

ACE CHARTER HIGH SCHOOL
2026-27 CALCULATE YOUR COST WORKSHEET

COLUMN A		COLUMN B
	7/1/26 - 9/30/26	10/1/26 - 6/30/27
FULL-TIME ANNUAL CAP *		\$18,727.00
	COST	COST
	7/1/26 - 9/30/26	10/1/26 - 6/30/27
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
TOTAL MONTHLY PLAN COST	\$ 2,181.70	\$ 2,380.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
TOTAL MONTHLY PLAN COST	\$ 1,875.70	\$ 2,045.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
TOTAL MONTHLY PLAN COST	\$ 1,620.70	\$ 1,770.70
PROACTIVE CARE PLAN-PLATINUM		
TOTAL MONTHLY PLAN COST	\$ -	\$ 2,045.70
KAISER PERMENANTE		
TOTAL MONTHLY PLAN COST	\$ 1,843.70	\$ 1,967.70
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
TOTAL MONTHLY PLAN COST	\$ 2,035.70	\$ 2,221.70
ANTHEM PPO: Minimum Value (HSA \$5,000)		
TOTAL MONTHLY PLAN COST	\$ 1,317.70	\$ 1,437.70
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: \$665.00 EE+CH: \$1,055.00	EE: \$731.00 EE+CH: \$1,160.00

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 7/1/26 - 9/30/26

$$\begin{array}{r} \text{---} \\ \times \quad 3 \\ \hline = \boxed{} \end{array}$$

4. From column B, choose the plan you would like to have for the 9 months between 10/1/26 and 6/30/27 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 10/1/26 - 6/30/27.

$$\begin{array}{r} \text{---} \\ \times \quad 9 \\ \hline = \boxed{} \end{array}$$

10. Add lines three and six together. This is the annual cost of your insurance between 7/1/26 and 6/30/27.

11. Subtract the CAP from line 10 (Your full-time annual cap is \$18,727.00)

12. This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} \text{---} \\ - \quad \$18,727.00 \\ \hline = \boxed{} \end{array}$$

14. Divide line twelve by 10 months.

15. This is your monthly over cap (out-of-pocket expense) for 12 months of the 2026-27 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.

$$\begin{array}{r} \text{---} \\ + \quad 10 \\ \hline = \boxed{} \end{array}$$

* **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.*