State of Wisconsin Employees Group Health Insurance Program
2011 Plan Year **STATE Annuitants with Medicare premium rates***
Imputed Income Calculation (Fair Market Value) for ACCUMULATED SICK LEAVE CONVERSION ONLY

Estimated Monthly Imputed Income (max = Family 2 - Single Annuitant Rates)

				Scenario 1	Scenario 2	Scenario 3
				Medicare	Non-Medicare	Max Calculation
	Monthly Premium Rates			1 or more Non-Tax	1 Non-Tax	2 or more Non-Tax
Plan	Single Medi	Family 1 Medi	Family 2 Medi	Dependents	Dependent	Dependents
Anthem Blue Northeast	$ 447.70	$ 1,100.80	$ 892.80	$ 447.70	$ 469.40	$ 653.10
Anthem Blue Northwest	$ 453.70	$ 1,118.90	$ 904.80	$ 453.70	$ 478.20	$ 665.20
Anthem Blue Southeast	$ 504.50	$ 1,271.20	$ 1,006.40	$ 504.50	$ 551.10	$ 766.70
Arise	$ 482.90	$ 1,206.30	$ 963.20	$ 482.90	$ 520.00	$ 723.40
Dean Health Plan	$ 393.80	$ 988.90	$ 785.00	$ 393.80	$ 427.80	$ 595.10
GHC - Eau Claire	$ 503.00	$ 1,281.70	$ 1,003.40	$ 503.00	$ 559.70	$ 778.70
GHC - South Central	$ 412.00	$ 993.60	$ 821.40	$ 412.00	$ 418.10	$ 581.60
Gundersen/Lutheran	$ 347.90	$ 1,108.40	$ 693.20	$ 347.90	$ 546.60	$ 760.50
HealthPartners	$ 482.20	$ 1,204.30	$ 961.80	$ 482.20	$ 519.00	$ 722.10
Health Tradition	$ 509.60	$ 1,288.00	$ 1,016.60	$ 509.60	$ 559.50	$ 778.40
Humana - Eastern	$ 386.00	$ 1,161.40	$ 769.40	$ 386.00	$ 557.40	$ 775.40
Humana -Western	$ 386.00	$ 1,161.40	$ 769.40	$ 386.00	$ 557.40	$ 775.40
Medical Associates HMO	$ 349.70	$ 952.80	$ 696.80	$ 349.70	$ 433.50	$ 603.10
Medicare + 1M (1 Under STD)	$ 352.50	$ 1,506.00	$ 702.30	$ 352.50	$ 823.20	$ 1,153.50
Medicare + 1M (1 Under SMP)	$ 352.50	$ 1,065.30	$ 702.30	$ 352.50	$ 508.60	$ 712.80
MercyCare	$ 421.10	$ 1,020.90	$ 839.60	$ 421.10	$ 431.20	$ 599.80
Network	$ 445.40	$ 1,139.30	$ 888.20	$ 445.40	$ 498.80	$ 693.90
Physicians Plus	$ 383.30	$ 989.10	$ 764.00	$ 383.30	$ 435.50	$ 605.80
Security Health Plan	$ 510.50	$ 1,289.20	$ 1,018.40	$ 510.50	$ 559.70	$ 778.70
UnitedHealthcare-Northeast	$ 472.00	$ 1,173.70	$ 941.40	$ 472.00	$ 504.40	$ 701.70
UnitedHealthcare-Southeast	$ 485.60	$ 1,214.50	$ 968.60	$ 485.60	$ 523.90	$ 728.90
Unity - Community	$ 421.90	$ 1,080.40	$ 841.20	$ 421.90	$ 473.30	$ 658.50
Unity - UW	$ 391.20	$ 981.50	$ 779.80	$ 391.20	$ 424.30	$ 590.30
WEA Trust PPP	$ 508.50	$ 1,283.20	$ 1,014.40	$ 508.50	$ 556.80	$ 774.70
WPS MetroChoice	$ 479.60	$ 1,217.50	$ 956.60	$ 479.60	$ 530.40	$ 737.90

Scenario:
1) State Annuitant subscriber: Medicare Family 2 rate with one or more Non-tax Medicare Dependent = Estimated Imputed Income is Single Annuitant Rate
2) State Annuitant subscriber: Medicare Family 1 rate with one Non-tax non-Medicare Dependent = Estimated Imputed Income is Single Imputed Income Rate
3) State Annuitant subscriber: Medicare Family 1 rate with two or more Non-tax Dependents = Estimated Imputed Income is Max calculation

*Annuitants with non-Medicare rates should see the State Active Employee table.