

BRIDGES CHARTER SCHOOL
2018-2019 CALCULATE YOUR COST WORKSHEET

	COLUMN A	COLUMN B
	7/1/18 - 9/30/18	10/1/18 - 6/30/19
FULL-TIME ANNUAL CAP *		\$14,400.00
ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
TOTAL MONTHLY PLAN COST	\$ 1,542.70	\$ 1,542.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
TOTAL MONTHLY PLAN COST	\$ 1,333.70	\$ 1,333.70
ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
TOTAL MONTHLY PLAN COST	\$ 1,150.70	\$ 1,150.70
Kaiser		
TOTAL MONTHLY PLAN COST	\$ 1,314.70	\$ 1,314.70
ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
TOTAL MONTHLY PLAN COST	\$ 1,415.70	\$ 1,415.70
ANTHEM PPO: Minimum Value		
TOTAL MONTHLY PLAN COST	\$ 974.70	\$ 974.70
Anthem PPO: 2-Tier Anchor Bronze Plan		
TOTAL MONTHLY PLAN COST	EE: 555.00 EE+CH: 864.00	EE: 561.00 EE+CH: 874.00

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 7/1/18 - 9/30/18

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

- From column B, choose the plan you would like to have for the 9 months between 10/1/18 and 6/30/19 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 10/1/18 - 6/30/19.

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

- Add lines three and six together. This is the annual cost of your insurance between 7/1/18 and 6/30/19.
- Subtract the CAP from line 10 (Your full-time annual cap.)
- This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} \underline{\hspace{2cm}} \\ - \quad \underline{\hspace{2cm}} \quad \$14,400.00 \\ \hline = \quad \boxed{\hspace{2cm}} \end{array}$$

- Divide line twelve by 10 months.
- This is your monthly over cap (out-of-pocket expense) for 12 months of the 18-19 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.

$$\begin{array}{r} \underline{\hspace{2cm}} \\ \div \quad \underline{\hspace{2cm}} \quad 10 \\ \hline = \quad \boxed{\hspace{2cm}} \end{array}$$

* 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.