## **ACE CHARTER HIGH SCHOOL**

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 *		\$18,007.00	
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		COST	COST	
		7/1/25 - 9/30/25	10/1/25 - 6/30/26	
	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D			
	TOTAL MONTHLY PLAN COST	\$ 2,016.70	\$ 2,181.70	0
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	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G			
	TOTAL MONTHLY PLAN COST	\$ 1,733.70	\$ 1,875.70	0
	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L			
	TOTAL MONTHLY PLAN COST	\$ 1,496.70	\$ 1,620.70	0
	KAISER PERMENANTE			
	TOTAL MONTHLY PLAN COST	\$ 1,695.70	\$ 1,843.70	ō
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	ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G			
	TOTAL MONTHLY PLAN COST	\$ 1,881.70	\$ 2,035.70	0
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	ANTHEM PPO: Minimum Value (HSA \$5,000)			
	TOTAL MONTHLY PLAN COST	\$ 1,217.70	\$ 1,317.70	0
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	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			
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		EE: \$620.00	EE: \$665.00	
	TOTAL MONTHLY PLAN COST	EE+CH: \$981.00	EE+CH: \$1,055.00	
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TO CALCULATE Y	OUR OUT-OF-POCKET COST:			
	find the plan you currently have and enter its total month	ly plan cost here:		-
2. Multiply line one l				x 3
3. This is the cost of	f your insurance for the 3 months of 7/1/25 - 9/30/25			=
4 From a luminos	phonon the plan year would like to be a few to Come of	hatuaan 40/4/05 1 0/0	10/06 and	
4. 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:				
5. Multiply line four l				x 9
· -	f your insurance for the 9 months of 10/1/25 - 6/30/26.			=
233.0				
	and six together. This is the annual cost of your insurance	ce between 7/1/25 and 6/	30/26.	
	P from line 10 (Your full-time annual cap is \$18,007.00)			- \$18,007.00
12. This is your tota	I over cap (out-of-pocket expense).			=

cap, make sure you are signed up for SISC's no cost Premium Only Plan to save tax money on your premium.

15. This is your monthly over cap (out-of-pocket expense) for 12 months of the 2025-26 fiscal year. If you have an over-

14. Divide line twelve by 10 months.

<sup>\*</sup> 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.