Bendle Public Schools

Quoting Summary – Rates Effective 1/1/2023

Carrier Quote Received		
Medical		
Blue Cross Blue Shield	Χ	
Blue Care Network	Χ	
НАР	Χ	
McClaren Health Plan	Declined to Quote	
MESSA – Renewal	Χ	
Vision		
Blue Cross Blue Shield	X	
Ameritas	Χ	
Eye Med	X	
Guardian	Χ	
MESSA VSP – Renewal	Χ	
Dental		
Blue Cross Blue Shield	X	
Ameritas	X	
Guardian	Χ	
MESSA Delta Dental – Renewal	X	

Bendle Public Schools

PA 106 Bids

All Employees - Rates Effective 1/1/2023

Medical				
	MESSA	Single	\$	671.67
	ABC Plan 1	Two Person	\$	1,511.27
	\$1500/3000 Deductible, 0% Coinsurance, 0% after ded. OV	Faily	\$	1,880.70
	Rx: ABC Rx			
	Blue Cross Blue Shield	Single	\$	683.93
	Community Blue PPO Plan 4	Two Person	\$	1,641.44
	\$500 Deductible, 20% Coinsurance , \$20 OV	Family	\$	2,051.80
	Rx: \$15/30/60			
	Blue Care Network	Single	\$	597.05
	HMO \$500/0%	Two Person	\$	1,432.94
	\$500/1000 Deductible, 0% Coinsurance, \$20 OV	Family	\$	1,791.17
	Rx: \$4/15/40/80/20%/20%			
	НАР	Single	\$	858.42
	PPO HSA 1500	Two Person	\$	1,478.94
	\$1,500/3,000 Deductible, 0% Coinsurance, 0% after ded. OV	Family	\$	1,837.97
	Rx: \$10/10/40/80/80/80 after deducitble			
Vision				
	MESSA VSP	Single	\$	7.22
	12 Month Frequency	Two Person	\$	14.59
	Exam, Lenses, Frames	Family	\$	23.30
	EyeMed	Single	\$	6.87
	12 Month Frequency	Two Person	\$	13.05
	Exam, Lenses and Frames	Family	\$	19.17
	Ameritas - VSP Network	Single	\$	8.60
	12 Month Frequency	Two Person	\$	15.60
	Exam, Lenses and Frames	Family	\$	22.84
	Blue Cross Blue Shield	Single	\$	5.23
	12 Month Frequency	Two Person	\$	10.46
	Exam, Lenses and Frames	Family	\$	17.37
	Guardian - VSP Network	Single	\$	6.53
	12 Month Frequency	Two Person	\$	14.01
Dental	Exam, Lenses and Frames	Family	\$	21.07
Zentai	MESSA Delta Dental	Single	\$	32.69
	80/80/80, \$1,000	Two Person	\$	61.51
	34, 34, 34, 42, 333	Family	\$	115.66
	Ameritas Dental	Single	\$	33.08
	80/80/80, \$1,000	Two Person	\$	64.60
		Family	\$	109.88
	BCBS Dental	Single	\$	33.13
	100/80/60/50 \$50 ded., \$1,500	Two Person	\$	66.26
		Family	\$	115.96
	Guardian Dental	Single	\$	30.40
	80/80/80, \$1,000	Two Person	\$	57.20
		Family	\$	107.56
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