

**Wisconsin Public Employers Group Health Insurance Program
2012 Plan Year LOCAL Active Employees & Employer Paid Annuitants
Imputed Income Calculation (Fair Market Value)
Deductible HMO & Deductible Standard Plan**

Program Option 4

Plan	Monthly Premium Rates		2 Category Estimated Monthly Imputed Income*	
	Single	Family	1 non-tax Dependent	2 or more non-tax Dependents
Anthem Blue Northeast	\$ 830.20	\$ 2,071.30	\$ 558.60	\$ 1,148.30
Anthem Blue Northwest	\$ 956.80	\$ 2,387.80	\$ 644.10	\$ 1,323.90
Anthem Blue Southeast	\$ 924.30	\$ 2,306.60	\$ 622.20	\$ 1,278.90
Arise	\$ 807.20	\$ 2,013.80	\$ 543.10	\$ 1,116.30
Dean Health Plan	\$ 521.20	\$ 1,298.80	\$ 350.00	\$ 719.40
GHC - Eau Claire	\$ 895.30	\$ 2,234.10	\$ 602.60	\$ 1,238.60
GHC - South Central	\$ 535.40	\$ 1,334.30	\$ 359.60	\$ 739.10
Gundersen/Lutheran	\$ 737.20	\$ 1,838.80	\$ 495.90	\$ 1,019.20
HealthPartners	\$ 808.40	\$ 2,016.80	\$ 543.90	\$ 1,118.00
Health Tradition	\$ 677.00	\$ 1,688.30	\$ 455.20	\$ 935.60
Humana - Eastern	\$ 1,004.30	\$ 2,506.60	\$ 676.20	\$ 1,389.90
Humana -Western	\$ 1,004.30	\$ 2,506.60	\$ 676.20	\$ 1,389.90
Medical Associates HMO	\$ 590.00	\$ 1,470.80	\$ 396.50	\$ 814.90
MercyCare	\$ 502.20	\$ 1,251.30	\$ 337.20	\$ 693.10
Network	\$ 580.00	\$ 1,445.80	\$ 389.70	\$ 801.00
Physicians Plus	\$ 513.00	\$ 1,278.30	\$ 344.50	\$ 708.10
Security Health Plan	\$ 886.80	\$ 2,212.80	\$ 596.90	\$ 1,226.80
Standard - Dane	\$ 909.20	\$ 2,269.10	\$ 612.10	\$ 1,258.10
Standard - Milwaukee	\$ 1,059.00	\$ 2,643.50	\$ 713.20	\$ 1,465.90
Standard - Waukesha	\$ 979.20	\$ 2,444.10	\$ 659.40	\$ 1,355.30
Standard - Balance of State	\$ 979.20	\$ 2,444.10	\$ 659.40	\$ 1,355.30
SMP	\$ 651.90	\$ 1,626.00	\$ 438.50	\$ 901.20
UnitedHealthcare-Northeast	\$ 673.00	\$ 1,678.30	\$ 452.50	\$ 930.10
UnitedHealthcare-Southeast	\$ 702.70	\$ 1,752.60	\$ 472.60	\$ 971.40
Unity - Community	\$ 470.10	\$ 1,171.10	\$ 315.50	\$ 648.60
Unity - UW	\$ 470.60	\$ 1,172.30	\$ 315.80	\$ 649.20
WEA Trust East	\$ 725.50	\$ 1,809.60	\$ 488.00	\$ 1,003.00
WEA Trust West	\$ 759.40	\$ 1,894.30	\$ 510.80	\$ 1,050.00
WPS MetroChoice	\$ 991.20	\$ 2,473.80	\$ 667.30	\$ 1,371.70

* 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:

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.