

State of Wisconsin Employees Group Health Insurance Program

2016 Plan Year

STATE Active Employees & Annuitants with non-Medicare premium rates

Imputed Income Calculation (Fair Market Value)

IYC HDHP & IYC Access HDHP

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	\$ 641.20	\$ 1,594.10	\$ 484.30	\$ 952.90
Anthem Blue Preferred Southeast	\$ 660.90	\$ 1,643.40	\$ 499.30	\$ 982.50
Arise Health Plan	\$ 643.20	\$ 1,599.10	\$ 485.80	\$ 955.90
Arise Health Plan - Aspirus Arise	\$ 627.40	\$ 1,559.60	\$ 473.70	\$ 932.20
Dean Health Insurance	\$ 519.60	\$ 1,290.10	\$ 391.60	\$ 770.50
Dean Health Insurance-Prevea360	\$ 568.10	\$ 1,411.40	\$ 428.60	\$ 843.30
GHC of Eau Claire	\$ 671.40	\$ 1,669.60	\$ 507.30	\$ 998.20
GHC of South Central Wisconsin	\$ 529.10	\$ 1,313.90	\$ 398.80	\$ 784.80
Gundersen Health Plan	\$ 665.10	\$ 1,653.90	\$ 502.50	\$ 988.80
Health Tradition Health Plan	\$ 645.40	\$ 1,604.60	\$ 487.50	\$ 959.20
HealthPartners Health Plan	\$ 595.80	\$ 1,480.60	\$ 449.70	\$ 884.80
Humana-Eastern	\$ 672.30	\$ 1,671.90	\$ 508.00	\$ 999.60
Humana-Western	\$ 719.50	\$ 1,789.90	\$ 544.00	\$ 1,070.40
IYC Access Plan	\$1,100.50	\$2,745.90	\$ 836.20	\$ 1,645.40
Medical Associates Health Plans	\$ 569.80	\$ 1,415.60	\$ 429.80	\$ 845.80
MercyCare Health Plans	\$ 529.30	\$ 1,314.40	\$ 399.00	\$ 785.10
Network Health - Northeast	\$ 645.10	\$ 1,603.90	\$ 487.30	\$ 958.80
Network Health - Southeast	\$ 676.30	\$ 1,681.90	\$ 511.00	\$ 1,005.60
Physicians Plus	\$ 562.70	\$ 1,397.90	\$ 424.40	\$ 835.20
Security Health Plan	\$ 697.10	\$ 1,733.90	\$ 526.90	\$ 1,036.80
State Maintenance Plan (SMP)	\$682.00	\$1,699.70	\$ 517.20	\$ 1,017.70
UnitedHealthcare of Wisconsin	\$ 652.70	\$ 1,622.90	\$ 493.10	\$ 970.20
Unity Health Insurance-Community	\$ 639.50	\$ 1,589.90	\$ 483.00	\$ 950.40
Unity Health Insurance-UW Health	\$ 564.30	\$ 1,401.90	\$ 425.70	\$ 837.60
WEA Trust-East	\$ 652.30	\$ 1,621.90	\$ 492.70	\$ 969.60
WEA Trust- Northwest Chippewa Valley	\$ 686.00	\$ 1,706.10	\$ 518.40	\$ 1,020.10
WEA Trust- Northwest Mayo Clinic Hlth Sys	\$ 686.00	\$ 1,706.10	\$ 518.40	\$ 1,020.10
WEA Trust-South Central	\$ 496.50	\$ 1,232.40	\$ 374.00	\$ 735.90

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.