

**BRIDGES CHARTER SCHOOL**  
**2024-25 CALCULATE YOUR COST WORKSHEET**

	COLUMN A 7/1/24 - 9/30/24	COLUMN B 10/1/24 - 6/30/25
<b>FULL-TIME ANNUAL CAP *</b>		<b>\$17,873.10</b>
	<b>COST</b> 7/1/24 - 9/30/24	<b>COST</b> 10/1/24 - 6/30/25
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
<b>TOTAL MONTHLY PLAN COST</b>	\$ 1,925.70	\$ 2,016.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
<b>TOTAL MONTHLY PLAN COST</b>	\$ 1,657.70	\$ 1,733.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
<b>TOTAL MONTHLY PLAN COST</b>	\$ 1,423.70	\$ 1,496.70
Kaiser		
<b>TOTAL MONTHLY PLAN COST</b>	\$ 1,616.70	\$ 1,695.70
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
<b>TOTAL MONTHLY PLAN COST</b>	\$ 1,797.70	\$ 1,881.70
ANTHEM PPO: Minimum Value (HSA \$5,000)		
<b>TOTAL MONTHLY PLAN COST</b>	\$ 1,190.70	\$ 1,217.70
Anthem PPO: MEC 2-Tier Effective 10/1/2024, plan change from Anthem PPO: 2-Tier Anchor Bronze Plan to Anthem PPO: MEC 2-Tier		
<b>TOTAL MONTHLY PLAN COST</b>	EE: \$674.00 EE+CH: \$1,067.00	EE: \$620.00 EE+CH: \$981.00

**TO CALCULATE YOUR OUT-OF-POCKET COST:**

- From column A, find the plan you currently have and enter its total monthly plan cost here:
- Multiply line one by 3 months:
- This is the cost of your insurance for the 3 months of 7/1/24 - 9/30/24

$$\begin{array}{r} \text{x} \quad \underline{\hspace{1cm}} \quad 3 \\ \text{=} \quad \boxed{\hspace{1cm}} \end{array}$$

- From column B, choose the plan you would like to have for the 9 months between 10/1/24 and 6/30/25 and enter its total monthly plan cost here:
- Multiply line four by 9 months:
- This is the cost of your insurance for the 9 months of 10/1/24 - 6/30/25

$$\begin{array}{r} \text{x} \quad \underline{\hspace{1cm}} \quad 9 \\ \text{=} \quad \boxed{\hspace{1cm}} \end{array}$$

- Add lines three and six together. This is the annual cost of your insurance between 7/1/24 and 6/30/25.
- Subtract the CAP from line 10 (Your full-time annual cap is \$17,873.10)
- This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} \underline{\hspace{1cm}} \\ - \quad \underline{\hspace{1cm}} \quad \$17,873.10 \\ \text{=} \quad \boxed{\hspace{1cm}} \end{array}$$

- Divide line twelve by 10 months.
- This is your monthly over cap (out-of-pocket expense) for 12 months of the 2024-25 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.

$$\begin{array}{r} \text{+} \quad \underline{\hspace{1cm}} \quad 10 \\ \text{=} \quad \boxed{\hspace{1cm}} \end{array}$$

\* 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.

FOR CALCULATION PURPOSES ONLY, ACTUAL COST MAY DIFFER.