VENTURA CHARTER 2023-24 CALCULATE YOUR COST WORKSHEET

		COLUMN A	COLUMN B	l
	FULL-TIME ANNUAL CAP *	7/1/23 - 9/30/23	10/1/23 - 6/30/24 \$18,801.00	
		COST 7/1/23	COST	· [
		9/30/23	10/1/23 - 6/30/24	
	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D			
	TOTAL MONTHLY PLAN COST	\$ 1,766.10	\$ 1,925.70	
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G			
	ANTIEM BESE GROSS IT STEAK! I BS 50%-S			
	TOTAL MONTHLY PLAN COST	\$ 1,523.10	\$ 1,657.70	
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L	1		
	TOTAL MONTHLY PLAN COST	\$ 1,313.10	\$ 1,423.70	
	KAISER PERMENANTE			
	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 Y	OUR OUT-OF-POCKET COST:			!
	find the plan you currently have and enter its total month	ly plan cost here:		
 Multiply line one This is the cost of 	by 3 months: of your insurance for the 3 months of 7/1/23 - 9/30/23			x 3
	choose the plan you would like to have for the 9 months onthly plan cost here:	between 10/1/23 and 6/3	30/24 and	
5. Multiply line four	by 9 months: of your insurance for the 9 months of 10/1/23 - 6/30/24.			x 9
o. This is the cost of	of your insurance for the 9 months of 10/1/23 - 6/30/24.			=
 Add lines three and six together. This is the annual cost of your insurance between 7/1/23 and 6/30/24. Subtract the CAP from line 10 (Your full-time annual cap is \$18,801.00) 				\$ - - \$18,801.00
12. This is your total over cap (out-of-pocket expense).				=
14. Divide line twelv	ve by 10 months.			÷ 10
15. This is your mo	nthly over cap (out-of-pocket expense) for 12 months of you are signed up for SISC's no cost Premium Only Pla			=
cap, make Sure	; you are signed up for StSC 8 NO COSt Premium Only Pla	iii io save iax iiioney on	your premium.	

^{*} 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.