

**BRIDGES CHARTER SCHOOL
CALCULATE YOUR COST WORKSHEET**

		COLUMN A	COLUMN B
		7/1/17 - 9/30/17	10/1/17 - 6/30/18
		FULL-TIME ANNUAL CAP *	\$14,004.00
		COST 7/1/17 - 9/30/17	COST 10/1/17 - 6/30/18
Medical	ANTHEM BLUE CROSS PPO PLAN: PBC 100%-D		
RX (Prescriptions)	\$300/\$600 ded, \$1,000/\$3,000 out-of-pocket max, \$20 co-pay office visit		
Dental	Navitus 9-35		
Ortho	70/80/90/100 Incentive w/\$1,000 Max		
Vision	None		
	Plan B, Dual Co-pay, \$20/\$25		
	TOTAL MONTHLY PLAN COST	\$ 1,439.70	\$ 1,542.70
Medical	ANTHEM BLUE CROSS PPO PLAN: PBC 90%-G		
RX (Prescriptions)	\$500/\$1,000 ded, \$1,000/\$3,000 out-of-pocket max, \$20 co-pay office visit		
Dental	Navitus 9-35		
Ortho	70/80/90/100 Incentive w/\$1,000 Max		
Vision	None		
	Plan B, Dual Co-pay, \$20/\$25		
	TOTAL MONTHLY PLAN COST	\$ 1,323.70	\$ 1,415.70
Medical	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-G		
RX (Prescriptions)	\$500/\$1,000 ded, \$2,000/\$4,000 out-of-pocket max, \$20 co-pay office visit		
Dental	Navitus 9-35		
Ortho	70/80/90/100 Incentive w/\$1,000 Max		
Vision	None		
	Plan B, Dual Co-pay, \$20/\$25		
	TOTAL MONTHLY PLAN COST	\$ 1,248.70	\$ 1,333.70
Medical	ANTHEM BLUE CROSS PPO PLAN: PBC 80%-L		
RX (Prescriptions)	\$2,000/\$4,000 ded, \$4,000/\$8,000 out-of-pocket max, \$30 co-pay office visit		
Dental	Navitus 10-35		
Ortho	70/80/90/100 Incentive w/\$1,000 Max		
Vision	None		
	Plan B, Dual Co-pay, \$20/\$25		
	TOTAL MONTHLY PLAN COST	\$ 1,076.70	\$ 1,150.70
Medical	ANTHEM PPO: Minimum Value		
RX (Prescriptions)	\$5,000/\$10,000 ded, \$6,350/\$12,700 out-of-pocket max, \$60 after deductible met (3 visits) co-pay office visit		
Dental	Navitus 9-35		
Ortho	70/80/90/100 Incentive w/\$1,000 Max		
Vision	None		
	Plan B, Dual Co-pay, \$20/\$25		
	TOTAL MONTHLY PLAN COST	\$ 906.70	\$ 974.70
Medical	Anthem PPO: 2-Tier Anchor Bronze Plan		
RX (Prescriptions)	\$5,000/\$10,000 ded, \$6,350/\$12,700 out-of-pocket max, \$60 after deductible met (3 visits) co-pay office visit		
Dental	Navitus 9-35		
Ortho	MEDICAL ONLY - NO SPOUSAL COVERAGE		
Vision	None		
	MEDICAL ONLY - NO SPOUSAL COVERAGE		
	TOTAL MONTHLY PLAN COST	EE: 509.00 EE+CH: 793.00	EE: 555.00 EE+CH: 864.00
Medical	Kaiser		
RX (Prescriptions)	\$1,500/\$3,000 out-of-pocket max, \$10 co-pay office visit		
Dental	\$10 co-pay for 100 day supply (included in medical)		
Ortho	70/80/90/100 Incentive w/\$1,000 Max		
Vision	None		
	Plan B, Dual co-pay \$20/\$25		
	TOTAL MONTHLY PLAN COST	\$ 1,250.71	\$ 1,314.70

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 7/1/17 - 9/30/17

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

- From column B, choose the plan you would like to have for the 9 months between 10/1/17 and 6/30/18 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 10/1/17 - 6/30/18.

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

- Add lines three and six together. This is the annual cost of your insurance between 7/1/17 and 6/30/18.
- Subtract \$14,004.00 from line 10 (Your full-time annual cap of \$14,004.00.)
- This is your total over cap (out-of-pocket expense).

$$\begin{array}{r} - \quad \underline{\quad\quad\quad \$14,004.00} \\ = \quad \boxed{\quad\quad\quad} \end{array}$$

- Divide line twelve by 10 months.

$$\div \quad \underline{\quad\quad\quad 10}$$

- This is your monthly over cap (out-of-pocket expense) for 12 months of the 17-18 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.

$$= \quad \boxed{\quad\quad\quad}$$

* 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.