

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

With Uniform Dental Benefits

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	\$ 667.50	\$ 1,659.80	\$ 504.30	\$ 992.30
Anthem Blue Preferred Southeast	\$ 687.20	\$ 1,709.10	\$ 519.30	\$ 1,021.90
Arise Health Plan	\$ 669.50	\$ 1,664.80	\$ 505.80	\$ 995.30
Arise Health Plan - Aspirus Arise	\$ 653.70	\$ 1,625.30	\$ 493.80	\$ 971.60
Dean Health Insurance	\$ 545.90	\$ 1,355.80	\$ 411.60	\$ 809.90
Dean Health Insurance-Prevea360	\$ 594.40	\$ 1,477.10	\$ 448.60	\$ 882.70
GHC of Eau Claire	\$ 697.70	\$ 1,735.30	\$ 527.30	\$ 1,037.60
GHC of South Central Wisconsin	\$ 555.40	\$ 1,379.60	\$ 418.90	\$ 824.20
Gundersen Health Plan	\$ 691.40	\$ 1,719.60	\$ 522.50	\$ 1,028.20
Health Tradition Health Plan	\$ 671.70	\$ 1,670.30	\$ 507.50	\$ 998.60
HealthPartners Health Plan	\$ 622.10	\$ 1,546.30	\$ 469.70	\$ 924.20
Humana-Eastern	\$ 698.60	\$ 1,737.60	\$ 528.00	\$ 1,039.00
Humana-Western	\$ 745.80	\$ 1,855.60	\$ 564.00	\$ 1,109.80
IYC Access Plan	\$ 1,126.80	\$ 2,811.60	\$ 856.20	\$ 1,684.80
Medical Associates Health Plans	\$ 596.10	\$ 1,481.30	\$ 449.90	\$ 885.20
MercyCare Health Plans	\$ 555.60	\$ 1,380.10	\$ 419.00	\$ 824.50
Network Health - Northeast	\$ 671.40	\$ 1,669.60	\$ 507.30	\$ 998.20
Network Health - Southeast	\$ 702.60	\$ 1,747.60	\$ 531.10	\$ 1,045.00
Physicians Plus	\$ 589.00	\$ 1,463.60	\$ 444.50	\$ 874.60
Security Health Plan	\$ 723.40	\$ 1,799.60	\$ 546.90	\$ 1,076.20
State Maintenance Plan (SMP)	\$ 708.30	\$ 1,765.40	\$ 537.20	\$ 1,057.10
UnitedHealthcare of Wisconsin	\$ 679.00	\$ 1,688.60	\$ 513.10	\$ 1,009.60
Unity Health Insurance-Community	\$ 665.80	\$ 1,655.60	\$ 503.00	\$ 989.80
Unity Health Insurance-UW Health	\$ 590.60	\$ 1,467.60	\$ 445.70	\$ 877.00
WEA Trust-East	\$ 678.60	\$ 1,687.60	\$ 512.80	\$ 1,009.00
WEA Trust- Northwest Chippewa Valley	\$ 712.30	\$ 1,771.80	\$ 538.40	\$ 1,059.50
WEA Trust- Northwest Mayo Clinic Hlth Sys	\$ 712.30	\$ 1,771.80	\$ 538.40	\$ 1,059.50
WEA Trust-South Central	\$ 522.80	\$ 1,298.10	\$ 394.00	\$ 775.30

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.