

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 Health Plan & IYC Access Health Plan

**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	\$ 744.50	\$ 1,852.60	\$ 490.20	\$ 1,012.30
Anthem Blue Preferred Southeast	\$ 767.40	\$ 1,909.80	\$ 505.40	\$ 1,043.60
Arise Health Plan	\$ 746.90	\$ 1,858.60	\$ 491.80	\$ 1,015.60
Arise Health Plan - Aspirus Arise	\$ 728.50	\$ 1,812.60	\$ 479.60	\$ 990.40
Dean Health Insurance	\$ 603.10	\$ 1,499.10	\$ 396.40	\$ 818.50
Dean Health Insurance-Prevea360	\$ 659.50	\$ 1,640.10	\$ 433.80	\$ 895.90
GHC of Eau Claire	\$ 779.70	\$ 1,940.60	\$ 513.60	\$ 1,060.60
GHC of South Central Wisconsin	\$ 614.20	\$ 1,526.80	\$ 403.70	\$ 833.70
Gundersen Health Plan	\$ 772.30	\$ 1,922.10	\$ 508.60	\$ 1,050.40
Health Tradition Health Plan	\$ 749.40	\$ 1,864.80	\$ 493.40	\$ 1,019.00
HealthPartners Health Plan	\$ 691.70	\$ 1,720.60	\$ 455.20	\$ 940.00
Humana-Eastern	\$ 780.70	\$ 1,943.10	\$ 514.20	\$ 1,061.90
Humana-Western	\$ 835.60	\$ 2,080.30	\$ 550.60	\$ 1,137.20
IYC Access Plan	\$1,305.20	\$3,257.70	\$ 863.70	\$ 1,783.80
Medical Associates Health Plans	\$ 661.50	\$ 1,645.10	\$ 435.10	\$ 898.60
MercyCare Health Plans	\$ 614.40	\$ 1,527.30	\$ 403.80	\$ 834.00
Network Health - Northeast	\$ 749.10	\$ 1,864.10	\$ 493.30	\$ 1,018.60
Network Health - Southeast	\$ 785.30	\$ 1,954.60	\$ 517.30	\$ 1,068.20
Physicians Plus	\$ 653.30	\$ 1,624.60	\$ 429.70	\$ 887.40
Security Health Plan	\$ 809.50	\$ 2,015.10	\$ 533.30	\$ 1,101.40
State Maintenance Plan (SMP)	\$807.80	\$2,014.20	\$ 533.70	\$ 1,102.20
UnitedHealthcare of Wisconsin	\$ 757.90	\$ 1,886.10	\$ 499.10	\$ 1,030.70
Unity Health Insurance-Community	\$ 742.60	\$ 1,847.80	\$ 488.90	\$ 1,009.70
Unity Health Insurance-UW Health	\$ 655.10	\$ 1,629.10	\$ 430.90	\$ 889.90
WEA Trust-East	\$ 757.40	\$ 1,884.80	\$ 498.70	\$ 1,030.00
WEA Trust- Northwest Chippewa Valley	\$ 796.60	\$ 1,982.80	\$ 524.70	\$ 1,083.70
WEA Trust- Northwest Mayo Clinic Hlth Sys	\$ 796.60	\$ 1,982.80	\$ 524.70	\$ 1,083.70
WEA Trust-South Central	\$ 576.30	\$ 1,432.10	\$ 378.60	\$ 781.90

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.