MATES 2023-24 CALCULATE YOUR COST WORKSHEET

COLUMN A

COLUMN B

		7/1/2	3 - 9/30/23	10/1/	23 - 6/30/24		
	FULL-TIME ANNUAL CAP *			\$1	7,086.00		
			COST		COST		
	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D	//1/2	3 - 9/30/23	10/1/	23 - 6/30/24		
	ANTIEM BEGE GROOD IT OT EARLY BO 10070-B						
	TOTAL MONTHLY PLAN COST	\$	1,766.10	\$	1,925.70		
	TOTAL MONTHLY LANGUST	Ψ	1,700.10	Ψ	1,923.70		
	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	1					
	ANTHEM BLUE CROSS PFO PLAN: PBC 90%-G						
	TOTAL MONTHLY BLAN COOT		4.050.40		4 707 70		
	TOTAL MONTHLY PLAN COST	\$	1,650.10	\$	1,797.70		
	ANTHEM PPO: Minimum Value						
	TOTAL MONTHLY PLAN COST	\$	1,103.10	\$	1,190.70		
	TOTAL MONTHLY LANGUST	Ψ	1,103.10	Ψ	1,130.70		
	Anthem PPO: 2-Tier Anchor Bronze Plan						
		EE: 6	35.00	EE: 6	74.00		
	TOTAL MONTHLY PLAN COST		H: 990.00	EE+C	H: 1067.00		
			•		-		
	YOUR OUT-OF-POCKET COST:						
 From column A, Multiply line one 	find the plan you currently have and enter its total mont	hly plan	cost here:				2
	of your insurance for the 3 months of 7/1/23 - 9/30/23					x -	3
0. 1110 10 1110 0001	57 your mountained for the 6 months of 77 1726 - 5755725						_
4. From column B,	choose the plan you would like to have for the 9 months	s betwe	en 10/1/23 and	6/30/24 a	and		
enter its total mo	onthly plan cost here:						
Multiply line four						x	9
6. This is the cost of	of your insurance for the 9 months of 10/1/23 - 6/30/24.				:	=	_
10 Add lines th	and six together. This is the annual and of your insurer	00 hot	MOOD 7/1/22	4 6/20/24			
	e and six together. This is the annual cost of your insurar AP from line 10 (Your full-time annual cap is \$17,086.00		ween 7/1/23 an	u 0/30/24.	:	- \$17,086.00)
	your total over cap (out-of-pocket expense).						-
							-
14. Divide line twe	ve by 10 months.					÷1	0
	onthly over cap (out-of-pocket expense) for 12 months o					=	
cap, make sure	e you are signed up for SISC's no cost Premium Only PI	an to sa	ave tax money	on your pi	remium.		

^{*} 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.