VCSBSA

2024-25 CALCULATE YOUR COST WORKSHEET

		COLUMN A 7/1/24 - 9/30/24	COLUMN B 10/1/24- 6/30/25
	FULL-TIME ANNUAL CAP *		

		COST 7/1/24 - 9/30/24	COST 10/1/24 - 6/30/25
	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D	Single	Single
Medical	$300/$600 ded, $1,000/$3,000 out-of-pocket max, $20 co-pay office visit	$ 928.50	$ 970.50
RX (Prescriptions)	Navitus 9-35	2- Party	2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$ 1,806.00	$ 1,892.00
Ortho	None	Family	Family
Vision	Plan C, Dual Co-pay, $20/$25	$ 2,532.50	$ 2,652.50
	TOTAL MONTHLY PLAN COST		
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G	Single	Single
Medical	$500/$1,000 ded, $2000/$4000 out-of-pocket max, $20 co-pay office visit	$ 803.50	$ 839.50
RX (Prescriptions)	Navitus 9-35	2- Party	2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$ 1,557.00	$ 1,629.00
Ortho	None	Family	Family
Vision	Plan C, Dual Co-pay, $20/$25	$ 2,176.50	$ 2,277.50
	TOTAL MONTHLY PLAN COST		
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L	Single	Single
Medical	$2,000/$4,000 ded, $4000/$8000 out-of-pocket max, $30 co-pay office visit	$ 691.50	$ 725.50
RX (Prescriptions)	Navitus 10-35	2- Party	2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$ 1,339.00	$ 1,407.00
Ortho	None	Family	Family
Vision	Plan C, Dual Co-pay, $20/$25	$ 1,871.50	$ 1,966.50
	TOTAL MONTHLY PLAN COST		
	Kaiser	Single	Single
Medical	$1,500/$3,000 out-of-pocket max, $10 co-pay office visit	$ 785.50	$ 824.50
RX (Prescriptions)	$10 co-pay for 100 day supply (included in medical)	2- Party	2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$ 1,537.00	$ 1,612.00
Ortho	None	Family	Family
Vision	Plan B, Dual co-pay $20/$25	$ 2,152.50	$ 2,257.50
	TOTAL MONTHLY PLAN COST		
	ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G	Single	Single
Medical	$500/$1,000 ded, $1,000/$3,000 out-of-pocket max, $20 co-pay office visit	$ 868.50	$ 908.50
RX (Prescriptions)	Navitus 9-35	2- Party	2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$ 1,687.00	$ 1,766.00
Ortho	None	Family	Family
Vision	Plan C, Dual Co-pay, $20/$25	$ 2,362.50	$ 2,473.50
	TOTAL MONTHLY PLAN COST		
	ANTHEM PPO: Minimum Value (HSA $5,000)	Single	Single
Medical	$5,000/$10,000 ded, $6,350/$12,700 out-of-pocket max, Deductible, 30% co-pay office visit	$ 584.60	$ 598.50
RX (Prescriptions)	Navitus 9-35	2- Party	2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$ 1,123.00	$ 1,148.00
Ortho	None	Family	Family
Vision	Plan C, Dual Co-pay, $20/$25	$ 1,560.50	$ 1,596.50
	TOTAL MONTHLY PLAN COST		
	Anthem PPO: MEC 2-Tier		
Medical	$9,000/$18,000 ded, $9,000/$18,000 out-of-pocket max, Deductible, 100% co-pay office visit		
RX (Prescriptions)	Navitus Deductible, 100%		
Dental	**MEDICAL ONLY - NO SPOUSAL COVERAGE**		
Ortho	None		
Vision	**MEDICAL ONLY - NO SPOUSAL COVERAGE**		
	TOTAL MONTHLY PLAN COST	**EE: 519.00** **EE+CH: 979.00**	**EE: 494.00** **EE+CH: 930.00**

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: x 3
3. This is the cost of your insurance for the 3 months of 7/1/24 - 9/30/24 =

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: x 9
6. This is the cost of your insurance for the 9 months of 10/1/24 - 6/30/25. =

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 Your full-time annual cap (Single $8,885.40, 2-PARTY $16,710.80, Family $ 21,820.20) -
12. This is your total over cap (out-of-pocket expense). =

14. Divide line twelve by 10 months. ÷ 10
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. =

*** 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.