

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

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	\$ 770.80	\$ 1,918.30	\$ 507.60	\$ 1,048.40
Anthem Blue Preferred Southeast	\$ 793.70	\$ 1,975.50	\$ 522.80	\$ 1,079.70
Arise Health Plan	\$ 773.20	\$ 1,924.30	\$ 509.20	\$ 1,051.60
Arise Health Plan - Aspirus Arise	\$ 754.80	\$ 1,878.30	\$ 497.00	\$ 1,026.40
Dean Health Insurance	\$ 629.40	\$ 1,564.80	\$ 413.80	\$ 854.60
Dean Health Insurance-Prevea360	\$ 685.80	\$ 1,705.80	\$ 451.20	\$ 931.80
GHC of Eau Claire	\$ 806.00	\$ 2,006.30	\$ 531.00	\$ 1,096.60
GHC of South Central Wisconsin	\$ 640.50	\$ 1,592.50	\$ 421.10	\$ 869.70
Gundersen Health Plan	\$ 798.60	\$ 1,987.80	\$ 526.10	\$ 1,086.50
Health Tradition Health Plan	\$ 775.70	\$ 1,930.50	\$ 510.90	\$ 1,055.00
HealthPartners Health Plan	\$ 718.00	\$ 1,786.30	\$ 472.60	\$ 976.00
Humana-Eastern	\$ 807.00	\$ 2,008.80	\$ 531.60	\$ 1,097.90
Humana-Western	\$ 861.90	\$ 2,146.00	\$ 568.10	\$ 1,173.10
IYC Access Plan	\$ 1,331.50	\$ 3,323.40	\$ 881.20	\$ 1,819.70
Medical Associates Health Plans	\$ 687.80	\$ 1,710.80	\$ 452.60	\$ 934.60
MercyCare Health Plans	\$ 640.70	\$ 1,593.00	\$ 421.30	\$ 870.00
Network Health - Northeast	\$ 775.40	\$ 1,929.80	\$ 510.70	\$ 1,054.70
Network Health - Southeast	\$ 811.60	\$ 2,020.30	\$ 534.70	\$ 1,104.20
Physicians Plus	\$ 679.60	\$ 1,690.30	\$ 447.10	\$ 923.30
Security Health Plan	\$ 835.80	\$ 2,080.80	\$ 550.80	\$ 1,137.40
State Maintenance Plan (SMP)	\$ 834.10	\$ 2,079.90	\$ 551.10	\$ 1,138.10
UnitedHealthcare of Wisconsin	\$ 784.20	\$ 1,951.80	\$ 516.50	\$ 1,066.70
Unity Health Insurance-Community	\$ 768.90	\$ 1,913.50	\$ 506.30	\$ 1,045.70
Unity Health Insurance-UW Health	\$ 681.40	\$ 1,694.80	\$ 448.30	\$ 925.80
WEA Trust-East	\$ 783.70	\$ 1,950.50	\$ 516.20	\$ 1,065.90
WEA Trust- Northwest Chippewa Valley	\$ 822.90	\$ 2,048.50	\$ 542.20	\$ 1,119.70
WEA Trust- Northwest Mayo Clinic Hlth Sys	\$ 822.90	\$ 2,048.50	\$ 542.20	\$ 1,119.70
WEA Trust-South Central	\$ 602.60	\$ 1,497.80	\$ 396.00	\$ 817.80

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.