

State of Wisconsin Employees Group Health Insurance Program
2016 Plan Year **LOCAL Active Employees & Employer Paid Annuitants**
Imputed Income Calculation (Fair Market Value)
IYC Local Traditional Plan & IYC Local Access Health Plan **Program Option 12**
Without Dental

Plan	2016 Monthly Premium Rates		2 Category Estimated Imputed Income*	
	Single	Family	1 Non-Tax Dependent	2 or more Non-Tax Dep.
Anthem Blue Preferred Northeast	\$ 714.00	\$ 1,776.20	\$ 451.80	\$ 943.30
Anthem Blue Preferred Southeast	\$ 797.80	\$ 1,985.70	\$ 505.30	\$ 1,054.90
Arise Health Plan	\$ 1,061.70	\$ 2,645.40	\$ 673.60	\$ 1,406.40
Arise Health Plan - Aspirus Arise	\$ 1,014.80	\$ 2,528.20	\$ 643.70	\$ 1,344.00
Dean Health Insurance	\$ 737.30	\$ 1,834.40	\$ 466.70	\$ 974.30
Dean Health Insurance-Prevea360	\$ 713.20	\$ 1,774.20	\$ 451.30	\$ 942.20
GHC of Eau Claire	\$ 1,027.80	\$ 2,560.70	\$ 652.00	\$ 1,361.30
GHC of South Central Wisconsin	\$ 657.90	\$ 1,635.90	\$ 416.00	\$ 868.50
Gundersen Health Plan	\$ 804.30	\$ 2,001.90	\$ 509.40	\$ 1,063.50
Health Tradition Health Plan	\$ 703.10	\$ 1,748.90	\$ 444.80	\$ 928.70
HealthPartners Health Plan	\$ 911.80	\$ 2,270.70	\$ 578.00	\$ 1,206.70
Humana-Eastern	\$ 1,191.80	\$ 2,970.70	\$ 756.70	\$ 1,579.80
Humana-Western	\$ 1,246.70	\$ 3,107.90	\$ 791.70	\$ 1,652.90
IYC Local Access Health Plan: Balance of State	\$ 1,219.30	\$ 3,042.00	\$ 775.30	\$ 1,618.60
IYC Local Access Health Plan: Dane	\$1,130.00	\$ 2,818.80	\$ 718.40	\$ 1,499.70
IYC Local Access Health Plan: Milwaukee	\$ 1,319.70	\$ 3,293.00	\$ 839.40	\$ 1,752.40
IYC Local Access Health Plan: Waukesha	\$ 1,219.30	\$ 3,042.00	\$ 775.30	\$ 1,618.60
Medical Associates Health Plans	\$ 662.20	\$ 1,646.70	\$ 418.80	\$ 874.30
MercyCare Health Plans	\$ 695.20	\$ 1,729.20	\$ 439.80	\$ 918.20
Network Health - Northeast	\$ 760.10	\$ 1,891.40	\$ 481.20	\$ 1,004.60
Network Health - Southeast	\$ 811.40	\$ 2,019.70	\$ 514.00	\$ 1,073.00
Physicians Plus	\$ 715.40	\$ 1,779.70	\$ 452.70	\$ 945.10
Security Health Plan	\$ 1,063.60	\$ 2,650.20	\$ 674.90	\$ 1,409.00
SMP (LOCAL)	\$810.80	\$2,020.10	\$ 514.40	\$ 1,073.90
UnitedHealthcare of Wisconsin	\$ 907.60	\$ 2,260.20	\$ 575.30	\$ 1,201.20
Unity Health Insurance-Community	\$ 678.60	\$ 1,687.70	\$ 429.20	\$ 896.20
Unity Health Insurance-UW Health	\$ 620.20	\$ 1,541.70	\$ 392.00	\$ 818.30
WEA Trust-East	\$ 817.90	\$ 2,035.90	\$ 518.10	\$ 1,081.70
WEA Trust- Northwest Chippewa Valley	\$ 1,043.10	\$ 2,598.90	\$ 661.80	\$ 1,381.70
WEA Trust- Northwest Mayo Clinic Hlth Sys	\$ 1,043.10	\$ 2,598.90	\$ 661.80	\$ 1,381.70
WEA Trust-South Central	\$ 623.50	\$ 1,549.90	\$ 394.10	\$ 822.70

Sept. 25, 2015

* 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.