

State of Wisconsin Employees Group Health Insurance Program
 2016 Plan Year **GRADUATE ASSISTANTS**
 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	\$ 477.40	\$ 1,184.60	\$ 410.80	\$ 707.20
Anthem Blue Preferred Southeast	\$ 490.30	\$ 1,216.80	\$ 422.00	\$ 726.50
Arise Health Plan	\$ 516.30	\$ 1,281.80	\$ 444.60	\$ 765.50
Arise Health Plan - Aspirus Arise	\$ 502.50	\$ 1,247.30	\$ 432.60	\$ 744.80
Dean Health Insurance	\$ 384.30	\$ 951.80	\$ 329.60	\$ 567.50
Dean Health Insurance-Prevea360	\$ 446.10	\$ 1,106.30	\$ 383.50	\$ 660.20
GHC of Eau Claire	\$ 540.80	\$ 1,343.10	\$ 466.00	\$ 802.30
GHC of South Central Wisconsin	\$ 416.70	\$ 1,032.80	\$ 357.80	\$ 616.10
Gundersen Health Plan	\$ 521.30	\$ 1,294.30	\$ 449.00	\$ 773.00
Health Tradition Health Plan	\$ 478.10	\$ 1,186.30	\$ 411.30	\$ 708.20
HealthPartners Health Plan	\$ 474.90	\$ 1,178.30	\$ 408.60	\$ 703.40
Humana-Eastern	\$ 495.20	\$ 1,229.10	\$ 426.30	\$ 733.90
Humana-Western	\$ 553.90	\$ 1,375.80	\$ 477.40	\$ 821.90
IYC Access Plan	\$982.60	\$2,450.80	\$ 852.80	\$ 1,468.20
Medical Associates Health Plans	\$ 416.90	\$ 1,033.30	\$ 358.00	\$ 616.40
MercyCare Health Plans	\$ 367.30	\$ 909.30	\$ 314.80	\$ 542.00
Network Health - Northeast	\$ 517.90	\$ 1,285.80	\$ 446.00	\$ 767.90
Network Health - Southeast	\$ 545.10	\$ 1,353.80	\$ 469.70	\$ 808.70
Physicians Plus	\$ 433.10	\$ 1,073.80	\$ 372.10	\$ 640.70
Security Health Plan	\$ 563.20	\$ 1,399.10	\$ 485.50	\$ 835.90
State Maintenance Plan (SMP)	\$610.60	\$1,521.20	\$ 528.90	\$ 910.60
UnitedHealthcare of Wisconsin	\$ 518.20	\$ 1,286.60	\$ 446.30	\$ 768.40
Unity Health Insurance-Community	\$ 513.10	\$ 1,273.80	\$ 441.80	\$ 760.70
Unity Health Insurance-UW Health	\$ 447.40	\$ 1,109.60	\$ 384.60	\$ 662.20
WEA Trust-East	\$ 460.30	\$ 1,141.80	\$ 395.80	\$ 681.50
WEA Trust- Northwest Chippewa Valley	\$ 485.80	\$ 1,205.60	\$ 418.10	\$ 719.80
WEA Trust- Northwest Mayo Clinic Hlth Sys	\$ 485.80	\$ 1,205.60	\$ 418.10	\$ 719.80
WEA Trust-South Central	\$ 342.60	\$ 847.60	\$ 293.30	\$ 505.00

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.