## MESA 2023-24 CALCULATE YOUR COST WORKSHEET

		COLUMN A	COLUMN B	
	FULL-TIME ANNUAL CAP *	7/1/23 - 9/30/23	10/1/23 - 6/30/24 \$13,361.80	
	FULL-TIME ANNOAL CAP		\$13,301.00	
	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D	7/1/23 - 9/30/23	10/1/23 - 6/30/24	
	TOTAL MONTHLY PLAN COST	\$ 1,766.10	\$ 1,925.70	
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G			
	TOTAL MONTHLY PLAN COST	\$ 1,523.10	\$ 1,657.70	
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L			
	TOTAL MONTHLY PLAN COST	\$ 1,313.10	\$ 1,423.70	
	Kaiser			
	TOTAL MONTHLY PLAN COST	\$ 1,483.10	\$ 1,616.70	
	ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G			
	TOTAL MONTHLY PLAN COST	\$ 1,650.10	\$ 1,797.70	
	ANTHEM PPO: Minimum Value			
	TOTAL MONTHLY PLAN COST	\$ 1,103.10	\$ 1,190.70	
	Anthem PPO: 2-Tier Anchor Bronze Plan			
	TOTAL MONTHLY PLAN COST	EE: 635.00 EE+CH: 990.00	EE: 674.00 EE+CH: 1067.00	
TO CALCULATE YOUR OUT-OF-POCKET COST:  1. From column A, find the plan you currently have and enter its total monthly plan cost here:  2. Multiply line one by 3 months:  3. This is the cost of your insurance for the 3 months of 7/1/23 - 9/30/23				x 3
<ul> <li>4. From column B, choose the plan you would like to have for the 9 months between 10/1/23 and 6/30/24 and enter its total monthly plan cost here:</li> <li>5. Multiply line four by 9 months:</li> <li>6. This is the cost of your insurance for the 9 months of 10/1/23 - 6/30/24.</li> </ul>				x 9
<ul> <li>10. Add lines three and six together. This is the annual cost of your insurance between 7/1/23 and 6/30/24.</li> <li>11. Subtract the CAP from line 10 (Your full-time annual cap is \$13,361.80)</li> <li>12. This is your total over cap (out-of-pocket expense).</li> </ul>				- \$13,361.80 =
14. Divide line twelve by 10 months.  15. This is your monthly over cap (out-of-pocket expense) for 12 months of the 2023-24 fiscal year. If you have an over-				÷ 10

cap, make sure you are signed up for SISC's no cost Premium Only Plan to save tax money on your premium.

<sup>\*</sup> Part-time employees should substitute their prorated monthly CAP for the full-time monthly CAP indicated on line eleven.

<sup>\*\*</sup> If the cost of insurance is less than the cap, the district pays the cost of the insurance instead of the cap.