

State of Wisconsin Employees Group Health Insurance Program
2015 Plan Year **LOCAL Active Employees & Employer Paid Annuitants**
Imputed Income Calculation (Fair Market Value)
Coinsurance HMO & Standard PPO Plan **Program Option 6**

Plan	2015 Monthly Premium Rates		2 Category Estimated Imputed Income*	
	Single	Family	1 non-tax Dependent	2 or more non-tax Dependents
Anthem Blue Preferred Northeast	\$ 691.70	\$ 1,721.80	\$ 438.90	\$ 915.90
Anthem Blue Preferred Southeast	\$ 741.20	\$ 1,845.50	\$ 470.50	\$ 981.80
Arise Health Plan Northern	\$ 975.30	\$ 2,430.80	\$ 620.20	\$ 1,294.10
Arise Health Plan Southeast	\$ 1,006.30	\$ 2,508.30	\$ 640.00	\$ 1,335.40
Dean Health Insurance	\$ 664.20	\$ 1,653.00	\$ 421.30	\$ 879.20
Dean Health Insurance-Prevea360	\$ 805.90	\$ 2,007.30	\$ 511.90	\$ 1,068.20
GHC of Eau Claire	\$ 1,082.00	\$ 2,697.50	\$ 688.30	\$ 1,436.40
GHC of South Central Wisconsin	\$ 587.20	\$ 1,460.50	\$ 372.10	\$ 776.50
Gundersen Health Plan	\$ 754.90	\$ 1,879.80	\$ 479.30	\$ 1,000.20
Health Tradition Health Plan	\$ 657.60	\$ 1,636.50	\$ 417.10	\$ 870.40
HealthPartners Health Plan	\$ 847.40	\$ 2,111.00	\$ 538.40	\$ 1,123.50
Humana-Eastern	\$ 1,163.10	\$ 2,900.30	\$ 740.20	\$ 1,544.60
Humana-Western	\$ 1,163.10	\$ 2,900.30	\$ 740.20	\$ 1,544.60
Medical Associates Health Plans	\$ 621.60	\$ 1,546.50	\$ 394.10	\$ 822.40
MercyCare Health Plans	\$ 610.10	\$ 1,517.80	\$ 386.80	\$ 807.10
Network Health	\$ 756.60	\$ 1,884.00	\$ 480.40	\$ 1,002.40
Physicians Plus	\$ 689.20	\$ 1,715.50	\$ 437.30	\$ 912.50
Security Health Plan	\$ 1,028.00	\$ 2,562.50	\$ 653.80	\$ 1,364.30
Standard Plan: Balance of State	\$ 1,164.80	\$ 2,904.40	\$ 741.20	\$ 1,546.70
Standard Plan: Dane	\$ 1,081.20	\$ 2,697.40	\$ 688.60	\$ 1,437.00
Standard Plan: Milwaukee	\$ 1,259.50	\$ 3,142.50	\$ 802.30	\$ 1,674.20
Standard Plan: Waukesha	\$ 1,164.80	\$ 2,904.40	\$ 741.20	\$ 1,546.70
SMP (LOCAL)	\$ 821.90	\$ 2,049.10	\$ 522.90	\$ 1,091.20
UnitedHealthcare of Wisconsin	\$ 860.80	\$ 2,144.50	\$ 547.00	\$ 1,141.40
Unity Health Insurance-Community	\$ 631.30	\$ 1,570.80	\$ 400.30	\$ 835.30
Unity Health Insurance-UW Health	\$ 542.90	\$ 1,349.80	\$ 343.80	\$ 717.40
WEA Trust-East	\$ 786.30	\$ 1,958.30	\$ 499.40	\$ 1,042.00
WEA Trust- Northwest Chippewa Valley	\$ 919.60	\$ 2,291.50	\$ 584.50	\$ 1,219.80
WEA Trust- Northwest Mayo Clinic	\$ 919.60	\$ 2,291.50	\$ 584.50	\$ 1,219.80
WEA Trust-South Central	\$ 747.00	\$ 1,860.00	\$ 474.20	\$ 989.60

Sept. 26, 2014

* 2 Category Estimated Imputed Income assumes, for 2 or more non-tax dependents, that approximately 75% have 2 and 25% have 3 or more dependents.

Note:

These amounts include both employee and employer share of the premium. Please consult your tax advisor as to the treatment of employee contributions made toward coverage for the employee and dependents in cases where the employee pays a share of premium as defined in Section 152.