

State of Wisconsin Employees Group Health Insurance Program  
 2014 Plan Year **LOCAL Active Employees & Employer Paid Annuitants**  
 Imputed Income Calculation (Fair Market Value)  
 Coinsurance HMO & Standard PPO Plan **Program Option 6**

Plan	2014 Monthly Premium Rates		2 Category Estimated Imputed Income*	
	Single	Family	1 non-tax Dependent	2 or more non-tax Dependents
Anthem Blue-Northeast	\$ 718.90	\$ 1,790.70	\$ 460.30	\$ 958.40
Anthem Blue-Southeast	\$ 771.00	\$ 1,921.00	\$ 493.90	\$ 1,028.40
Arise Health Plan	\$ 935.70	\$ 2,332.70	\$ 600.00	\$ 1,249.30
Dean Health Insurance	\$ 659.50	\$ 1,642.20	\$ 422.00	\$ 878.80
Dean Health Insurance-Prevea360	\$ 806.40	\$ 2,009.50	\$ 516.70	\$ 1,075.80
GHC of Eau Claire	\$ 1,077.30	\$ 2,686.70	\$ 691.20	\$ 1,439.20
GHC South Central WI	\$ 567.80	\$ 1,413.00	\$ 363.00	\$ 755.80
Gundersen Health Plan	\$ 721.30	\$ 1,796.70	\$ 461.90	\$ 961.60
Health Tradition Health Plan	\$ 664.50	\$ 1,654.70	\$ 425.30	\$ 885.40
HealthPartners	\$ 842.60	\$ 2,100.00	\$ 540.00	\$ 1,124.40
Humana-Eastern	\$ 1,094.80	\$ 2,730.50	\$ 702.50	\$ 1,462.70
Humana-Western	\$ 1,094.80	\$ 2,730.50	\$ 702.50	\$ 1,462.70
Medical Associates Health Plans	\$ 670.70	\$ 1,670.20	\$ 429.30	\$ 893.80
MercyCare Health Plans	\$ 545.60	\$ 1,357.50	\$ 348.70	\$ 726.00
Network Health	\$ 772.70	\$ 1,925.20	\$ 495.00	\$ 1,030.60
Physicians Plus	\$ 635.00	\$ 1,581.00	\$ 406.30	\$ 846.00
Security Health Plan	\$ 1,072.80	\$ 2,675.50	\$ 688.30	\$ 1,433.10
Standard Plan: Balance of State (A4)	\$ 1,042.60	\$ 2,600.20	\$ 669.00	\$ 1,392.80
Standard Plan: Dane (A1)	\$ 967.80	\$ 2,414.90	\$ 621.50	\$ 1,294.00
Standard Plan: Milwaukee (A2)	\$ 1,127.40	\$ 2,813.30	\$ 724.10	\$ 1,507.60
Standard Plan: Waukesha (A3)	\$ 1,042.60	\$ 2,600.20	\$ 669.00	\$ 1,392.80
SMP (LOCAL)	\$ 735.70	\$ 1,834.40	\$ 471.90	\$ 982.50
UnitedHealthcare	\$ 814.00	\$ 2,028.50	\$ 521.60	\$ 1,086.00
Unity-Community	\$ 586.10	\$ 1,458.70	\$ 374.80	\$ 780.30
Unity-UW Health	\$ 538.10	\$ 1,338.70	\$ 343.80	\$ 715.90
WEA Trust PPO-East	\$ 761.00	\$ 1,896.00	\$ 487.50	\$ 1,014.90
WEA TrustPPO- Northwest	\$ 890.50	\$ 2,219.70	\$ 570.90	\$ 1,188.60
WEA Trust PPO-South Central	\$ 742.30	\$ 1,849.20	\$ 475.40	\$ 989.80
WPS Metro Choice Northwest	\$ 1,070.00	\$ 2,668.50	\$ 686.50	\$ 1,429.40
WPS Metro Choice Southeast	\$ 1,298.00	\$ 3,238.50	\$ 833.40	\$ 1,735.20

Sept. 26, 2013

\* 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.