

**VENTURA CHARTER**  
2022-23 CALCULATE YOUR COST WORKSHEET

COLUMN A		COLUMN B
	7/1/22 - 9/30/22	10/1/22 - 6/30/23
<b>FULL-TIME ANNUAL CAP *</b>		<b>\$17,906.00</b>
	COST 7/1/22 9/30/22	COST 10/1/22 - 6/30/23
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,682.10</b>	<b>\$ 1,766.10</b>
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,455.10</b>	<b>\$ 1,523.10</b>
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,257.10</b>	<b>\$ 1,313.10</b>
KAISER PERMANENTE		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,391.10</b>	<b>\$ 1,483.10</b>
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,573.10</b>	<b>\$ 1,650.10</b>
ANTHEM PPO: Minimum Value		
<b>TOTAL MONTHLY PLAN COST</b>	<b>\$ 1,055.10</b>	<b>\$ 1,103.10</b>
Anthem PPO: 2-Tier Anchor Bronze Plan		
<b>TOTAL MONTHLY PLAN COST</b>	<b>EE: 605.00 EE+CH: 942.00</b>	<b>EE: 635.00 EE+CH: 990.00</b>

**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 7/1/22 - 9/30/22

$$\begin{array}{r} \text{x} \quad \underline{\hspace{2cm}} \\ \text{=} \quad \underline{\hspace{2cm}} \end{array} \quad \begin{array}{r} 3 \\ \\ \end{array}$$

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

$$\begin{array}{r} \text{x} \quad \underline{\hspace{2cm}} \\ \text{=} \quad \underline{\hspace{2cm}} \end{array} \quad \begin{array}{r} 9 \\ \\ \end{array}$$

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 \$17,906.00)
12. This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} \$ \quad \underline{\hspace{2cm}} \\ - \quad \underline{\hspace{2cm}} \\ \text{=} \quad \underline{\hspace{2cm}} \end{array} \quad \begin{array}{r} - \\ \$17,906.00 \\ \\ \end{array}$$

14. Divide line twelve by 10 months.
15. This is your monthly over cap (out-of-pocket expense) for 12 months of the 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.

$$\begin{array}{r} + \quad \underline{\hspace{2cm}} \\ \text{=} \quad \underline{\hspace{2cm}} \end{array} \quad \begin{array}{r} 10 \\ \\ \end{array}$$

\* 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.