

VCSBSA
2023-24 CALCULATE YOUR COST WORKSHEET

		COLUMN A		COLUMN B	
		7/1/23 - 9/30/23		10/1/23- 6/30/24	
FULL-TIME ANNUAL CAP *					
		COST	7/1/23 - 9/30/23	COST	10/1/23 - 6/30/24
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	\$	851.60	\$	928.50
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1200 Max	\$	1,656.20	\$	1,806.00
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	2,321.80	\$	2,532.50
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		Single		Single
	\$500/\$1,000 ded, \$2000/\$4000 out-of-pocket max, \$20 co-pay office visit	\$	738.60	\$	803.50
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1200 Max	\$	1,430.20	\$	1,557.00
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	1,999.80	\$	2,176.50
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	\$	637.60	\$	691.50
	Navitus 10-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1200 Max	\$	1,233.20	\$	1,339.00
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	1,723.80	\$	1,871.50
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	\$	720.60	\$	785.50
	\$10 co-pay for 100 day supply (included in medical)		2- Party		2- Party
	70/80/90/100 Incentive w/\$1200 Max	\$	1,409.20	\$	1,537.00
	None		Family		Family
	Plan B, Dual co-pay \$20/\$25	\$	1,973.80	\$	2,152.50
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	\$	797.60	\$	868.50
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1200 Max	\$	1,548.20	\$	1,687.00
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	2,167.80	\$	2,362.50
TOTAL MONTHLY PLAN COST					
Medical RX (Prescriptions) Dental Ortho Vision	ANTHEM PPO: HSA 5000		Single		Single
	\$5,000/\$10,000 ded, \$6,350/\$12,700 out-of-pocket max, Deductible, 30% co-pay office visit	\$	522.60	\$	584.50
	Navitus 9-35		2- Party		2- Party
	70/80/90/100 Incentive w/\$1200 Max	\$	1,034.20	\$	1,123.00
	None		Family		Family
	Plan C, Dual Co-pay, \$20/\$25	\$	1,466.80	\$	1,560.50
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, Deductible, 30% co-pay office visit				
	Navitus 9-35				
	MEDICAL ONLY - NO SPOUSAL COVERAGE				
	None				
	MEDICAL ONLY - NO SPOUSAL COVERAGE				
TOTAL MONTHLY PLAN COST			EE: 473.00 EE+CH: 924.00		EE: 519.00 EE+CH: 979.00

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 7/1/23 - 9/30/23

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

- From column B, choose the plan you would like to have for the 9 months between 10/1/23 and 6/30/24 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 10/1/23 - 6/30/24.

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

- Add lines three and six together. This is the annual cost of your insurance between 7/1/23 and 6/30/24.
- Subtract Your full-time annual cap (Single \$8,669.40, 2-PARTY \$16,278.80, Family \$ 21,214.20)
- 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 2023-24 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.

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

* 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.