

ACE CHARTER HIGH SCHOOL

2022-23 CALCULATE YOUR COST WORKSHEET

COLUMN A		COLUMN B
	7/1/22 - 9/30/22	10/1/22 - 6/30/23
FULL-TIME ANNUAL CAP *		\$16,008.00
	COST 7/1/22 - 9/30/22	COST 10/1/22 - 6/30/23
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
TOTAL MONTHLY PLAN COST	\$ 1,682.10	\$ 1,766.10
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
TOTAL MONTHLY PLAN COST	\$ 1,455.10	\$ 1,523.10
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
TOTAL MONTHLY PLAN COST	\$ 1,257.10	\$ 1,313.10
KAISER PERMENANTE		
TOTAL MONTHLY PLAN COST	\$ 1,391.10	\$ 1,483.10
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
TOTAL MONTHLY PLAN COST	\$ 1,573.10	\$ 1,650.10
ANTHEM PPO: Minimum Value		
TOTAL MONTHLY PLAN COST	\$ 1,055.10	\$ 1,103.10
Anthem PPO: 2-Tier Anchor Bronze Plan		
TOTAL MONTHLY PLAN COST	EE: 605.00 EE+CH: 942.00	EE: 635.00 EE+CH: 990.00

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:

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

3. This is the cost of your insurance for the 3 months of 7/1/22 - 9/30/22

4. From column B, choose the plan you would like to have for the 9 months between 10/1/22 and 6/30/23 and enter its total monthly plan cost here:

5. Multiply line four by 9 months:

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

6. This is the cost of your insurance for the 9 months of 10/1/22 - 6/30/23.

10. Add lines three and six together. This is the annual cost of your insurance between 7/1/22 and 6/30/23.

11. Subtract the CAP from line 10 (Your full-time annual cap is \$16,008.00)

$$\begin{array}{r} - \quad \underline{\quad\quad\quad} \quad \$16,008.00 \\ = \quad \boxed{\quad\quad\quad} \end{array}$$

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

14. Divide line twelve by 10 months.

$$\begin{array}{r} + \quad \underline{\quad\quad\quad} \quad 10 \\ = \quad \boxed{\quad\quad\quad} \end{array}$$

15. This is your monthly over cap (out-of-pocket expense) for 12 months of the 2022-23 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.**