

VCSBSA
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 *					
		COST	7/1/22 - 9/30/22	COST	10/1/22 - 6/30/23
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		Single		Single
	\$300/\$600 ded, \$1,000/\$3,000 out-of-pocket max, \$20 co-pay office visit	\$	813.60	\$	851.60
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1000 Max	\$	1,579.20	\$	1,656.20
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	2,208.80	\$	2,321.80
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		Single		Single
	\$500/\$1,000 ded, \$2100/\$4000 out-of-pocket max, \$20 co-pay office visit	\$	708.60	\$	738.60
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1000 Max	\$	1,367.20	\$	1,430.20
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	1,907.80	\$	1,999.80
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		Single		Single
	\$2,000/\$4,000 ded, \$4000/\$8000 out-of-pocket max, \$30 co-pay office visit	\$	612.60	\$	637.60
	Navitus 10-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1000 Max	\$	1,183.20	\$	1,233.20
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	1,648.80	\$	1,723.80
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	Kaiser		Single		Single
	\$1,500/\$3,000 out-of-pocket max, \$10 co-pay office visit	\$	626.00	\$	720.60
	\$10 co-pay for 100 day supply (included in medical)		2- Party		2- Party
	70/80/90/100 Incentive w/\$1000 Max	\$	1,321.20	\$	1,409.20
	None		Family		Family
	Plan B, Dual co-pay \$20/\$25	\$	1,850.80	\$	1,973.80
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		Single		Single
	\$500/\$1,000 ded, \$1,000/\$3,000 out-of-pocket max, \$20 co-pay office visit	\$	763.60	\$	797.60
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1000 Max	\$	1,477.20	\$	1,548.20
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	2,064.80	\$	2,167.80
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM PPO: Minimum Value		Single		Single
	\$5,000/\$10,000 ded, \$6,350/\$12,700 out-of-pocket max, \$60 (First 3 visits) co-pay office visit	\$	500.60	\$	522.60
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1000 Max	\$	989.20	\$	1,034.20
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	1,402.80	\$	1,466.80
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	Anthem PPO: 2-Tier Anchor Bronze Plan				
	\$5,000/\$10,000 ded, \$6,350/\$12,700 out-of-pocket max, \$60 (First 3 Visits) co-pay office visit				
	Navitus 9-35				
	MEDICAL ONLY - NO SPOUSAL COVERAGE				
	None				
	MEDICAL ONLY - NO SPOUSAL COVERAGE				
TOTAL MONTHLY PLAN COST			EE: 451.00		EE: 473.00
			EE+CH: 880.00		EE+CH: 924.00

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 7/1/22 - 9/30/22

$$\begin{array}{r} \text{x} \quad \quad \quad 3 \\ \hline = \end{array}$$

- 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:
- Multiply line four by 9 months:
- This is the cost of your insurance for the 9 months of 10/1/22 - 6/30/22.

$$\begin{array}{r} \text{x} \quad \quad \quad 9 \\ \hline = \end{array}$$

- Add lines three and six together. This is the annual cost of your insurance between 7/1/22 and 6/30/23.
- Subtract Your full-time annual cap (Single \$8,280.00, 2-PARTY \$15,518.00, Family \$ 20,154.00)
- This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} - \\ \hline = \end{array}$$

- Divide line twelve by 10 months.
- 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.

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

* 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.