

MUPU
2023-24 CALCULATE YOUR COST WORKSHEET

COLUMN A		COLUMN B	
	7/1/23 - 9/30/23		10/1/23 - 6/30/24
FULL TIME ANNUAL CAP *		\$12,000.00	
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

$$\begin{array}{r} \text{_____} \\ \times \quad 3 \\ \hline = \boxed{} \end{array}$$

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:
5. Multiply line four by 9 months:
6. This is the cost of your insurance for the 9 months of 10/1/23 - 6/30/24.

$$\begin{array}{r} \text{_____} \\ \times \quad 9 \\ \hline = \boxed{} \end{array}$$

10. Add lines three and six together. This is the annual cost of your insurance between 7/1/23 and 6/30/24.
11. Subtract the CAP from line 10 (Your full-time annual cap is \$12,000.00)
12. This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} \text{_____} \\ - \quad \$12,000.00 \\ \hline = \boxed{} \end{array}$$

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

$$\begin{array}{r} \text{_____} \\ \div \quad 10 \\ \hline = \boxed{} \end{array}$$

*** Part-time employees should substitute their prorated monthly CAP for the full-time monthly CAP indicated on line eleven.**

**** If the cost of insurance is less than the cap, the district pays the cost of the insurance instead of the cap.**