

RIVER OAKS
2025-26 CALCULATE YOUR COST WORKSHEET

COLUMN A		COLUMN B
	7/1/25 - 9/30/25	10/1/25 - 6/30/26
FULL-TIME ANNUAL CAP *		\$20,532.75
	COST 7/1/25 - 9/30/25	COST 10/1/25 - 6/30/26
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
TOTAL MONTHLY PLAN COST	\$ 2,016.70	\$ 2,181.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
TOTAL MONTHLY PLAN COST	\$ 1,733.70	\$ 1,875.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
TOTAL MONTHLY PLAN COST	\$ 1,496.70	\$ 1,620.70
Kaiser		
TOTAL MONTHLY PLAN COST	\$ 1,695.70	\$ 1,843.70
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
TOTAL MONTHLY PLAN COST	\$ 1,881.70	\$ 2,035.70
ANTHEM PPO: Minimum Value (HSA \$5,000)		
TOTAL MONTHLY PLAN COST	\$ 1,217.70	\$ 1,317.70
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: \$620.00 EE+CH: \$981.00	EE: \$665.00 EE+CH: \$1,055.00

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 7/1/25 - 9/30/25

$$\begin{array}{r} \times \quad 3 \\ = \end{array}$$

- From column B, choose the plan you would like to have for the 9 months between 10/1/25 and 6/30/26 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 10/1/25 - 6/30/26.

$$\begin{array}{r} \times \quad 9 \\ = \end{array}$$

- Add lines three and six together. This is the annual cost of your insurance between 7/1/25 and 6/30/26.
- Subtract the CAP from line 10 (Your full-time annual cap is \$20,532.75)
- This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} - \quad \$20,532.75 \\ = \end{array}$$

- Divide line twelve by 10 months.
- This is your monthly over cap (out-of-pocket expense) for 12 months of the 2025-26 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.

$$\begin{array}{r} \div \quad 10 \\ = \end{array}$$

* 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.