

**Peak Prep Pleasant Valley**  
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 *			
	<b>COST 7/1/23 - 9/30/23</b>		<b>COST 10/1/23 - 6/30/24</b>
<b>ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D</b>	Single \$ 851.60	Single \$ 928.50	
	2- Party \$ 1,656.20	2- Party \$ 1,806.00	
	Family \$ 2,321.80	Family \$ 2,532.50	
<b>TOTAL MONTHLY PLAN COST</b>			
<b>ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G</b>	Single \$ 738.60	Single \$ 803.50	
	2- Party \$ 1,430.20	2- Party \$ 1,557.00	
	Family \$ 1,999.80	Family \$ 2,176.50	
<b>TOTAL MONTHLY PLAN COST</b>			
<b>ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L</b>	Single \$ 637.60	Single \$ 691.50	
	2- Party \$ 1,233.20	2- Party \$ 1,339.00	
	Family \$ 1,723.80	Family \$ 1,871.50	
<b>TOTAL MONTHLY PLAN COST</b>			
<b>Kaiser</b>	Single \$ 720.60	Single \$ 785.50	
	2- Party \$ 1,409.20	2- Party \$ 1,537.00	
	Family \$ 1,973.80	Family \$ 2,152.50	
<b>TOTAL MONTHLY PLAN COST</b>			
<b>ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G</b>	Single \$ 797.60	Single \$ 868.50	
	2- Party \$ 1,548.20	2- Party \$ 1,687.00	
	Family \$ 2,167.80	Family \$ 2,362.50	
<b>TOTAL MONTHLY PLAN COST</b>			
<b>ANTHEM PPO: Minimum Value</b>	Single \$ 522.60	Single \$ 584.50	
	2- Party \$ 1,034.20	2- Party \$ 1,123.00	
	Family \$ 1,466.80	Family \$ 1,560.50	
<b>TOTAL MONTHLY PLAN COST</b>			
<b>Anthem PPO: 2-Tier Anchor Bronze Plan</b>			
<b>TOTAL MONTHLY PLAN COST</b>	<b>EE: 473.00</b> <b>EE+CH: 924.00</b>	<b>EE: 519.00</b> <b>EE+CH: 979.00</b>	

**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

$$\begin{array}{r} \text{x} \quad \underline{\hspace{1cm}} \quad 3 \\ \hline = \quad \boxed{\hspace{1cm}} \end{array}$$

- 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.

$$\begin{array}{r} \text{x} \quad \underline{\hspace{1cm}} \quad 9 \\ \hline = \quad \boxed{\hspace{1cm}} \end{array}$$

- 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 \$10,511.00, 2-PARTY \$16,128.00, Family \$ 20,475.00)
- This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} \text{-} \quad \boxed{\hspace{1cm}} \\ \hline = \quad \boxed{\hspace{1cm}} \end{array}$$

- 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.

$$\begin{array}{r} \div \quad \hspace{1cm} \quad 10 \\ \hline = \quad \boxed{\hspace{1cm}} \end{array}$$

\* 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.