VCSBSA

2026-2027 CALCULATE YOUR COST WORKSHEET

		COLUMN A	COLUMN B
		7/1/26 - 9/30/26	10/1/26- 6/30/27
	FULL-TIME ANNUAL CAP *		

		COST	7/1/26 - 9/30/26	COST	10/1/26 - 6/30/27
	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	$	1,050.50	$	1,145.50
RX (Prescriptions)	Navitus 9-35		2- Party		2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$	2,046.00	$	2,232.00
Ortho	None		Family		Family
Vision	Plan C, Dual Co-pay, $20/$25	$	2,869.50	$	3,130.50
	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	$	908.50	$	989.50
RX (Prescriptions)	Navitus 9-35		2- Party		2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$	1,762.00	$	1,920.00
Ortho	None		Family		Family
Vision	Plan C, Dual Co-pay, $20/$25	$	2,464.50	$	2,685.50
	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	$	786.50	$	858.50
RX (Prescriptions)	Navitus 10-35		2- Party		2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$	1,524.00	$	1,664.00
Ortho	None		Family		Family
Vision	Plan C, Dual Co-pay, $20/$25	$	2,129.50	$	2,324.50
	PROACTIVE CARE PLAN-PLATINUM		Single		Single
Medical	$2,000/$4,000 out-of-pocket max, $0 co-pay office visit	$	-	$	989.50
RX (Prescriptions)	Navitus 9-35		2- Party		2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$	-	$	1,920.00
Ortho	None		Family		Family
Vision	Plan C, Dual co-pay $20/$25	$	-	$	2,685.50
	Kaiser		Single		Single
Medical	$1,500/$3,000 out-of-pocket max, $10 co-pay office visit	$	896.50	$	956.50
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	$	1,752.00	$	1,869.00
Ortho	None		Family		Family
Vision	Plan C, Dual co-pay $20/$25	$	2,453.50	$	2,618.50
	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	$	982.50	$	1,071.50
RX (Prescriptions)	Navitus 9-35		2- Party		2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$	1,910.00	$	2,084.00
Ortho	None		Family		Family
Vision	Plan C, Dual Co-pay, $20/$25	$	2,676.50	$	2,919.50
	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	$	646.50	$	705.50
RX (Prescriptions)	Navitus 9-35		2- Party		2- Party
Dental	70/80/90/100 Incentive w/$1500 Max	$	1,241.00	$	1,353.00
Ortho	None		Family		Family
Vision	Plan C, Dual Co-pay, $20/$25	$	1,725.50	$	1,881.50
	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		Employee ONLY		Employee ONLY
RX (Prescriptions)	Navitus Deductible, 100%	$	531.00	$	584.00
Dental	**MEDICAL ONLY - NO SPOUSAL COVERAGE**		Employee +Child(ren)		Employee +Child(ren)
Ortho	None	$	1,000.00	$	1,100.00
Vision	**MEDICAL ONLY - NO SPOUSAL COVERAGE**				

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

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.

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 Your full-time annual cap (Single $9,785.40, 2-PARTY $18,456.80, Family $ 24,268.20)
12. This is your total over cap (out-of-pocket expense).

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.

x 3 =

x 9 =

- =

÷ 10 =

*** 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.