child (or an elderly family member or disabled adult).

Family Size Includes parents, step-parents & children living in the same household	**Household Income Limit (*See formula)**
Family of 1	$15,315
Family of 2	20,535
Family of 3	25,755
Family of 4	30,975
Family of 5	36,195
Family of 6	41,415
Family of 7	46,635
Family of 8	51,855

Additional Benefits
Provider Self-Audit Program

You may be eligible to receive 50% of the savings up to $1,000 if you detect and identify an error on your bill that has been processed by the lead carrier.

Healthy Generations

Healthy Generations provides education, support, and early identification of risks to help expectant mothers achieve a full term pregnancy. This service is voluntary and available at no additional cost to MCHA members.

New Member Contact

As a new member to MCHA, you will be contacted by an APS Care Coordinator, a registered nurse, who will explain programs available to you and conduct a brief health risk assessment. You may have direct access to that Care Coordinator should you need them in the future.

Individual Assistance Program

A little help sometimes goes a long way. Short-term counseling for any personal problems for you and your immediate family members is available at no cost to you through the IAP. Help is available for stress, depression, grief, mental issues, parenting, finances, drug and alcohol abuse, and other problems. 24-hour crisis counseling is available.

Some common services for which coverage is not provided are:

- ☞ Eyeglasses
- ☞ Hearing Aids

THIS IS NOT A CONTRACT. This brochure is only a brief outline of the important benefits of the MCHA plan. **If you become insured by MCHA, read your contract carefu**lly.

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MCHA Port Plan (01/2007)

Portability Plan for Individuals Leaving Group Coverage

Call the MCHA

Administered by Blue Cross and Blue Shield of Montana

ARE YOU LEAVING GROUP COVERAGE?

The Montana Comprehensive Health Association (MCHA) may help.

What is MCHA?

The MCHA was established by the Montana Legislature to make comprehensive health insurance benefits available to individuals regardless of their physical condition.

The continued viability of the program is ensured through various funding mechanisms, which include the premiums paid by enrollees on the plan, and assessments made to the health insurers operating in the state.

Eligibility

You may be eligible for this plan if:

1. You are a resident of the state of Montana; and
2. Your most recent prior creditable coverage was under a group health plan, governmental plan, or church plan and you had an aggregate of 18 months or more creditable prior health coverage;
3. You do not have other health insurance coverage;
4. You are not eligible for coverage under a group health plan;
5. You were eligible for continuation coverage under a COBRA continuation provision or under a similar state program, you elected that coverage; and you have now exhausted that continuation coverage;
6. Application for this plan is made within 63 days of the last day of your previous coverage.
7. If you have been certified as eligible for Federal Trade Adjustment Act assistance and a health insurance tax credit or for Pension Benefit Guarantee Corporation assistance, you may be eligible for this plan. All other criteria apply, except that #2 would have to be a minimum of three months prior creditable coverage. If you have less than three months creditable coverage or apply after 63 days (#6), a 12-month preexisting waiting period may apply.

Note: For children under 18 months of age who are otherwise eligible, as defined above, the requirement to have 18 months of previous creditable coverage is waived. Also, children born to persons on Portability Plan coverage can transfer to their own Portability Plan after 31 days coverage on the parent's plan.

Note: If you work for an employer who has between 2 and 50 employees, you may now be eligible to join your employer's group health program without having to show proof of good health. For more information about small group coverage, please call the Montana Department of Insurance at 1-800-332-6148.

Benefits

Two options for coverage.

Option	Deductible	Copay	*Maximum Annual Deductible and Copay Limit
Option I	$ 1,000	70/30	$ 3,000
Option II	$ 2,500	70/30	$ 5,000
Option III	$ 5,000	70/30	$ 8,000
Lifetime Maximum:		$2,000,000	

* The maximum annual deductible and copayment amount you will be responsible for is either $3,000, $5,000, or $8,000 depending on the option chosen. **Participating Providers** accept the allowable fee as their full reimbursement, so Plan payment, deductible, and copayment is their full reimbursement. **They will NOT bill you for charges in excess of the allowable fee for covered services.** Payment for services of **nonparticipating providers** is made directly to you. **These providers may bill you for charges above the allowable fee in addition to deductible and copayment.**

Your copayments for prescription drugs on the Drug Card Program DO NOT APPLY TO THIS OUT-OF-POCKET MAXIMUM.

Some common services for which coverage is provided are:

- Inpatient Hospital care
- Convalescent Home - 60 Days/Yr.
- Outpatient Hospital care
- Office Visits
- Surgery and Anesthesia
- X-ray and Lab
- Immunizations
- Radiation Therapy and Chemotherapy
- Ambulance
- Oxygen
- Durable Medical Equipment
- Prosthetics
- Diabetes Education
- Newborn and Adopted Children coverage for First 31 Days
- Well-Child Care through 2 years of age
- Home Health Care - 180 Visits/Yr.
- Hospice - 100% Coverage
- Mammography
- Maternity
- Transplants–$500,000 Lifetime Benefit
- Inpatient Rehabilitation Therapy - $100,000 Lifetime Benefit
- Prescription Drug Coverage
- Chemical Dependency and Mental Illness–See policy for limitations.

Prescription Drug Benefit:

Prescription drugs will be paid using a Prescription Drug Card Program. You give your ID card to the pharmacist and pay your copayment at the time of purchase. If you use the new Mail Service Program, you send your copayment and prescription to the mail service dispensary location and receive your prescriptions in the mail.

Drug Card Program:

Deductible $0

Pharmacy Benefit for up to 34 day supply:

Generic $10

Brand Name Formulary
$35+20% of remaining cost
Maximum copay per script $200

Brand Name Non-Formulary
$50+30% of remaining cost
Maximum copay per script $300

Mail Service Program for up to 90 day supply:

Generic $20

Brand Name Formulary
$70+20% of remaining cost
Maximum copay per script $400

Brand Name Non-Formulary
$100+30% of remaining cost
Maximum copay per script $600

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
PORTABILITY PLAN
OPTION 1000

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2007
$1,000 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	$196	41	$519
18	$340	42	$529
19	$341	43	$549
20	$345	44	$568
21	$345	45	$589
22	$347	46	$610
23	$349	47	$632
24	$352	48	$660
25	$355	49	$690
26	$358	50	$721
27	$361	51	$753
28	$369	52	$786
29	$377	53	$815
30	$385	54	$843
31	$391	55	$875
32	$401	56	$906
33	$413	57	$938
34	$425	58	$965
35	$437	59	$991
36	$452	60	$1,019
37	$465	61	$1,047
38	$478	62	$1,077
39	$490	63	$1,092
40	$503	64 & over	$1,104

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
PORTABILITY PLAN
OPTION 2500

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2007
$2,500 DEDUCTIBLE

Age	Premium	Age	Premium
0-17	$133	41	$350
18	$230	42	$359
19	$231	43	$372
20	$234	44	$385
21	$234	45	$399
22	$235	46	$414
23	$237	47	$429
24	$239	48	$447
25	$241	49	$468
26	$243	50	$489
27	$245	51	$510
28	$250	52	$533
29	$256	53	$553
30	$261	54	$572
31	$265	55	$593
32	$272	56	$614
33	$280	57	$636
34	$288	58	$654
35	$297	59	$672
36	$306	60	$691
37	$316	61	$710
38	$324	62	$730
39	$332	63	$740
40	$341	64 & over	$749

MONTANA COMPREHENSIVE HEALTH ASSOCIATION
PORTABILITY PLAN
OPTION 5000

SCHEDULE OF PREMIUMS

EFFECTIVE JANUARY 1, 2007
$5,000 DEDUCTIBLE

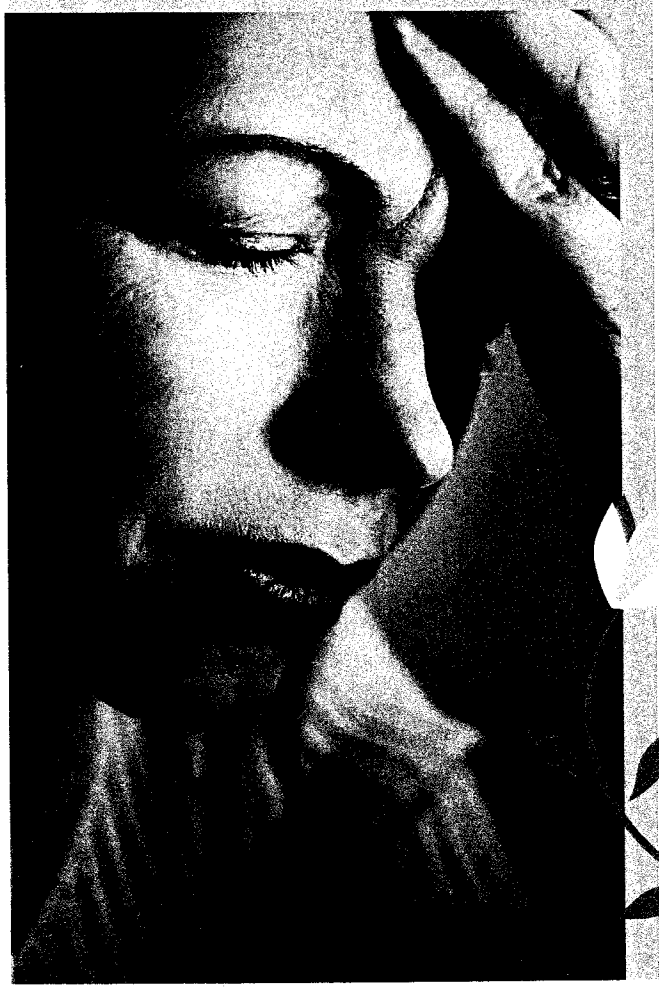
Age	Premium	Age	Premium
0-17	$114	41	$300
18	$198	42	$308
19	$199	43	$320
20	$201	44	$331
21	$201	45	$343
22	$202	46	$355
23	$204	47	$368
24	$205	48	$384
25	$207	49	$402
26	$209	50	$420
27	$210	51	$439
28	$215	52	$448
29	$220	53	$475
30	$224	54	$491
31	$228	55	$510
32	$234	56	$528
33	$241	57	$547
34	$247	58	$562
35	$255	59	$578
36	$263	60	$594
37	$271	61	$610
38	$278	62	$627
39	$285	63	$636
40	$293	64 & over	$644

Premiums for the single Policyholder are payable according to the above schedule. The age of the Policyholder determines the premiums payable. When your age changes (e.g., turn 50), your rates will be increased to the next band at the next rate renewal increase. Rates are subject to change each January.

To determine your premium, find the correct age band. Your age band is your age as of January 1, 2007.

Can't Get Medical Insurance Because of Healt
On a Limited Income?
Leaving Group Coverage?

MCHA MAY BE ABLE TO H



The Montana Comprehensive Health A
makes comprehensive health insuranc
Montanans with high-risk conditions a
to people leaving group health plans. M
available to people who are not eligible
other health coverage.

For More Information about MCHA:

- Call MCHA at 1-800-447-7828 E
  or (406) 444-8537
- Call the Montana Department o
  1-800-332-6148 or (406) 444-20
- Visit our Website at www.mthe

MCHA
MONTANA COMPREHENSI
HEALTH ASSOCIATIO

Administered by Blue Cross and Blue
An Independent Licensee of the Blue Cross

Reasons?

LP!

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benefits available to
provides coverage
CHA coverage is
or or enrolled in

ension 8537

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ield of Montana
Blue Shield Association

MCHA OFFERS THREE PLANS:

MCHA Traditional Plan*

For people who have been denied medical coverage or offered coverage with policy limits because of health conditions.

MCHA Premium Assistance Plan*

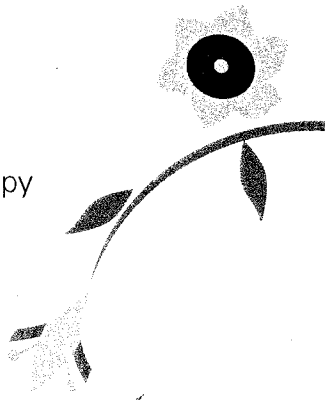
For people who have been denied medical coverage or offered coverage with policy limits because of health conditions and who have qualifying family income.

MCHA Portability Plan*

For people who are leaving group coverage (must have exhausted COBRA coverage.)

MCHA plan benefits:
The plans feature an annual deductible of $1,000, $2,500, or $5,000; 80/20 or 70/30 copayments; annual deductible and maximum member liability vary.
Examples of covered services:

- Inpatient Hospital Care
- Convalescent Home (limited)
- Outpatient Hospital Care
- Office Visits
- Surgery and Anesthesia
- X-ray and Lab
- Immunizations
- Radiation Therapy & Chemotherapy
- Ambulance
- Durable Medical Equipment
- Prosthetics
- Home Health Care (limited)
- Transplants
- Prescription Drugs



* *Must meet eligibility criteria; if you are Medicare eligible you may be eligible for Traditional or Premium Assistance Plan coverage.*