

MESA
2024-25 CALCULATE YOUR COST WORKSHEET

COLUMN A		COLUMN B
	7/1/24 - 9/30/24	10/1/24 - 6/30/25
FULL-TIME ANNUAL CAP *		\$13,817.80
	COST 7/1/24 - 9/30/24	COST 10/1/24 - 6/30/25
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
TOTAL MONTHLY PLAN COST	\$ 1,925.70	\$ 2,016.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
TOTAL MONTHLY PLAN COST	\$ 1,657.70	\$ 1,733.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
TOTAL MONTHLY PLAN COST	\$ 1,423.70	\$ 1,496.70
Kaiser		
TOTAL MONTHLY PLAN COST	\$ 1,616.70	\$ 1,695.70
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
TOTAL MONTHLY PLAN COST	\$ 1,797.70	\$ 1,881.70
ANTHEM PPO: Minimum Value (HSA \$5,000)		
TOTAL MONTHLY PLAN COST	\$ 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		
TOTAL MONTHLY PLAN COST	EE: \$674.00 EE+CH: \$1,067.00	EE: \$620.00 EE+CH: \$981.00

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 7/1/24 - 9/30/24

	3
x	3
=	9

4. 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:
5. Multiply line four by 9 months:
6. This is the cost of your insurance for the 9 months of 10/1/24 - 6/30/25.

	9
x	9
=	81

10. Add lines three and six together. This is the annual cost of your insurance between 7/1/24 and 6/30/25.
11. Subtract the CAP from line 10 (Your full-time annual cap is **\$13,817.80**)
12. This is your total over cap (out-of-pocket expense).

	\$13,817.80
-	81
=	\$13,736.80

14. Divide line twelve by 10 months.
15. 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.

	10
+	10
=	20

*** 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.**