

**RIVER OAKS**  
2023-24 CALCULATE YOUR COST WORKSHEET

	COLUMN A	COLUMN B
	7/1/23 - 9/30/23	10/1/23 - 6/30/24
<b>FULL-TIME ANNUAL CAP *</b>		<b>\$18,624.00</b>
	COST	COST
	7/1/23 9/30/23	10/1/23 - 6/30/24
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,766.10</b>	<b>\$ 1,925.70</b>
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,523.10</b>	<b>\$ 1,657.70</b>
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,313.10</b>	<b>\$ 1,423.70</b>
Kaiser		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,483.10</b>	<b>\$ 1,616.70</b>
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,650.10</b>	<b>\$ 1,797.70</b>
ANTHEM PPO: Minimum Value		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,103.10</b>	<b>\$ 1,190.70</b>
Anthem PPO: 2-Tier Anchor Bronze Plan		
<b>TOTAL MONTHLY PLAN COST</b>	<b>EE: 635.00 EE+CH: 990.00</b>	<b>EE: 674.00 EE+CH: 1067.00</b>

**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

$$\begin{array}{r} \times \quad \underline{\hspace{2cm}} \quad 3 \\ = \quad \boxed{\hspace{2cm}} \end{array}$$

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.

$$\begin{array}{r} \times \quad \underline{\hspace{2cm}} \quad 9 \\ = \quad \boxed{\hspace{2cm}} \end{array}$$

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 \$18,624.00)

12. This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} - \quad \underline{\hspace{2cm}} \quad \$18,624.00 \\ = \quad \boxed{\hspace{2cm}} \end{array}$$

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.

$$\begin{array}{r} \div \quad \underline{\hspace{2cm}} \quad 10 \\ = \quad \boxed{\hspace{2cm}} \end{array}$$

\* **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.*

