



**BlueCross BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans



The Uninsured in America

Dear Friends,

The rising number of Americans without healthcare coverage concerns us all. Not having access to affordable, quality care creates serious risk for them—and it further compounds the problem of keeping healthcare affordable for everyone. That is why helping people get access to affordable healthcare is not somebody else's problem, but a national priority.

The key questions are: "Who are the uninsured in America, and how can we help them?"

America's uninsured population is a diverse group:

- More than 14 million uninsured Americans are already eligible for health insurance through Medicaid and State Children's Health Insurance Program (SCHIP).
- More than 13 million uninsured adults and families have incomes of \$50,000 or more, and many have access to affordable healthcare coverage.
- Approximately 5.7 million uninsured adults are "short-term uninsured," perhaps between jobs or recent college graduates.
- Fifty-four percent of low-wage workers in firms with fewer than 10 workers do not have coverage.

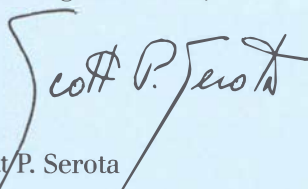
Reducing the number of uninsured in each of these segments will require different approaches, but the same commitment.

We can reduce the uninsured today by one-third if we enrolled the 14 million who are eligible for, but not currently enrolled in, government programs. We could further reduce the number of uninsured if Congress would pass Blue Cross and Blue Shield proposals to provide tax credits for small employers with low-wage workers; full deductibility of health insurance premiums for individuals and families who do not have access to employer coverage; and provide federal grants to states to improve access to healthcare.

Keeping healthcare affordable and reducing the number of uninsured Americans is the top priority of the Blue Cross and Blue Shield System. Blue Plans, however, are not waiting for government action on the uninsured. This report provides an overview of some of the innovative programs Blue Cross and Blue Shield Plans are implementing to help increase access to quality healthcare.

To download an electronic copy of this report, visit BCBS.com.

Yours in good health,



Scott P. Serota
President and CEO

Blue Cross and Blue Shield Association

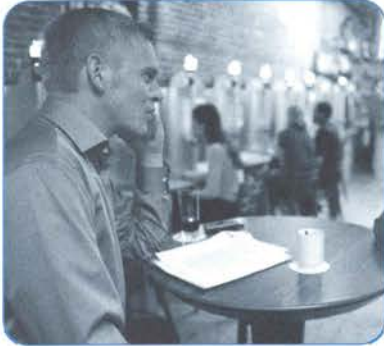
Who Are the Uninsured?



Americans Eligible for Existing Government Programs

2

One-third of the uninsured are eligible – but not enrolled in – government-sponsored health programs.



Americans Earning More Than \$50,000 Per Year

6

More than 30 percent of the uninsured have income levels of more than \$50,000.



Short-Term Uninsured Americans

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Of those who do not have access to health insurance, 13.9 million uninsured, more than 40 percent, are short-term uninsured.



Low-wage Workers in Small Businesses

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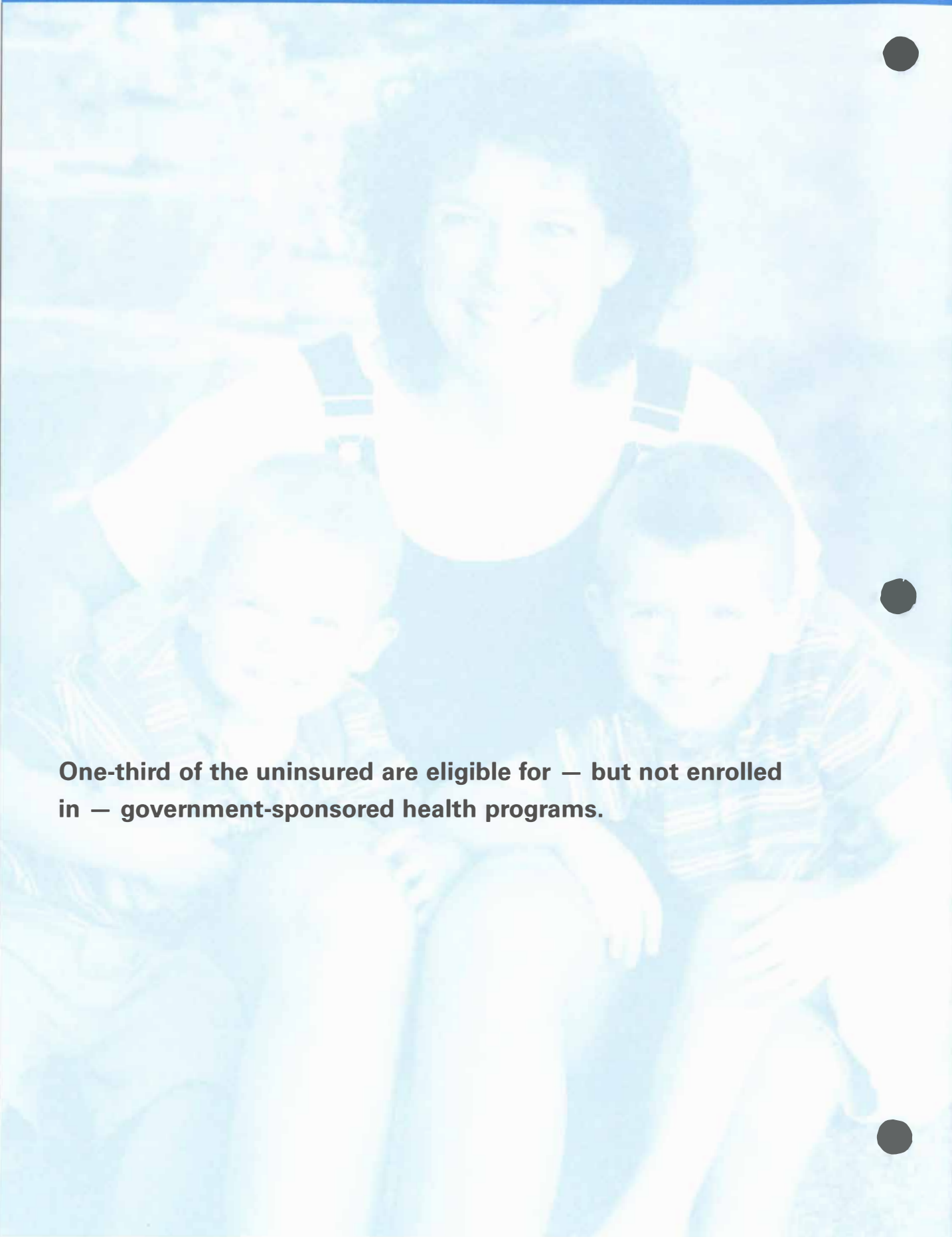
Fifty-four percent of low-wage workers in firms with fewer than 10 workers do not have coverage.



Blue Innovations for the Uninsured

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Examples of private and public-sector programs developed by Blue companies.

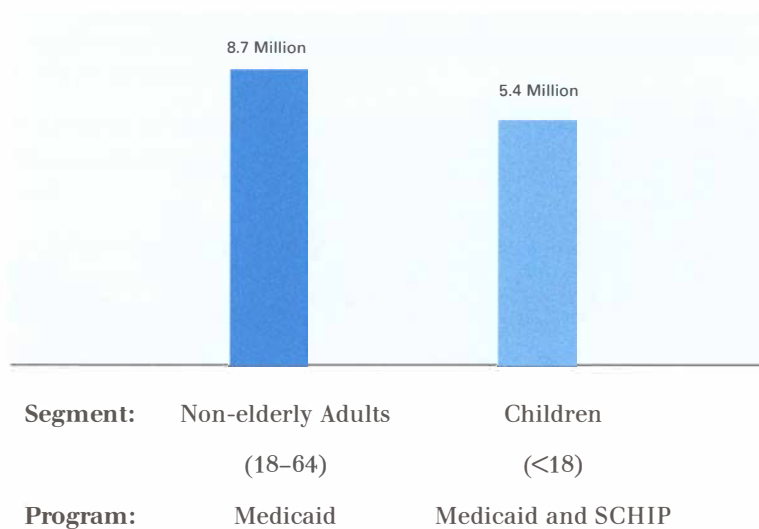


One-third of the uninsured are eligible for — but not enrolled in — government-sponsored health programs.

More than 14 million of the uninsured are eligible for – but not enrolled in – government-sponsored health programs such as Medicaid and/or SCHIP, the state-run program that provides health coverage to needy children.

Of these 14.1 million uninsured, 8.7 million are non-elderly adults who are eligible for Medicaid, and 5.4 million are children under the age of 18 who are eligible for Medicaid and/or SCHIP.

Eligibility for Government-Sponsored Health Coverage (2001)

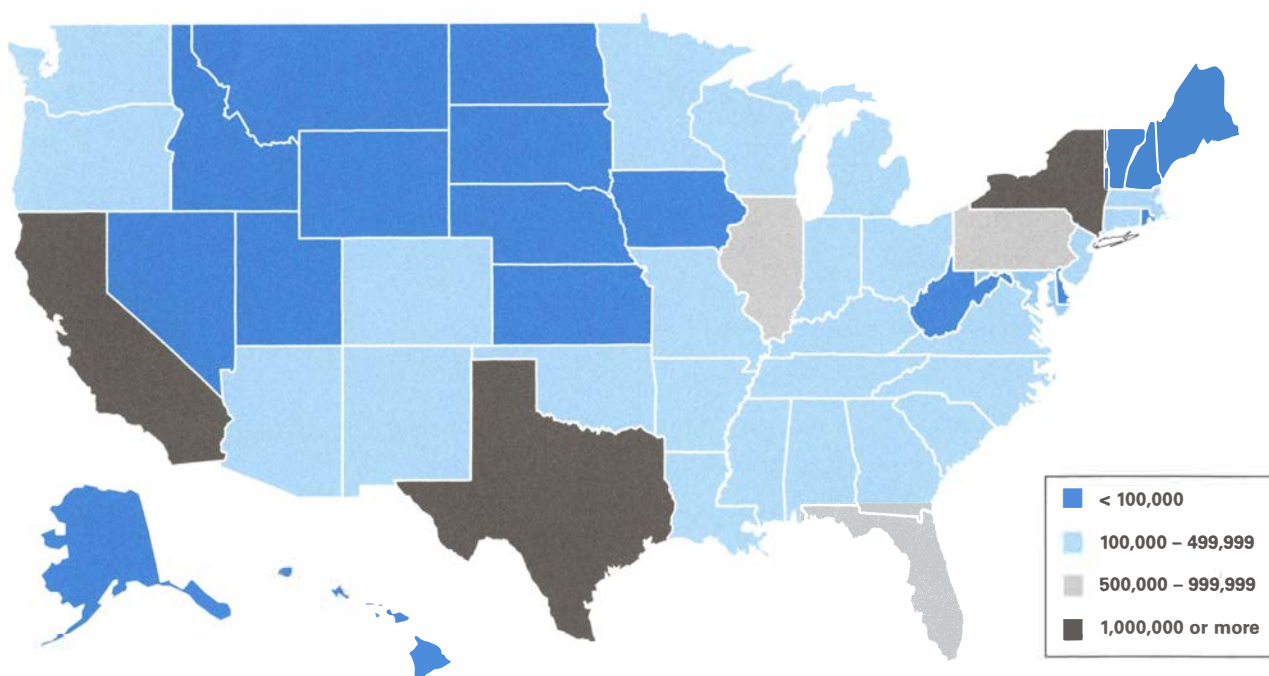


Source: Urban Institute, 2001; Center on Budget and Policy Priorities, 2000; U.S. Census Bureau, 2002; BCBSA analysis

Those eligible for government-sponsored programs – but not enrolled – vary greatly across the U.S., with three states accounting for more than a third of the total.

The map below indicates estimates of the number of uninsured eligible for, but not enrolled in Medicaid or SCHIP by state. California, New York and Texas have the highest number – each with more than 1 million uninsured individuals who are eligible for coverage. The remainder of the states, with the exception of Florida, Illinois and Pennsylvania, have fewer than 500,000 uninsured per-state who are eligible.

Estimates* of Number of Uninsured Eligible for But Not Enrolled in Medicaid or SCHIP by State, 2001



Of the 14.1 million, 5.2 million live in California, New York and Texas.

U.S. Total Estimate: 14.1 million

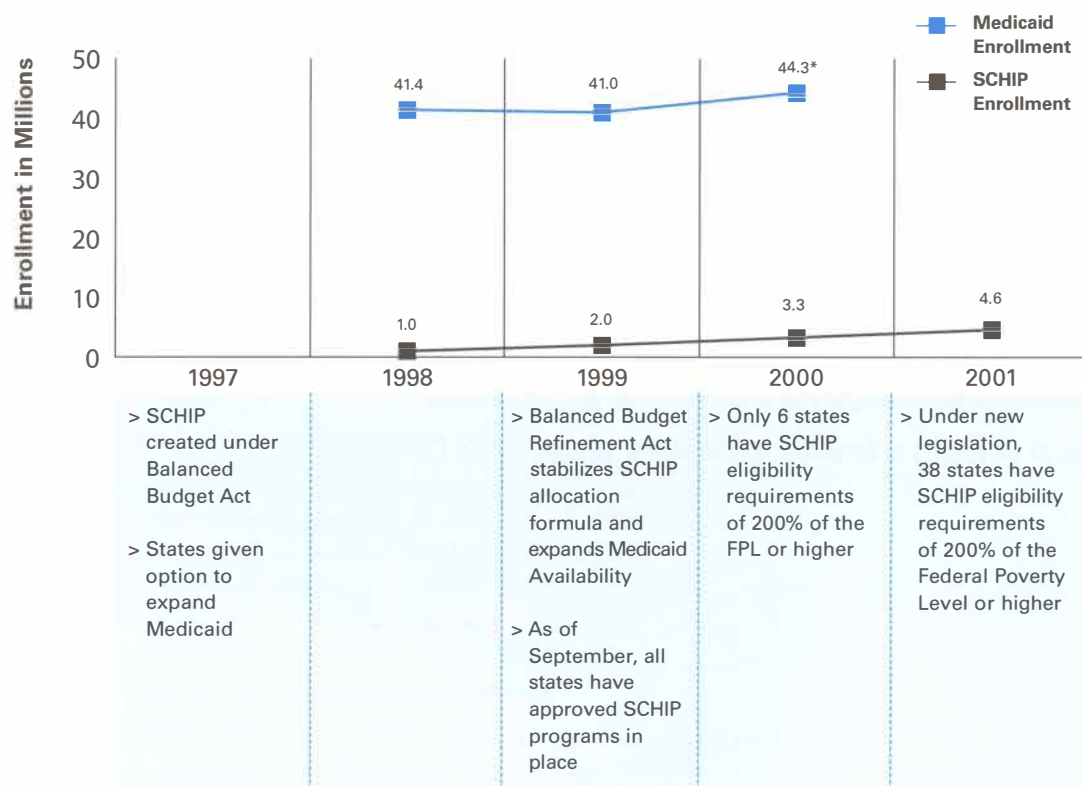
* State-level estimates based on national averages.

Source: Urban Institute, 2001; Center on Budget and Policy Priorities, 2000; U.S. Census Bureau, 2002; BCBSA analysis

While both SCHIP and Medicaid enrollment have grown with increased eligibility, the programs have not attracted a large portion of the uninsured who are eligible.

The following chart illustrates the growth of SCHIP and Medicaid since 1997. These programs have experienced significant growth since 1997 due to expanded state coverage, program maturity and streamlined enrollment procedures.

SCHIP and Medicaid Eligibility and Enrollment, 1997–2001



Reasons for SCHIP enrollment growth:

- State coverage expansion
- Program maturity
- Streamlined enrollment procedures

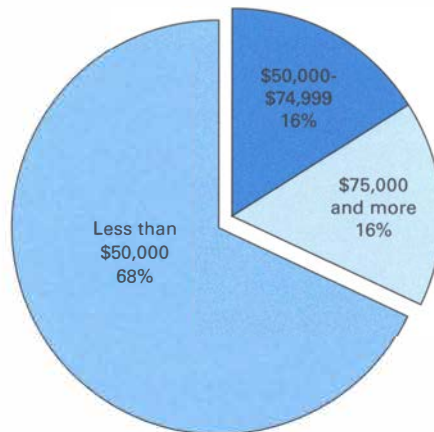
* The Centers for Medicare and Medicaid Services has not yet released an enrollment report for 2001.

Source: Centers for Medicare and Medicaid Services, 2001

**More than 30 percent of the uninsured
have income levels of more than \$50,000.**

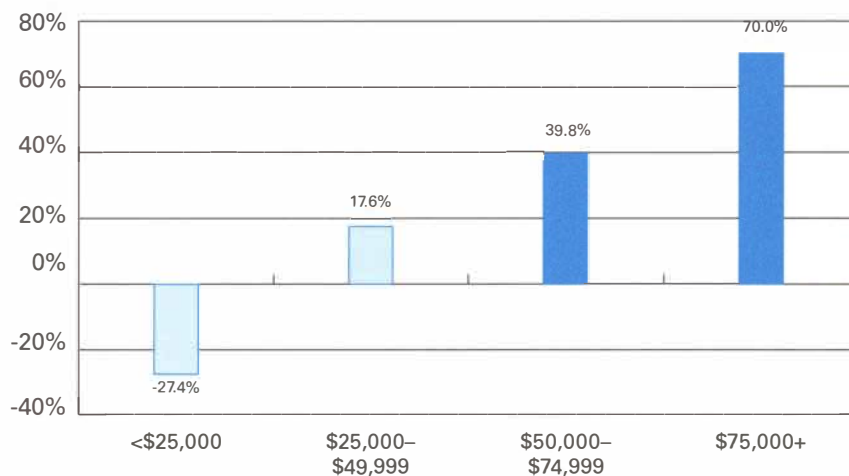
Although a disproportionate number of uninsured are low-income individuals, more than 30 percent – 13.2 million – of the uninsured are middle-class, with income levels of \$50,000 or more.

Percent of Uninsured by Income Segment (2001)

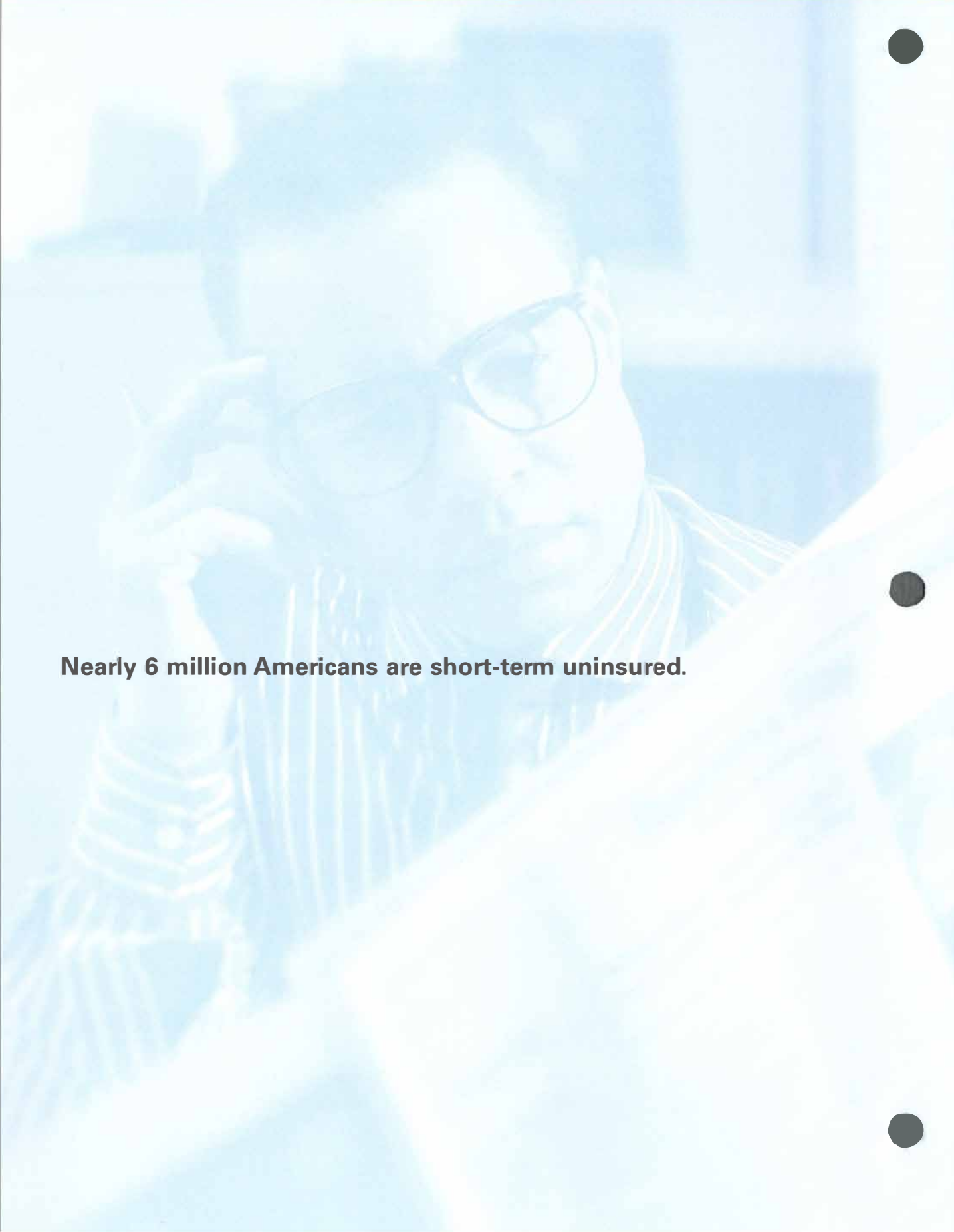


In fact, as the bar chart below indicates, the greatest recent contributors to uninsured growth are individuals in the \$50,000 and higher income segment.

Contributors to Uninsured Growth by Income Level (1999–2001)



The fastest growing income segment of the uninsured is made up of people making \$75,000 or more.

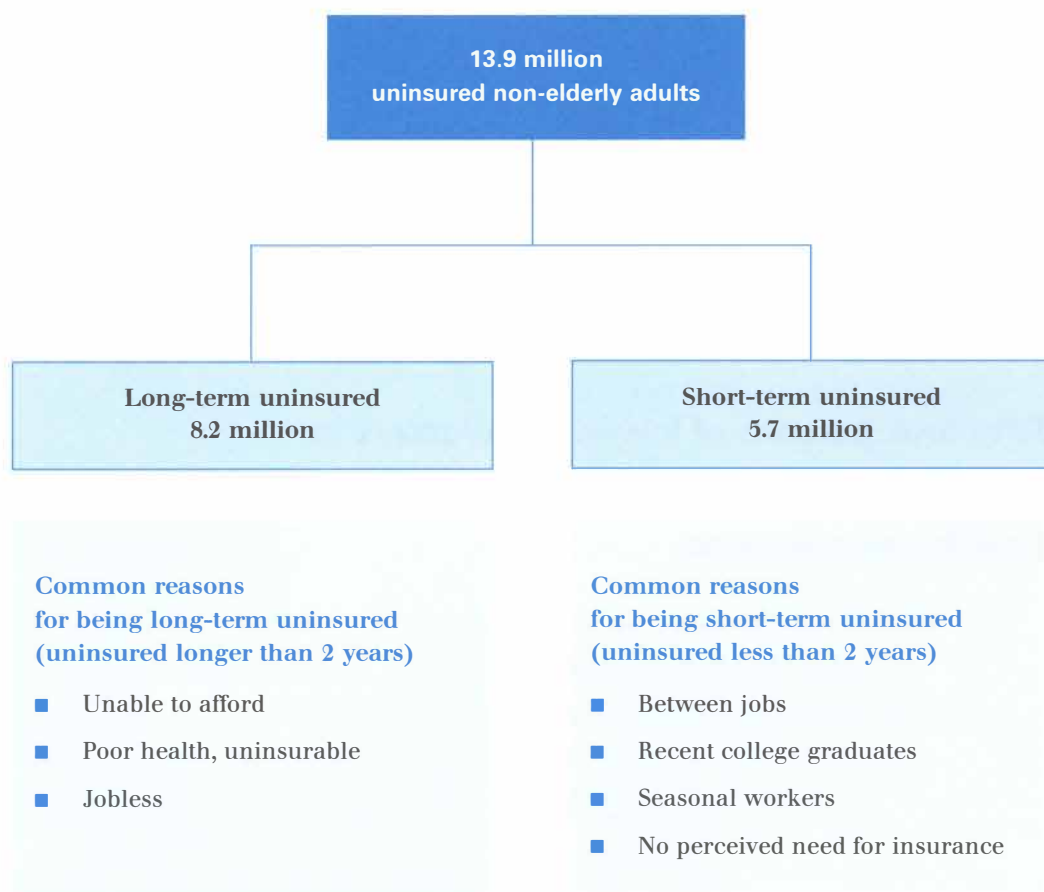
A man with glasses and a striped shirt is looking down at a document. The image is overlaid with a light blue tint. Three black circular punch holes are visible on the right side of the page.

Nearly 6 million Americans are short-term uninsured.

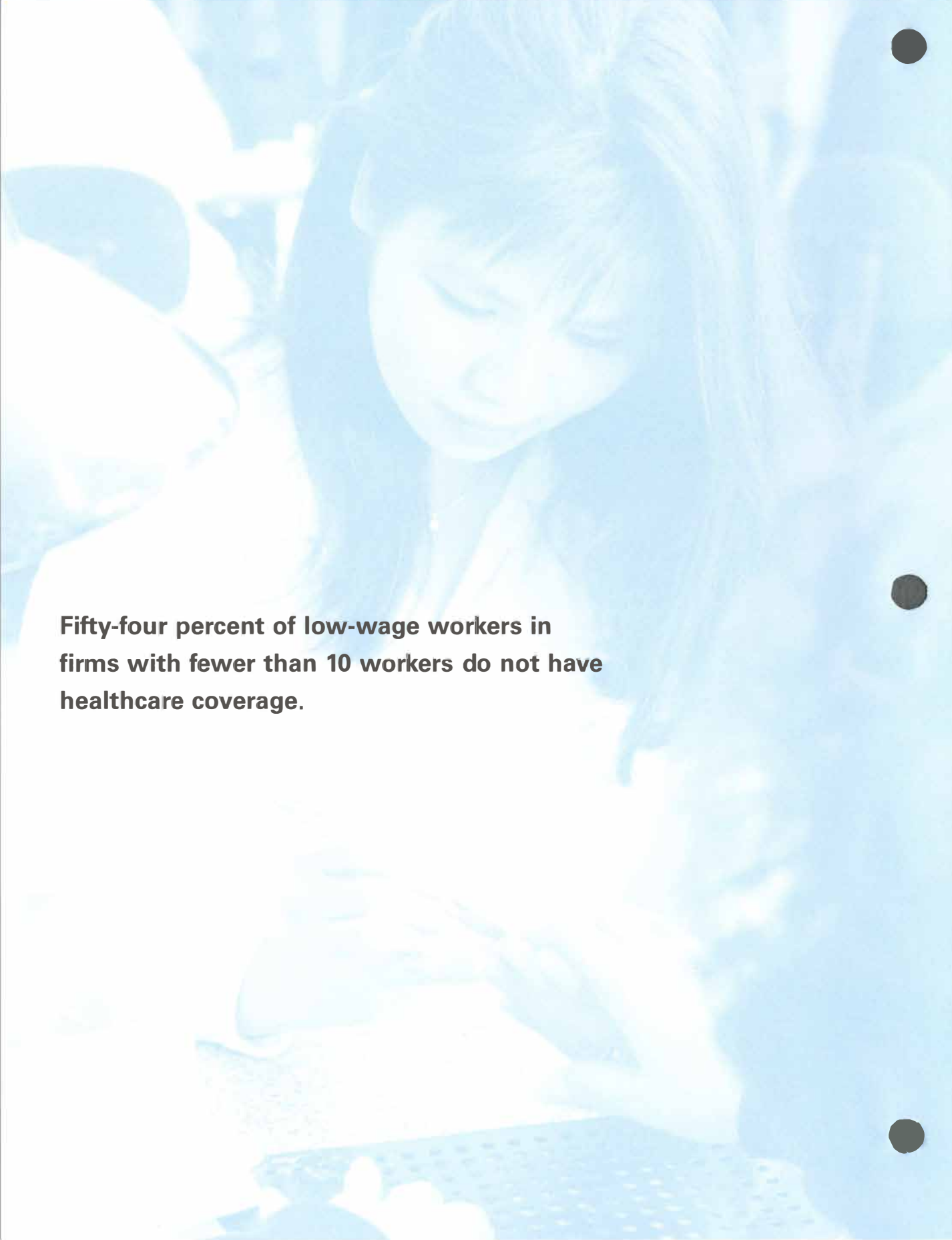
Of the remaining 13.9 million uninsured, more than 40 percent are short-term uninsured.

There are several reasons for being short-term uninsured, including no perceived need on the part of young and healthy adults, and loss of insurance for people between jobs.

Potential Duration of Being Uninsured



Source: Kaiser Family Foundation, 2002; BCBSA analysis

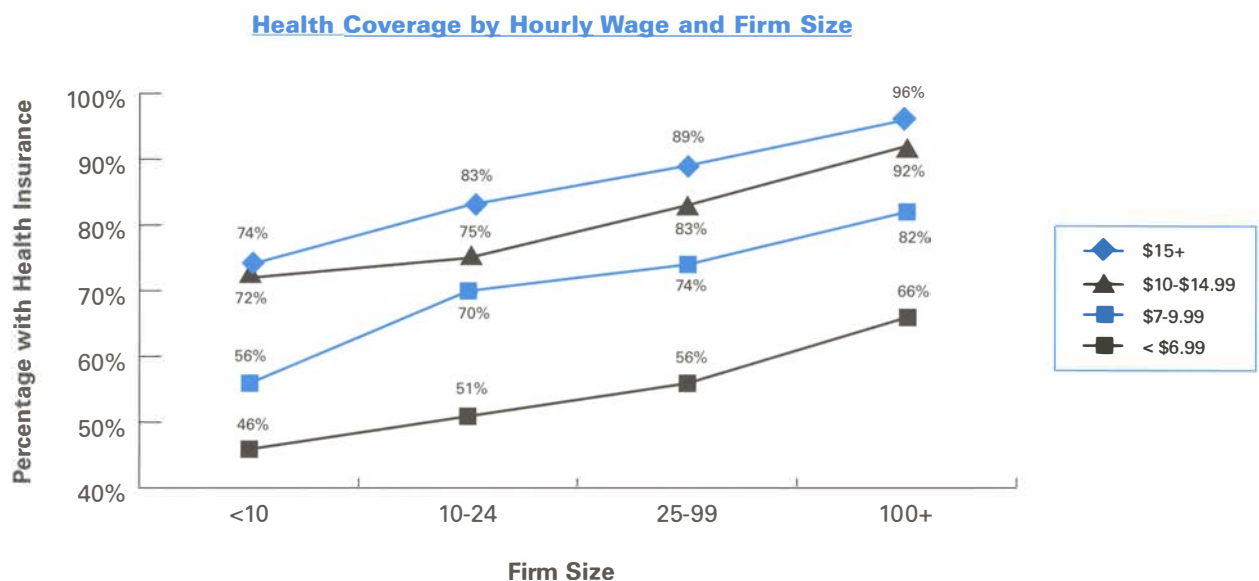
A woman with long dark hair is looking down at a laptop screen. The image is heavily faded and has a blue tint. There are three black circular marks on the right side of the page.

Fifty-four percent of low-wage workers in firms with fewer than 10 workers do not have healthcare coverage.

According to a recent survey by the Employee Benefit Research Institute (EBRI), the Consumer Health Education Council (CHEC) and Blue Cross and Blue Shield Association, cost is the most critical barrier to coverage for small employers and their workers. Sixty-one percent of uninsured small firms said that they did not offer coverage because their employees cannot afford it.

Healthcare coverage varies by industry, company size and a worker's hourly wage. As the chart below illustrates, small businesses and low-wage workers are especially vulnerable to being uninsured. Fifty-four percent of low-wage workers in firms with fewer than 10 employees do not have healthcare coverage.

Increasing access to healthcare coverage for small businesses and low-wage workers is essential to reducing the number of uninsured. Cost-related barriers are not insurmountable. According to the EBRI/CHEC/BCBSA survey, 75 percent of uninsured small employers said that they would consider offering a health plan if the government provided tax credits to workers to help them pay for coverage.

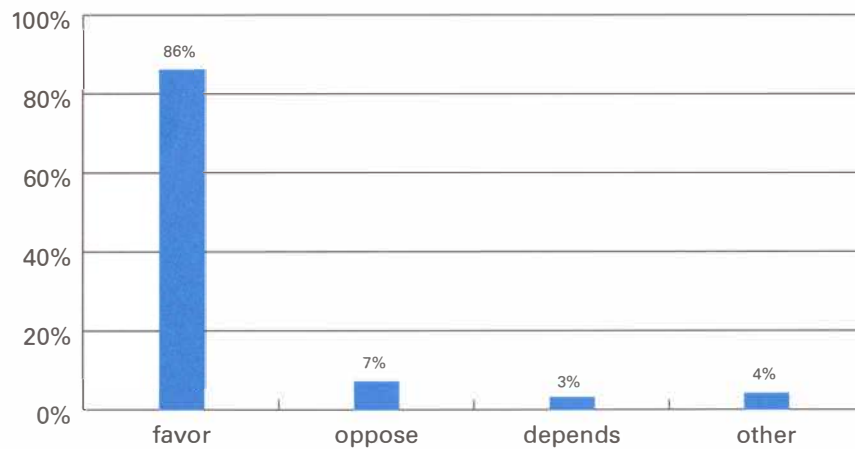


Source: BCBSA/Consumer Education Council/Employee Benefits Research Institute, 2002 Small Employer Health Benefit Survey

Double-digit healthcare cost increases have put a strain on low-wage workers and businesses, particularly small firms. BCBSA recommends providing tax credits for small employers with low-wage workers and full deductibility of health insurance premiums for early retirees and others who do not have access to employer coverage.

Eighty-six percent of small businesses favor federal tax credits that could be used to reduce health insurance costs for their low-wage workers.

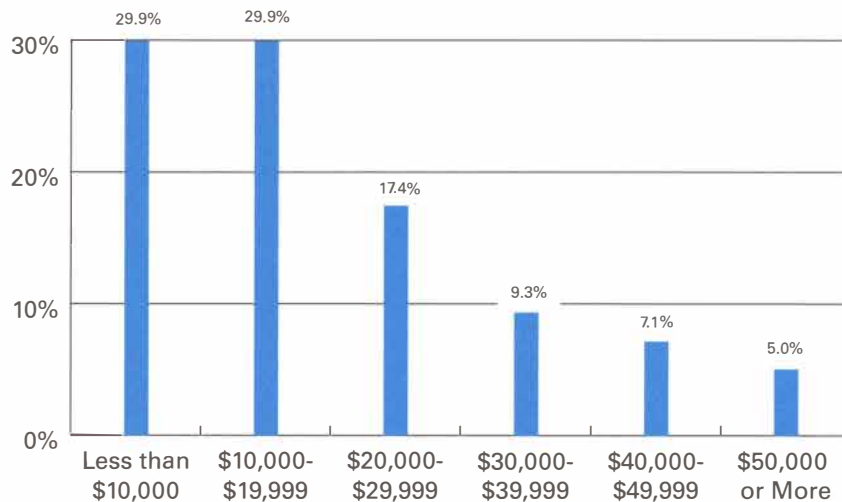
Small Group: Opinions of Tax Breaks for Employers



Source: BCBSA/Consumer Education Council/Employee Benefits Research Institute,
2002 Small Employer Health Benefit Survey

Low-wage workers have a much greater likelihood of being uninsured when compared to other workers.

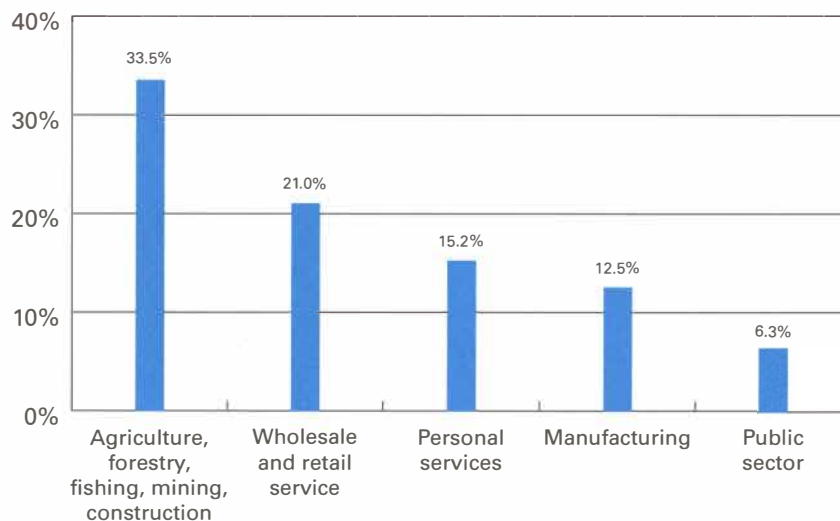
**Percentage Uninsured Among Workers Ages 18-64,
by Total Earnings, 2001**



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2002 Supplement

Industries that tend to have low-income jobs and seasonal employees have a greater proportion of uninsured.

Likelihood of Being Uninsured by Industry (Ages 18-64)



Source: Employee Benefit Research Institute estimates from the Current Population Survey, March 2002 Supplement

Blue Innovations for the Uninsured

Across the nation, Blue Cross and Blue Shield companies are helping uninsured Americans gain access to healthcare coverage, from funding community outreach programs to developing innovative health insurance products for consumers at all economic levels. Following are examples of programs, services and products developed by Blue companies that offer immediate solutions for millions of Americans without health insurance.



Programs to increase participation in government-sponsored programs



Programs for middle-class individuals and families



Programs to increase access to healthcare services



Programs for small businesses

Fact: 14 million Americans are eligible for government sponsored programs – but not enrolled

Blue Cross and Blue Shield Plans support programs to help enroll eligible children, adults and families in government programs

Fact: 13 million uninsured adults and families have incomes of \$50,000 or more

Blue Cross and Blue Shield Plan programs and products provide affordable healthcare coverage for middle-class individuals and families

Fact: Nearly 6 million Americans are “short-term uninsured”

Blue Cross and Blue Shield Plan programs designed to increase direct access to healthcare services

Fact: Fifty-four percent of low-wage workers in firms with fewer than 10 workers do not have coverage

Blue Cross and Blue Shield Plan programs, products and the Association’s legislative recommendations support increased insurance coverage for employees of small businesses

Programs
to increase
participation
in government-
sponsored
programs



Alabama Child Care Program Serves Low-Income Kids

In 1987, Blue Cross and Blue Shield of Alabama recognized a pressing need to create a health insurance product specifically for uninsured children. In the 16 years since its inception, the Alabama Child Caring Program has enrolled 43,000 children to date with 7,470 currently enrolled.

The Program accepts uninsured children, 18 and under, that are not eligible for governmental coverage. The income eligibility requirement is 235 percent of the federal poverty level and under the program it costs \$240 per year to insure one child. The plan is offered free for enrolled children with no premium contribution, deductibles or co-insurance.

Enrolled children are treated by health providers in the Blue Cross Plan's PPO network who voluntarily waive the co-payment for their services. Services covered under the Alabama Child Caring Program include all outpatient visits and procedures, immunizations, emergency medical care, vision care, and drugs administered in the outpatient setting. Inpatient care and prescription drugs are not included in the Program.

The Plan solicits donations from general public and private organizations. Blue Cross and Blue Shield of Alabama matches those funds – this means that every \$240 donation ends up covering two children for an entire year. The company also donates the entire administration of the Program.

The 1,000 children on the waiting list have a wait of 30-45 days before enrollment.

The Program has received over \$10 million in private donations which have attracted Blue Cross matching gifts in like amount. The contributions of the PPO health providers in the form of waiving co-payments and significantly reduced fees for service are also counted in millions of dollars.

On the Road to Good Health in Arizona

Blue Cross Blue Shield of Arizona began the Health Safari program in 1989 with two goals in mind:

- To identify potential health problems through a variety of basic screenings.
- To help educate children throughout Arizona about good health.

Designed primarily for children in grades K-6, the brightly illustrated Health Safari mobile health unit travels throughout Arizona to schools, health fairs and community events. Not only does it provide a comfortable, inviting environment in which children can learn about health and safety, but it helps them feel at ease during a series of basic health screenings. The Health Safari promotes early detection of health problems—a good thing, since many of these problems are most easily treated during their initial stages.

Specially equipped stations are set up within the Health Safari for measuring height and weight, taking thumbprints, screening for head lice, and checking blood pressure, vision, hearing and dental health. While waiting their turn, children watch informative videos. Printed educational materials are available to take home, including a "Passport to Good Health," which contains a personalized record of the child's thumbprint and screening results.

Florida Addresses Uninsured, Youth to Seniors

Blue Cross and Blue Shield of Florida (BCBSF) supports the Florida Healthy Kids Corp. – which covers children in families with incomes up to 200 percent of the Federal Poverty Level. The company also holds monthly roundtables for employees who volunteer with community organizations and outreach programs targeting the uninsured throughout the communities where they work and live.

Along with education and outreach efforts, BCBSF's Blue Foundation for a Healthy Florida grants up to \$1 million annually to community health clinics and other local programs that promote the health and well being of uninsured and underserved Floridians. Since its inception in 2001, the Foundation has made 44 grants totaling \$2.2 million.

The Blue Foundation and BCBSF recently donated \$150,000 to "Communities in Charge," a Jacksonville-based program designed to expand that community's capacity to care for uninsured and underserved residents.

In Orlando, a Blue Foundation grant supports TeenXPress, a mobile care van providing free, on-site healthcare services to low-income adolescents at local schools. Similarly, in Clearwater, a Blue Foundation grant enables a school for at-risk teenage girls to provide a full-time, on-site nurse. Along with counseling the girls about health risks, personal hygiene tips and preventive health measures, the nurse provides a range of free screenings.

In spring 2002, BCBSF sponsored a symposium at the University of North Florida entitled "The Future Uncovered: Face the Challenges of the Uninsured." The event brought together a wide range of stakeholders – including healthcare leaders, government officials, business executives and consumer representatives – to raise awareness of the unique problems facing uninsured Floridians and to collaborate on innovative solutions.

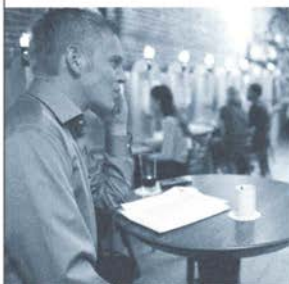
Breaking Down Cultural Barriers in Rochester, New York

Shortly after Providencio Cruz lost his job and his health insurance, he began feeling intense pain and went to the emergency room of his local hospital where an X-ray revealed that kidney stones were the culprit. Hospital personnel charged him \$600, gave him Tylenol and told him to go home because he did not have insurance. Meanwhile, his two daughters got sick – one with frequent stomach problems and one with allergies. The family worried about the potential treatment costs and did not visit the pediatrician. When necessity finally forced them to go, they learned about Child Health Plus and enrolled the girls.

Recognizing the need for outreach to members of the Latino community – especially those with little or no English proficiency – BlueCross BlueShield of the Rochester Area partnered with physicians and community organizations to develop a unique outreach program for the uninsured. Through the initiative, Ibero-American Action League employees reach out to individuals and employers in ways that break down the cultural barriers that have traditionally been an obstacle to people buying insurance or accessing healthcare.

To accomplish this, outreach workers receive training on various existing health insurance products, including health plans for persons with lower incomes. These employees will then meet with individuals and small business owners to help them learn more about insurance coverage programs available through New York State and BlueCross BlueShield. Through the Ibero partnership, the Cruz Family signed up for Family Health Plus, in addition to Child Health Plus. Today they are doing well and they advocate strongly for these programs.

Programs for
middle-class
individuals
and families



Individual Consumers Take Advantage of Blue DirectSM in New Hampshire

Anthem Blue Cross and Blue Shield is offering a new health insurance product in New Hampshire designed for individual consumers and their families who are not eligible for employer-based coverage or any other health coverage.

Blue DirectSM is a competitively priced PPO style health insurance product, providing a higher level of benefits when members receive care from preferred providers in the Anthem BCBS network. Blue DirectSM offers access to all of New Hampshire's short-term general hospitals and approximately 95 percent of the physicians practicing in New Hampshire.

"Recent college graduates, early retirees, and individuals who do not receive insurance through their employer may find that Blue DirectSM is the answer to their health insurance needs," said Gray Somers, vice president and general manager for Anthem BCBS.

To encourage members to live a healthy lifestyle, Blue DirectSM also allows individuals and their families to take advantage of partial reimbursement for fitness clubs, smoking cessation and community health education programs and discounts for weight reduction and other programs as part of the "Your Lifestyle" program.

It includes a pharmacy benefit that is subject to certain limitations, such as a \$10 co-payment for generic drugs. The product does not cover brand name drugs, but does provide members the opportunity for some cost savings on brand name drugs.

"Blue DirectSM is an extension of Anthem BCBS's on-going commitment to the individual market," Somers said, "And, serving the needs of everyday people, who live within a budget, but recognize the importance of health insurance coverage."

Oregon YouthCare Offers Coverage to Children and Grandchildren

Regence BlueCross BlueShield of Oregon and its predecessors have been providing ways for people in Oregon and southwest Washington to pay for healthcare they otherwise couldn't afford since 1941. Competitors have come and gone, but Regence remains part of the fabric of its communities.

Recognizing the need for flexibility at an affordable price, Regence BCBS designed a health plan for children and grandchildren who are not covered under their parent's health plan and who are not eligible for Medicaid or SCHIP. The Oregon YouthCare plan covers children between the ages of 0 and 17 years at monthly rates that start at \$40 and varies by the deductible.

Oregon YouthCare is especially popular with families because a number of benefits are available before meeting a deductible. These include: simple copays for doctor or primary care physician visits, deductibles that may be waived for accidental injuries treated within 90 days of injury and children's immunizations. The plan also offers prescription drug coverage.

Essential Coverage Made Affordable in Arkansas

Arkansas Blue Cross and Blue Shield created Group BasicBlue to provide essential coverage for employees at a low cost. The health plan features a \$1 million lifetime maximum benefit for covered services and benefits such as:

- Inpatient and outpatient hospital care
- Physician services for inpatient and outpatient hospital care
- Catastrophic major medical coverage
- Ambulance services
- Chemotherapy and radiation therapy
- Durable medical equipment
- Physical, speech and occupational therapy

With Group BasicBlue, employees are not required to choose physicians, specialists and hospitals from a predetermined list. However, they can save money by selecting a healthcare provider listed in The Blue Book, a directory of participating healthcare facilities, physicians and other medical professionals who have agreed to offer their services at predetermined fees.

Programs to
increase access
to healthcare
services



Providing Affordable Coverage for Native Americans in California

Jessica was born prematurely, at just 26 weeks. For the first four months of her life, she required continuous, intensive inpatient care and underwent surgery twice. Because of her size and needs, she was transported by air to tertiary medical centers for her care. Blue Cross of California has paid more than \$1 million for Jessica's care to date.

Jessica was fortunate because her coverage was provided through the California Indian Health Care Program. Available to all 103 federally recognized tribes throughout California – approximately 50,000 members – Blue Cross of California provides affordable access to coverage including office visits, prescription benefits, hospitalization, and other services.

The new program is available only to federally recognized California Indian tribes whose names are published in the Federal Register. The governing body of each tribe acts as the administrator for its tribal members, selecting a health plan of choice and contributing 100 percent of the eligible tribal members' and eligible dependents' medical premiums.

San Francisco Health Plan Project Focuses on Product and Policy Development

The Blue Shield of California Foundation's Center for Healthcare Access is a formidable contributor to finding solutions to help the uninsured.

The Center is forming partnerships to build an affordable insurance product targeted to the more than 135,000 uninsured adults living in the City and County of San Francisco. The Center is working with the San Francisco Health Plan to provide affordable coverage to low and middle income residents in San Francisco. Although uninsured children face the greatest health risks when they go without health insurance, adults have a much more difficult time finding programs that will make healthcare affordable to them.

The goal of the partnership is to create a product that is accessible to all adults, regardless of citizenship, legal residency, or health status. The product launch date is scheduled for January 2004, and will be commercially available to anyone who lives or works in San Francisco.

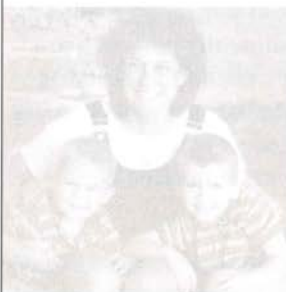
Michigan Tackles Access Through Building Statewide Coalition

Since 1987 Michigan has been above the national average for the proportion of people with healthcare coverage. This is good news but more work needs to be done because there are still close to *one million* residents that are uninsured. Blue Cross Blue Shield of Michigan is an insurer of last resort – offering coverage to all residents year-round regardless of their health status – and historically has worked with other organizations to address the uninsured. The company helped form a coalition of leading organizations – representing physicians, hospitals, businesses, consumers and other key stakeholders – that comprise Michigan's Access to Health Care Coalition. The group is dedicated to developing voluntary, private-sector strategies to increase access to healthcare for the state's uninsured and under-insured residents.

The coalition is preparing to release its third annual report in March, with recommendations for 2003 and a call to action. The coalition also will report that progress has been made in the following areas:

- The coalition published the *Help with Health Care Brochure for Michigan residents*. This brochure lists low or no cost healthcare resources.
- An evaluation of Neighborhood Health Empowerment Centers, which provide low-cost or free healthcare education and information to community residents, will be ready in the first quarter of 2003.
- While School-Based/Linked Health Centers are eligible to receive Medicaid fee-for-service reimbursements from Qualified Health Plans (QHPs), it is rare for this to occur. The coalition helped in developing a model contract between a QHP and two school-based health centers that would provide reimbursement.

Programs
for small
businesses



BlueAdvantage Serves Illinois Companies with Two or More Employees

In 1998, Blue Cross and Blue Shield of Illinois created an affordable set of health plans to help small employers to offer healthcare benefits to employees for the first time and help others become more competitive in attracting and retaining talented employees. The BlueAdvantage Entrepreneur is designed specifically for small companies – from young start-ups to established firms – with 2-99 employees.

“BlueAdvantage Entrepreneur is especially good news for companies with 2-25 employees, because it allows small business owners to offer a Blue Cross health plan with choices and options usually offered only by large companies,” said Raymond F. McCaskey, chief executive officer.

While BlueAdvantage Entrepreneur is designed to be simple to configure and use, the plan includes three types of health plans – BlueAdvantage PPO, BlueAdvantage HMO and low-cost Alternatives, which includes a standard medical or basic hospital plans. “One in every four Illinois residents now carries a Blue Cross card, and our goal is to become just as popular among small employers,” said McCaskey. “For small employers to reach their goals and realize their dreams they need healthy employees.”

Creating Affordable Health Insurance Products for Small Businesses Is Key to Reducing Uninsured

With nearly one-fourth of Louisiana’s small businesses not offering health insurance benefits to their employees, Blue Cross and Blue Shield of Louisiana (BCBSLA) launched trueBLUE in 2001 specifically for this market segment.

With trueBLUE, business owners can realize premium savings of up to 45 percent over other BCBSLA PPO plans. The trueBLUE plan features a unique benefit design that makes premiums less expensive for employers by allowing members to share more of their first-dollar healthcare coverage.

Because of BCBSLA’s commitment to preventative care, trueBLUE covers a full array of wellness services.

trueBLUE is available in both Preferred Provider Organization (PPO) and traditional indemnity plans and offers a variety of deductibles and out-of-pocket maximums. The plan’s unique benefit design is divided into two deductible categories: (1) Inpatient/Outpatient Services and (2) Prescription Drugs. A second option is also available, which includes three deductible categories: (1) Inpatient Services, (2) Outpatient Services and (3) Prescription Drugs.

Legislative Solutions for the Uninsured

Reducing the number of Americans without health insurance coverage should be our nation's top healthcare priority. Millions of Americans lack health insurance coverage. Fortunately, there are immediate steps we can take to address this problem.

The Blue Cross and Blue Shield Association believes that Congress must act now on targeted solutions for the uninsured. Extending coverage can be achieved most effectively through legislation aimed at the specific subgroups that are most likely to be uninsured, including low-wage workers in small firms and families who lack access to employer coverage.

BCBSA believes that targeted solutions should include:

■ Tax credits to small employers for their low-income workers

The large percentage of low-wage workers in small firms who are uninsured represents the most significant gap in employer-based health insurance coverage. Tax credits would address this problem by encouraging more small firms to offer coverage and expanding the number of low-wage workers who can afford to enroll. Small employers would administer the credit on behalf of low-wage workers and, in order to minimize cash flow issues, could claim the credit as an offset to quarterly tax filings or payroll taxes.

■ Full Tax Deductibility for People without Employer-Sponsored Health Insurance

Some people, including many young adults and early retirees, are uninsured because they do not have access to employer-sponsored coverage. Making health coverage more affordable for those without access to employer-sponsored coverage would contribute to an increase in the overall rate of insurance. This can be achieved by allowing them to deduct the full cost of insurance.

■ Federal Grants for Initiatives That Expand Coverage or Provide Care to the Uninsured

Targeted solutions should also be developed for groups that may remain uninsured despite tax credits and deductibility. These targeted solutions can best be carried out by offering grants for innovative state programs, including public-private programs to expand health coverage, community health centers that provide healthcare to the uninsured, and subsidies to state high-risk pools, which make coverage more affordable for those requiring extensive medical care.

The Uninsured in America

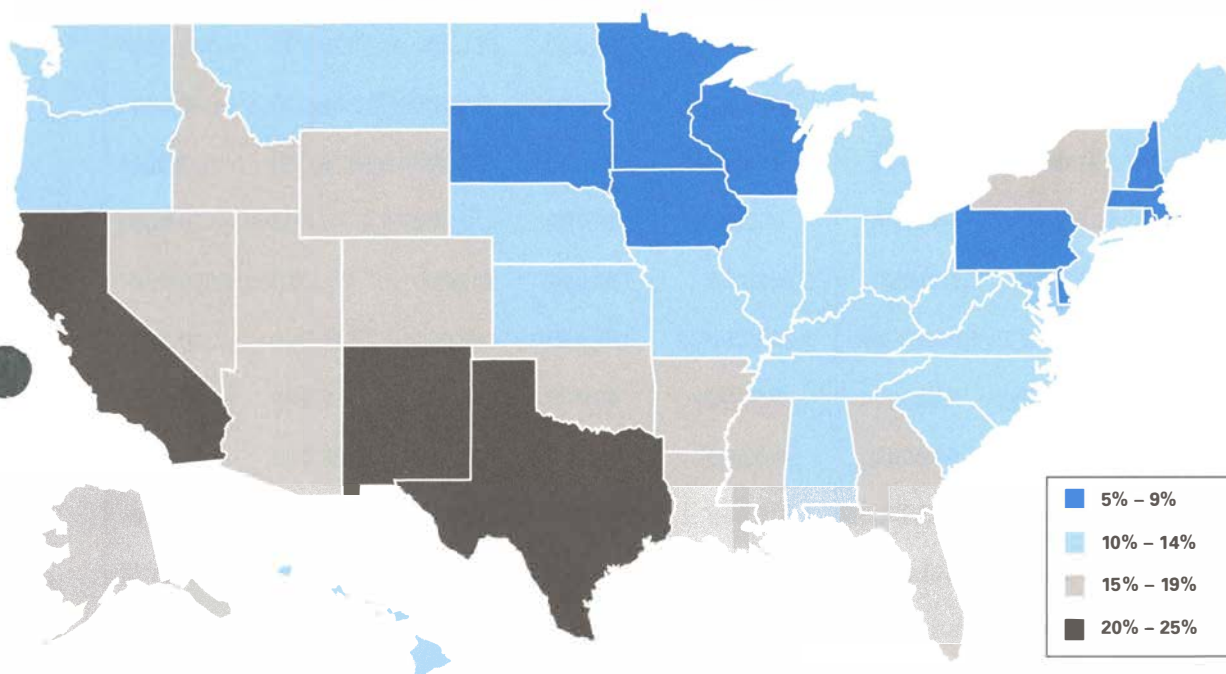


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The greatest proportion of the uninsured live in the south and west, influenced, in part, by the influx of uninsured in the border states. California, New Mexico and Texas are the highest with 20-25 percent uninsured.

Percent Uninsured By State, 2001



National Average: 14.6%

Alabama	13%	Illinois	14%	Montana	14%	Rhode Island	8%
Alaska	16	Indiana	12	Nebraska	10	South Carolina	12
Arizona	18	Iowa	8	Nevada	16	South Dakota	9
Arkansas	16	Kansas	11	New Hampshire	9	Tennessee	11
California	20	Kentucky	12	New Jersey	13	Texas	24
Colorado	16	Louisiana	19	New Mexico	21	Utah	15
Connecticut	10	Maine	10	New York	16	Vermont	10
Delaware	9	Maryland	12	North Carolina	14	Virginia	11
District of Columbia	13	Massachusetts	8	North Dakota	10	Washington	13
Florida	18	Michigan	10	Ohio	11	West Virginia	13
Georgia	17	Minnesota	8	Oklahoma	18	Wisconsin	8
Hawaii	10	Mississippi	16	Oregon	13	Wyoming	16
Idaho	16	Missouri	10	Pennsylvania	9		

State-by-State Breakdown of Uninsured Statistics

	Population	Medicaid and SCHIP enrollment	Uninsured				
			Population	government program- eligible	income \$50,000+	short-term	long-term
Alabama	4,388,000	734,000	573,000	162,000	184,000	93,000	134,000
Alaska	634,000	131,000	100,000	30,000	32,000	15,000	22,000
Arizona	5,316,000	770,000	950,000	289,000	305,000	146,000	210,000
Arkansas	2,657,000	507,000	428,000	142,000	137,000	61,000	88,000
California	34,488,000	8,757,000	6,718,000	2,972,000	2,156,000	652,000	938,000
Colorado	4,410,000	423,000	687,000	161,000	221,000	125,000	180,000
Connecticut	3,392,000	436,000	346,000	116,000	111,000	49,000	70,000
Delaware	791,000	130,000	73,000	38,000	23,000	5,000	7,000
District of Columbia	554,000	154,000	70,000	37,000	22,000	4,000	6,000
Florida	16,348,000	2,536,000	2,856,000	790,000	917,000	471,000	678,000
Georgia	8,289,000	1,422,000	1,376,000	409,000	442,000	215,000	310,000
Hawaii	1,213,000	210,000	117,000	66,000	38,000	5,000	8,000
Idaho	1,315,000	164,000	210,000	50,000	67,000	38,000	55,000
Illinois	12,331,000	1,820,000	1,676,000	509,000	538,000	258,000	371,000
Indiana	6,036,000	813,000	714,000	221,000	229,000	108,000	156,000
Iowa	2,861,000	340,000	216,000	81,000	69,000	27,000	39,000
Kansas	2,642,000	302,000	301,000	72,000	97,000	54,000	78,000
Kentucky	3,996,000	791,000	492,000	192,000	158,000	58,000	84,000
Louisiana	4,390,000	897,000	845,000	226,000	271,000	143,000	205,000
Maine	1,279,000	241,000	132,000	56,000	42,000	14,000	20,000
Maryland	5,326,000	832,000	653,000	214,000	210,000	94,000	135,000
Massachusetts	6,322,000	1,209,000	520,000	310,000	167,000	18,000	26,000
Michigan	9,892,000	1,437,000	1,028,000	368,000	330,000	135,000	195,000
Minnesota	4,922,000	597,000	392,000	159,000	126,000	44,000	63,000
Mississippi	2,799,000	648,000	459,000	143,000	147,000	69,000	100,000

Note: State-by-state government-sponsored program eligibility, income level and short- and long-term uninsured figures based on national figures. Actual state data may vary. Numbers may not sum due to rounding.

* National averages cannot be applied to the analysis of Tennessee's uninsured population.

	Population	Medicaid and SCHIP enrollment	Uninsured				
			Population	government program- eligible	income \$50,000+	short-term	long-term
Missouri	5,525,000	1,098,000	565,000	224,000	181,000	65,000	94,000
Montana	892,000	111,000	121,000	36,000	39,000	19,000	27,000
Nebraska	1,683,000	252,000	160,000	58,000	51,000	21,000	30,000
Nevada	2,135,000	187,000	344,000	78,000	110,000	64,000	92,000
New Hampshire	1,258,000	116,000	119,000	30,000	38,000	21,000	30,000
New Jersey	8,470,000	956,000	1,109,000	265,000	356,000	200,000	288,000
New Mexico	1,804,000	409,000	373,000	106,000	120,000	60,000	87,000
New York	18,827,000	4,274,000	2,916,000	1,015,000	936,000	396,000	569,000
North Carolina	8,098,000	1,327,000	1,167,000	359,000	375,000	178,000	256,000
North Dakota	621,000	66,000	60,000	17,000	19,000	10,000	14,000
Ohio	11,191,000	1,579,000	1,248,000	388,000	401,000	189,000	271,000
Oklahoma	3,382,000	623,000	620,000	165,000	199,000	105,000	151,000
Oregon	3,462,000	602,000	443,000	204,000	142,000	40,000	57,000
Pennsylvania	12,102,000	1,909,000	1,119,000	537,000	359,000	91,000	132,000
Rhode Island	1,043,000	200,000	80,000	44,000	26,000	4,000	6,000
South Carolina	4,009,000	842,000	493,000	208,000	158,000	52,000	75,000
South Dakota	739,000	108,000	69,000	23,000	22,000	10,000	14,000
Tennessee	5,682,000	1,544,000	640,000	N/A*	N/A*	N/A*	N/A*
Texas	21,065,000	3,208,000	4,960,000	1,205,000	1,592,000	887,000	1,276,000
Utah	2,262,000	238,000	335,000	87,000	108,000	57,000	83,000
Vermont	607,000	151,000	58,000	35,000	19,000	2,000	3,000
Virginia	7,105,000	754,000	774,000	195,000	248,000	135,000	195,000
Washington	5,930,000	924,000	780,000	269,000	250,000	107,000	154,000
West Virginia	1,772,000	387,000	234,000	89,000	75,000	29,000	41,000
Wisconsin	5,336,000	676,000	409,000	153,000	131,000	51,000	73,000
Wyoming	488,000	57,000	78,000	18,000	25,000	14,000	21,000
Total U.S.	282,082,000	48,898,000	41,207,000	14,059,000	13,227,000	5,707,000	8,213,000



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