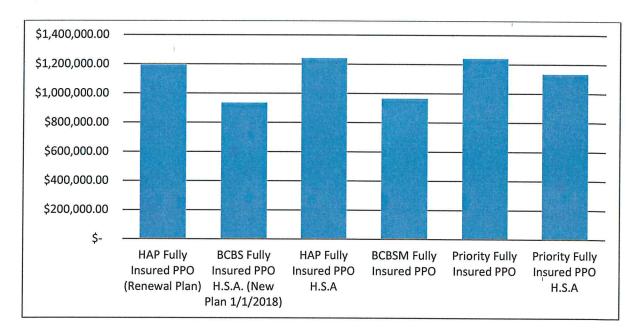
Hemlock Public Schools PA 106 Compliance Notice

Scope of Compliance: In an effort to comply with PA 106, Hemlock Public Schools utilized the services of Total Benefit Systems Inc. to perform a market analysis. Plan design, carriers and funding arrangements were considered during this process.

A request for proposal (RFP) was sent the following carriers for medical benefits for the **renewal** period 12/01/2017 through 11/30/2018:

- Blue Cross Blue Shield of Michigan
- Blue Care Network
- Health Alliance Plan
- Priority Health
- ASR Self-Insured

The graph below represents a cost comparison of the competitive carrier bids received for the 12/01/2017 through 11/30/2018 renewal period:



Summary of finding: The District chose the plan that was the least expensive option available that both the District and the bargaining unit agreed upon.

																																			5387.01	28105	\$3,161.09								
	Option #6	Simply Blue \$1000 m/I CM Rider	s obtained from that out of natural	Painty passing and terror strangers of processing the part of the passing the	\$1,000	808	95,500	Codembie - Copys - Communical NEW to samply with ACA numbers	54,330	\$12,700	Yes No	Covered 100%	98	.095	10% after deshalble	80% after deductible	BOX after deductible		SON after deductible	10% after deductible	BOX after deductible	80% efter deductible	BOX after deductible BOX after deductible	10% after deductible	80% after deduction - terring to a	combined 30-visit maximum per member	with the apen for autum spectrum	NON after deductible	Not included	4/4	S10/540/540	The state of the s		0	17.043	5713.47	\$35274	\$40,449.52	52,548.09	88 83	15.48%	-5747,118.16	SHESH	587.47	
	Option #6	Mental Place \$500 to 1500 Bader	Dut of netowik provider, all covered service is subject to applicable out-of-network cest-	meant to office services. Services behale dags on. Cost sharing may not accord proventative or the office way.	2005	NOR.	31,500	S. COO. S. Copper Communical INTH to temperature ACA numerous	\$6,350	\$12,700	. A	Covered 100%	.02	\$40.	STS after deductible	10% after deductible	ION after deductible		IDs after deductible	EON after deductible	BOK after deductible	80% after deductible	BOX after deductible	80% after deductible	BON after deductible : bridge to a	on per member	with therapies for autism spectrum	П	Net Included	4/4	S10/540/50	Marie di marie de la constitución de la constitució		0	533.m	\$794.91	\$352.74	545,338.24	854,038	90'90	M42.01-	411,16169	Sesses	\$1,047.19	
	Option #5	Samply Blue 5250 w/1CM Refer	If a PPO in extracts provider refers you to an out-of-extracts provider, all covered servers obtained from that out-of-network provider will be subject to applicable and controvers out of network century burney.	*see Sings has spilen columbs and columbate to distribute, burkes include daymors (includes compail, trespends and supports for distribute to be seen. Cost found and no lates of presents are measurated activities and Burkes and	838	101	81,900	Ebedectibis i Capani i Calema anna i Mile na semple arth Ach sepelates	\$6,350	\$12,700	No No	Covered 100%	.015	.095	80% after deductible	NON after deductible	BON after deductible		80% after deductible	80% after deductible	NOK after deductible	AON after deductible	NON after deductible	BON after deductible	BOY after deductible - impled to a			80% after deductable	Net Included	1/4	S10/S40/S40	,	-	0 0	Share?	9817.59	\$1,046.78	547,512.32	5570,395.04	888	4.193 M	The state of the s	\$470.61	\$1,047.80	
n Options	Option #5	Consessity Blue 12 / On.	-	3	\$1,000	100K	Included to deceal Cot of Pucher Islan Per ACA		\$4,350	513,700	No	Covered 100%	073	015	100% after decurible	100% after deductible	100% after decurtible	TOTAL AREA AND AND AND AND AND AND AND AND AND AN	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible - limited to a	combined (O-visit maximum per member compined pre calendar year (visits are combined p		100N after deductible	Not included	1/9	\$10/540/540		:	0	\$387.03	593487	\$152.74	882,713.47	млжиж млжиж	8804	4.004		\$510.55	\$1,181,64	
Alternative Plan Options	Option 64	Community Blue 12 w/1CM Rider			\$1,000	RON	52,500	es acceptance of the same	05175	\$12,700	Ne	Covered 100%	200	210	EON, after deductible	BOX after deductible BOX after deductible	80% after deductible	MCK after deshartble	BOX wher deductible	BOX after deductible	80% after deductible	BOX after deductible	BOX after deductible	BOX after deductible	BOX after deductible - limited to a	combined 60-visit maximum per member co- per calendar year (visits are combined p		BOX after deductible	Not Included	¢/v	\$10540780		- :	0	59104	181183	\$152.74	\$44,450.13	\$337,401.54	and.	4.09%		546236	\$1,067.77	
		Community that it w/TCM Rider			\$1,000	NO.	\$1,500	and all the same of the same o	56,350	312,700	No.	Covered 100%	\$20	820	BOX after deductible	BOX after deductible BOX after deductible	80% after deductible	NON after declarible	BOX after deductible	BOX after deductible	80% after deductible	MON after deductible	80% after deductible	BOX after deductible	NON wher deductible - limited to a	combined 60-visit maximum per member con per calendar year (visits are combined p	with the spies for author spectrum disorder)	BOX after deductible	Not beluded covered under Principle	4/4	\$10/540/580	Incolled Contracts	-:	0	\$373.47	513042	\$152.74	\$30,167.08	\$410,404.96		X850 81115		59631	\$1,145.49 \$1,144.77	
	BCBSM	Community Blue 3 w/ ECM Bider			\$350	100	\$1,000	ones at a	\$439	20,700	No	Covered 100%	830	25	10% after deductible	NON after coductible	BOX after deductible	NOS after deductible	IOs after deductible	MON after deductible	80% after ceductible	ECh after ceducible	10% after deductible	500 sther deductible	80% after deductible - Imited to a	combined 60-visit maximum per member con per calendar year (visits are combined pr	with therapies for autism spectrum disorder)	$\ $	Covered under Principle	1/4	\$10/540/580		- 0	0	\$196.25	\$951.01	\$35274	\$53,969.70	\$447,634.40		A.774 S71.878.		\$520.23	51,004.03	
I	BCBSM	ı			2.2.	1004	White is through the Present Man Par ACA.		56.350	and the same of th	No	Covered 300%	839	820	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Consent 1979.		l	Covered 100%	Covered 100%	100% after deductible - lented to a	combined (Guest' maximum per member (com per calendar year (MSRs are combined po	with therapies for autism spectrum d-sorder)	100% after deductible	Covered under Principle	remand ander Briogists	\$10/5/0/380	,		0	\$462.03	51,108.83	\$152.74	542,924.18	\$755,114.16	777	24.51%		82 685	\$1,663.67	
Renewal	BCBSM	Samply Blue H S.A \$1250/0%			51,390	1005	Valued in Annue Out of Period Was the AGA Inches to Annuel Out of Period Man Par AGA Valued in Annuel Out of Period Was the AGA Inches in Annuel Out of Period Was the AGA Inches in Annuel Out of Period Was the AGA	(Deduction - Copper - Communercy) ACM to	9139	Α,	No	100% after ceducible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after ceducible	100% after deductible	100% after deductible	100% ofter deductible	100% after deductible	100% after deductible	100% effer deductible	100% after deductible - limited to a	combined 60-visit musimum per member com per calendar year (visits are combined pr	with therapies for autism spectrum. Guorder)	100% after deductible	covered under Principle	Na covered under Provinsia	100% after ceductible	,		0	Sman	\$1,167.49		\$1379.16	\$437,137.94	CTM AT M	\$ 500 K		and H.S.A. contribution amount)	\$1,434.79	
Corrent	BCBSM				52,500		22	(Installible o Calendrena)	\$1,250	ele	140	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible - limited to a	er calendar year (visits are combined p	with therapies for autium spectrum disorder)	100% after deductible	covered under Principle	covered under Practicia	100% after deductible	,		. 0	Silles	\$1,111.7		\$2,978.48	\$404,454.92	592.194.64		the made of second and a factor of the	SAST.77	\$1,777.16	
	Carrier	Per Design	Deductible (Knyle/Famb)		(Applied)	-	(Apart)	Arrestal Cut of Poplet Make Interning in 2014, applies to detectable, response and democracy amount to all correct forms in binding and sharing property for procifying four at the probability.	(splicy)	Annual Out of Packet Man Includes Preschpton	PC regulad	Office Mait (PC)	Specialist Visit	Crespory horn	Ambulance Services - medically necessary	Dignostic Test & J. Pay	Diagnostic id Tech Imaging Surficial Services	tailing	Human Organ Transplants Voluntary Male Stentiation, First Transplant Termination, Reduction Elementaristy, Male	index total fundament of the faction (over the state	Hospital Care / Surgical Services		Substance Abuse Ingestions			Outpatient physical, speech and eccupational therapy p		Durable Medical / Prosthetic Orthodic Devices	Destal	Pediatric Dental / ACA Transital Health Benefit Vision	Prostription Orago	Parking .	2 Person Samily	One Person Comp	Single	2 Farren 1 panity	One Person Comp	[reinated lases & less (Mate & Indeed)]	Medical Annual Premium Annual H.S.A. Contribution - Employer	Gregory Annual Medical Premium - Teasyfree -	Anto Change N (Incomed Mode of Doig) Change to Annual Out of Post Let Cost to Employee	salary stanta had freely by bed by Constant	Single Total Cart from Control (Control of Cartain Control of Cartain	Tenty	

Hemlock Public Schools

Hemlock Public Schools Medical Renewal Comparison Renewal Period 12/01/2017 - 11/30/2018

Plan Type Projected Annual Cost *group renewed 12/1/17 with HAP, but changed to BCBSM 1/1/2018 with 18 month renewal exception

Personal States	PPO		mply Blue H.S.A	PPO H.S.A			Simply Blue \$250	Priority Health PPO		ority Health H.S.A.
H	IAP PPO \$250	S	B H.S.A. \$2000	HAP H.S.	A. \$2000 - 0%		PPO \$250	PPO \$250	P	PO H.S.A. \$2000
	Fully Insured PPO Renewal Plan)		Fully Insured PPO S.A. (New Plan 1/1/2018)		Insured PPO H.S.A		BCBSM Fully Insured PPO	Priority Fully Insured PPO	Priority I	Fully Insured PPO H.S.A
\$	1,192,749.72	\$	934,518.20	\$	1,240,740.68	\$	965,014.68	\$ 1,239,191.28	\$	1,134,321.48

