



Michigan Municipal Services Authority

PO BOX 12012, LANSING MI 48901-2012

**EXECUTIVE COMMITTEE
REGULAR MEETING**

Thursday, November 14, 2019 at 1:30 PM

Capitol View Building
201 Townsend St Suite 900
Lansing, MI 48933

AGENDA

- I. Call to Order**
- II. Roll Call**
- III. Approval of Agenda**
- IV. Approval of Minutes**
 - a. Minutes of the October 10, 2019 Executive Committee meeting
- V. Administrative Report**
 - a. FMS Project Update
 - b. LCSA PPT Update & Legislation
- VI. New Business**
 - a. Presentation from CEO on MMSA Visioning Process
 - b. Administrative Assistant Employment Agreement Amendment
- VII. Public Comment**
- VIII. Other Business**
- IX. Adjournment**

A copy of the proposed minutes of the meeting will be available for public inspection at the principal office of the Authority within 8 business days. A copy of the approved minutes of the meeting, including any corrections, will be available for public inspection at the principal office of the Authority within 5 business days after approval.



Michigan Municipal Services Authority
PO BOX 12012, LANSING MI 48901-2012

**EXECUTIVE COMMITTEE
REGULAR MEETING**

Thursday, October 10, 2019 at 1:30 p.m.

Capital View Building
Constitution Room – 9th Floor
201 Townsend Street
Lansing, MI 48933

MINUTES

Proposed Minutes Approved Minutes

MEETING TYPE: Regular Special

I. Call to Order

The meeting was called to order at 1:35 PM.

II. Roll Call

Executive Committee Member Attendance:

	PRESENT	ABSENT
Kelli Scott, Chairperson	X	
James Cambridge, Secretary		X
Eric DeLong, Treasurer	X	
Dominick Pallone, Member	X	
Doug Smith, Member*	X	

*Participated via teleconference.

Other attendees:

- Steven Liedel, Dykema
- Shea Charles
- Kristen Delaney, Michigan Municipal Services Authority

III. Approval of Agenda

Moved by: Pallone
Supported by: DeLong

Yes: X No: ___

IV. Approval of Minutes

a. Minutes of the September 12, 2019 regular Executive Committee meeting

Moved by: Pallone
Supported by: DeLong

Yes: X No: ___

V. Administrative Report

Delaney noted that there had been no more fraudulent charges on the bank account since the last meeting.

Scott gave an update on the CEO search, noting that the employment of Shea Charles as the temporary CEO is on the agenda.

Scott stated that the agreement with Advocate Solutions has been finalized and there is a plan in place to oversee METRO Act payments.

VI. New Business

a. Employment of Temporary CEO

The board reviewed the employment agreement for temporary CEO as presented by Scott.

b. Resolution 2019-11 Depository Bank Account Signers

Motion to approve Depository Bank Account Signers are presented.

Moved by: DeLong
Supported by: Smith

VII. Public Comment

None.

VIII. Other Business

Liedel gave an update on CGI, noting that he is waiting to hear back regarding their current proposal

IX. Adjournment

Motion to adjourn the meeting at 1:57 PM.

Moved by: DeLong
Supported by: Pallone

Yes: X No: ___

Certification of Minutes

Approved by the Executive Committee on November 14, 2019.

Authority Secretary

Date



Michigan Municipal Services Authority

Administrative Report

Prepared November 8, 2019

Collaborate • Innovate • Serve

Financial Report

September 2019

MMSA Administrative Report



Plante & Moran, PLLC
27400 Northwestern Highway
P.O. Box 307
Southfield, MI 48037-0307
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

October 11, 2019

To: Kristen Delaney
Michigan Municipal Services Authority (MMSA) Board of Directors

Re: September 2019 Monthly Statements

Enclosed are the following Monthly Statements for your review:

1. Revenue & Expenditure Report – General Fund
2. Revenue & Expenditure Report – Financial Management System Fund
3. Revenue & Expenditure Report – All Funds
4. Balance Sheet
5. Check Register
6. Bank Account Reconciliation
7. Bank Statement

MMSA discovered fraudulent activity on the Fifth Third checking account that occurred during May, June, July, August and September of 2019. A total of \$37,499.06 in May, \$7,749.20 in June, \$3,034.80 in July, \$42,789.73 in August, and \$9,424.31 in September was fraudulently withdrawn from the account. The Bank was notified and the account was temporarily frozen. MMSA management is working with the bank and believes all funds will be repaid. MMSA has been reimbursed \$60,405.32 of the \$100,497.10 that has been fraudulently removed. Presently, the remaining amount can be seen on the balance sheet as a receivable in the amount of \$40,091.78.

NOTE – MMSA management was able to move the money from the old checking account into the new checking account during the month of August.

Fiscal Year Ending September 30, 2019 balances are still in draft form and subject to change in conjunction with the audit. Audit fieldwork is scheduled to begin in early January 2020.

Please contact Kari Shea (248-223-3287) or Kelly Schimmoeller (734-302-6456) with any questions.

Thank you.

Disclaimer: These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them.



Michigan Municipal Services Authority
REVENUE AND EXPENDITURE REPORT
As of September 30, 2019

	Year Ending 09/30/2018	Year Ending 09/30/2019		Year To Date 09/30/2019	
	END BALANCE	ORIGINAL BUDGET	AMENDED BUDGET	YTD BALANCE	% BDGT
Revenue					
671000 - Contract Revenue	150,000	150,000	150,000	150,000	100.00 %
Total Revenue	<u>150,000</u>	<u>150,000</u>	<u>150,000</u>	<u>150,000</u>	<u>100.00 %</u>
Expenses					
Salary and Fringes					
701000 - Personal Services	197,947	200,000	200,000	150,387	75.19 %
Total Salary and Fringes	<u>197,947</u>	<u>200,000</u>	<u>200,000</u>	<u>150,387</u>	<u>75.19 %</u>
Operating					
752000 - Office Expense	0	8,000	0	0	0.00 %
800000 - Other Services and Charges	10,997	2,000	0	0	0.00 %
801000 - Professional and Contractual Services	30	0	0	0	0.00 %
802000 - Legal	30,198	18,000	18,000	12,578	69.88 %
803000 - Accounting	16,472	16,000	16,000	14,132	88.33 %
803500 - Audit	10,500	11,000	11,000	10,600	96.36 %
804000 - Bank Service Charges	2,108	2,000	2,500	2,310	92.41 %
805000 - HR and Benefits Consulting	0	0	16,000	12,134	75.83 %
840000 - Insurance	3,298	0	2,781	2,160	77.67 %
910000 - Professional Development	0	0	1,560	1,170	75.00 %
955000 - Miscellaneous	0	0	12,000	9,902	82.51 %
Total Operating	<u>73,603</u>	<u>57,000</u>	<u>79,841</u>	<u>64,986</u>	<u>81.39 %</u>
Total Expenses	<u>271,550</u>	<u>257,000</u>	<u>279,841</u>	<u>215,373</u>	<u>76.96 %</u>
Revenue in Excess of Expenses	<u>(121,550)</u>	<u>(107,000)</u>	<u>(129,841)</u>	<u>(65,373)</u>	<u>50.35 %</u>
Transfers					
699273 - Interfund Transfer In - FMS	140,157	122,922	122,922	119,637	97.33 %
995272 - Transfer Out - VHWM	(143,910)	0	0	0	0.00 %
Total Transfers	<u>(3,753)</u>	<u>122,922</u>	<u>122,922</u>	<u>119,637</u>	<u>97.33 %</u>
Change in Equity	<u>(125,303)</u>	<u>15,922</u>	<u>(6,919)</u>	<u>54,264</u>	<u>(784.29) %</u>

These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them.

Michigan Municipal Services Authority
REVENUE AND EXPENDITURE REPORT
As of September 30, 2019

	Year Ending 09/30/2018	Year Ending 09/30/2019		Year To Date 09/30/2019	
	END BALANCE	ORIGINAL BUDGET	AMENDED BUDGET	YTD BALANCE	% BDGT
Revenue					
671000 - Contract Revenue	2,362,025	1,889,620	1,889,620	1,885,941	99.81 %
Total Revenue	<u>2,362,025</u>	<u>1,889,620</u>	<u>1,889,620</u>	<u>1,885,941</u>	<u>99.81 %</u>
Expenses					
Operating					
801000 - Professional and Contractual Services	2,221,868	1,766,698	1,766,698	1,766,304	99.98 %
Total Operating	<u>2,221,868</u>	<u>1,766,698</u>	<u>1,766,698</u>	<u>1,766,304</u>	<u>99.98 %</u>
Total Expenses	<u>2,221,868</u>	<u>1,766,698</u>	<u>1,766,698</u>	<u>1,766,304</u>	<u>99.98 %</u>
Revenue in Excess of Expenses	<u>140,157</u>	<u>122,922</u>	<u>122,922</u>	<u>119,637</u>	<u>97.33 %</u>
Transfers					
995101 - Transfer Out - GF	(140,157)	(122,922)	(122,922)	(119,637)	97.33 %
Total Transfers	<u>(140,157)</u>	<u>(122,922)</u>	<u>(122,922)</u>	<u>(119,637)</u>	<u>97.33 %</u>
Change in Equity	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0.00 %</u></u>

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Michigan Municipal Services Authority
REVENUE AND EXPENDITURE REPORT
As of September 30, 2019

	Year Ending 09/30/2018	Year Ending 09/30/2019		Year To Date 09/30/2019	
	END BALANCE	ORIGINAL BUDGET	AMENDED BUDGET	YTD BALANCE	% BDGT
Revenue					
671000 - Contract Revenue	2,569,250	2,039,620	2,039,620	2,035,941	99.82 %
Total Revenue	<u>2,569,250</u>	<u>2,039,620</u>	<u>2,039,620</u>	<u>2,035,941</u>	<u>99.82 %</u>
Expenses					
Salary and Fringes					
701000 - Personal Services	197,947	200,000	200,000	150,387	75.19 %
Total Salary and Fringes	<u>197,947</u>	<u>200,000</u>	<u>200,000</u>	<u>150,387</u>	<u>75.19 %</u>
Operating					
752000 - Office Expense	0	8,000	0	0	0.00 %
800000 - Other Services and Charges	10,996	2,000	0	0	0.00 %
801000 - Professional and Contractual Services	2,423,034	1,766,698	1,766,698	1,766,304	99.98 %
802000 - Legal	30,198	18,000	18,000	12,578	69.88 %
803000 - Accounting	16,472	16,000	16,000	14,132	88.33 %
803500 - Audit	10,500	11,000	11,000	10,600	96.36 %
804000 - Bank Service Charges	2,108	2,000	2,500	2,310	92.41 %
805000 - HR and Benefits Consulting	0	0	16,000	12,134	75.83 %
840000 - Insurance	3,298	0	2,781	2,160	77.67 %
910000 - Professional Development	0	0	1,560	1,170	75.00 %
955000 - Miscellaneous	0	0	12,000	9,902	82.51 %
Total Operating	<u>2,496,606</u>	<u>1,823,698</u>	<u>1,846,539</u>	<u>1,831,290</u>	<u>99.17 %</u>
Total Expenses	<u>2,694,553</u>	<u>2,023,698</u>	<u>2,046,539</u>	<u>1,981,677</u>	<u>96.83 %</u>
Revenue in Excess of Expenses	<u>(125,303)</u>	<u>15,922</u>	<u>(6,919)</u>	<u>54,264</u>	<u>(784.29) %</u>
Transfers					
699273 - Interfund Transfer In - FMS	140,157	122,922	122,922	119,637	97.33 %
699101 - Interfund Transfer In - GF	143,910	0	0	0	0.00 %
995101 - Transfer Out - GF	(140,157)	(122,922)	(122,922)	(119,637)	97.33 %
995272 - Transfer Out - VHWM	(143,910)	0	0	0	0.00 %
Total Transfers	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.00 %</u>
Change in Equity	<u>(125,303)</u>	<u>15,922</u>	<u>(6,919)</u>	<u>54,264</u>	<u>(784.29) %</u>

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Michigan Municipal Services Authority COMPARATIVE BALANCE SHEET

	PERIOD ENDED 09/30/2018	PERIOD ENDED 09/30/2019	CHANGE	% CHANGE
ASSETS				
Current Assets				
Bank Accounts	220,773	258,277	37,504	16.98 %
Other Current Assets				
040000 - Accounts Receivable	37,500	40,092	2,591	6.91 %
123000 - Prepaid Expenses	0	2,063	2,063	0.00 %
Total Other Assets	37,500	42,155	4,654	12.41 %
Total Current Assets	258,273	300,432	42,158	16.32 %
TOTAL ASSETS	258,273	300,432	42,158	16.32 %
LIABILITIES AND EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
202000 - Accounts Payable	7,908	0	(7,908)	(100.00) %
Total Accounts Payable	7,908	0	(7,908)	(100.00) %
Other Current Liabilities				
257000 - Accrued Salaries Wages	4,153	0	(4,153)	(100.00) %
Total Other Current Liabilities	4,153	0	(4,153)	(100.00) %
Total Current Liabilities	12,061	0	(12,061)	(100.00) %
Total Liabilities	12,061	0	(12,061)	(100.00) %
Equity				
390000 - Fund Balance - Unassigned	371,515	246,212	(125,303)	(33.72) %
Net Revenue	(125,303)	54,220	179,522	(143.27) %
Total Equity	246,212	300,432	54,219	22.02 %
TOTAL LIABILITIES AND EQUITY	258,273	300,432	42,158	16.32 %

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Created on: 10/11/2019, 9:27 AM EDT

Michigan Municipal Services Authority Reconciliation Report

As Of 09/30/2019
Account: 5/3 Checking

Statement Ending Balance	258,361.14
Deposits in Transit	0.00
Outstanding Checks and Charges	0.00
Adjusted Bank Balance	258,361.14
Book Balance	258,361.14
Adjustments*	0.00
Adjusted Book Balance	258,361.14

Total Checks and Charges Cleared	8,777.59	Total Deposits Cleared	41,265.24
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Deposits

Name	Memo	Date	Doc No	Cleared	In Transit
	Cover fraud	09/09/2019		3,765.24	
Local Community Stabi- lization Authority	LCSA 4th Qtr Pmt FY19	09/16/2019		37,500.00	
Total Deposits				41,265.24	0.00

Checks and Charges

Name	Memo	Date	Check No	Cleared	Outstanding
Gusto	09.05.19 Payroll	09/03/2019		624.72	
Gusto	August 2019 Invoice	09/03/2019		45.00	
General Ledger Entry	09.05.19 Payroll	09/03/2019		1,743.58	
General Ledger Entry		09/13/2019		3,931.98	
Gusto	09.19.19 Payroll	09/17/2019		624.72	
General Ledger Entry	09.19.19 Payroll	09/17/2019		1,743.58	
	September Bank Fee	09/30/2019		64.01	
Total Checks and Charges				8,777.59	0.00



Statement Period Date: 9/1/2019 - 9/30/2019
 Account Type: COMM'L 53 ANALYZED
 Account Number: [REDACTED]



MICHIGAN MUNICIPAL SERVICE
 200 TOWNSEND ST STE 900
 LANSING MI 48933



0

Banking Center: Grand Rapids
 Banking Center Phone: 616-653-5440
 Commercial Client Services: 866-475-0729

5700

Account Summary - [REDACTED]

09/01	Beginning Balance	\$225,873.49	Number of Days in Period	30
	Checks			
7	Withdrawals / Debits	\$(8,777.59)		
2	Deposits / Credits	\$41,265.24		
09/30	Ending Balance	\$258,361.14		

Withdrawals / Debits

7 items totaling \$8,777.59

Date	Amount	Description
09/04	45.00	GUSTO 6semjm48pka FEE 350858 6semjnrvmnq MICHIGAN MUNICIPAL SER 090419
09/04	624.72	GUSTO 6semjm48qse TAX 352142 6semjns2fli MICHIGAN MUNICIPAL SER 090419
09/04	1,743.58	GUSTO 6semjm48qsc NET 352140 6semjns2fkl MICHIGAN MUNICIPAL SER 090419
09/12	64.01	SERVICE CHARGE
09/13	3,931.98	Bill.com Payables 016GZNGCL162XJ5 Michigan Municipal Ser Multiple Payments Bill.com Payables 016GZNGCL162XJ5 091319
09/18	624.72	GUSTO 6semjm4c0du TAX 456126 6semjnt4us5 MICHIGAN MUNICIPAL SER 091819
09/18	1,743.58	GUSTO 6semjm4c0ds NET 456124 6semjnt4urk MICHIGAN MUNICIPAL SER 091819

Deposits / Credits

2 items totaling \$41,265.24

Date	Amount	Description
09/09	3,765.24	FUNDS TRANSFER FROM CK: XXXXXX5711 REF # 00973459432
09/16	37,500.00	Local Community Bill.com 016WUSUJZ1646EO Michigan Municipal Ser Local Community Stabilization Authority Bill.com 016WUSUJZ1646EO Inv #F

Daily Balance Summary

Date	Amount	Date	Amount	Date	Amount
09/04	223,460.19	09/12	227,161.42	09/16	260,729.44
09/09	227,225.43	09/13	223,229.44	09/18	258,361.14

[REDACTED]

Michigan Municipal Services Authority Reconciliation Report

As Of 09/30/2019

Account: Cash

Statement Ending Balance	(39.29)
Deposits in Transit	0.00
Outstanding Checks and Charges	0.00
Adjusted Bank Balance	(39.29)
Book Balance	(39.29)
Adjustments*	0.00
Adjusted Book Balance	(39.29)

Total Checks and Charges Cleared	13,428.84	Total Deposits Cleared	9,424.31
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Deposits

Name	Memo	Date	Doc No	Cleared	In Transit
General Ledger Entry	Repayment of Fraudulent Charges	09/30/2019		9,424.31	
Total Deposits				9,424.31	0.00


Checks and Charges

Name	Memo	Date	Check No	Cleared	Outstanding
	Cover fraud	09/09/2019		3,765.24	
Gusto	09.19.19 Payroll	09/17/2019		(624.72)	
Gusto	09.19.19 Payroll	09/17/2019		624.72	
General Ledger Entry	Fraudulent Bank Charges	09/30/2019		9,424.31	
	September Bank Fee	09/30/2019		239.29	
Total Checks and Charges				13,428.84	0.00



Statement Period Date: 9/1/2019 - 9/30/2019
 Account Type: COMM'L 53 ANALYZED
 Account Number: [REDACTED]

MICHIGAN MUNICIPAL SERVICES
 AUTHORITY
 PO BOX 12012
 LANSING MI 48901-2012


 0
 4525

Banking Center: Grand Rapids
 Banking Center Phone: 616-653-5440
 Commercial Client Services: 866-475-0729

Account Summary - [REDACTED]

09/01	Beginning Balance	\$3,965.24	Number of Days in Period	30
	Checks			
14	Withdrawals / Debits	\$(13,428.84)		
12	Deposits / Credits	\$9,424.31		
09/30	Ending Balance	\$(39.29)		

Withdrawals / Debits 14 items totaling \$13,428.84

Date	Amount	Description
09/03	4,534.12	WEB INITIATED PAYMENT AT WalMart CC WM EPAY 1967615197 090319
09/09	197.81	WEB INITIATED PAYMENT AT Credit One Bank Payment 0000366344485 090919
09/09	211.39	WEB INITIATED PAYMENT AT CAPITAL ONE ONLINE PMT 924939910499778 090919
09/09	471.16	WEB INITIATED PAYMENT AT Credit One Bank Payment 0000366345912 090919
09/09	531.54	WEB INITIATED PAYMENT AT CITI CARD ONLINE PAYMENT 113060728485611 090919
09/09	3,765.24	FUNDS TRANSFER TO CK: XXXXXX1244 REF # 00973459432
09/10	332.53	WEB INITIATED PAYMENT AT Duke Energy DUKE PYMNT 09002010329 091019
09/11	600.00	WEB INITIATED PAYMENT AT CITI CARD ONLINE PAYMENT 143064158561103 091119
09/11	37.00	OVERDRAFT FEE
09/12	531.54	WEB INITIATED PAYMENT AT CITI CARD ONLINE RETRY PYMT 113060728485611 091219
09/12	239.29	SERVICE CHARGE
09/13	298.47	WEB INITIATED PAYMENT AT Credit One Bank Payment 0000367607231 091319
09/13	608.64	WEB INITIATED PAYMENT AT CITI CARD ONLINE PAYMENT 113065629460163 091319
09/13	1,070.11	WEB INITIATED PAYMENT AT Credit One Bank Payment 0000367607606 091319

Deposits / Credits 12 items totaling \$9,424.31

Date	Amount	Description
09/04	4,534.12	RETURN ITEM/OVERDRAFT
09/10	197.81	RETURN ITEM/OVERDRAFT
09/10	211.39	RETURN ITEM/OVERDRAFT
09/10	471.16	RETURN ITEM/OVERDRAFT
09/10	531.54	RETURN ITEM/OVERDRAFT
09/12	600.00	RETURN ITEM/OVERDRAFT
09/13	531.54	RETURN ITEM/OVERDRAFT
09/16	298.47	RETURN ITEM/OVERDRAFT
09/16	608.64	RETURN ITEM/OVERDRAFT
09/16	1,070.11	RETURN ITEM/OVERDRAFT
09/24	37.00	OVERDRAFT/RETURN ITEM(S) FEE REVERSED
09/24	332.53	FUNDS TRANSFER CREDIT REF # 00977343397 PROVISIONAL CREDIT FOR DISPUTED ITEM

Daily Balance Summary

Date	Amount	Date	Amount	Date	Amount
09/03	(568.88)	09/10	(132.53)	09/13	(2,386.04)
09/04	3,965.24	09/11	(769.53)	09/16	(408.82)
09/09	(1,211.90)	09/12	(940.36)	09/24	(39.29)

[REDACTED]

Financial Report

October 2019

MMSA Administrative Report



Plante & Moran, PLLC
27400 Northwestern Highway
P.O. Box 307
Southfield, MI 48037-0307
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

November 8, 2019

To: Shea Charles, CEO
Michigan Municipal Services Authority (MMSA) Board of Directors

Re: October 2019 Monthly Statements

Enclosed are the following Monthly Statements for your review:

1. Revenue & Expenditure Report – General Fund
2. Revenue & Expenditure Report – Financial Management System Fund
3. Revenue & Expenditure Report – All Funds
4. Balance Sheet
5. Check Register
6. Bank Account Reconciliation
7. Bank Statement

All fraudulent charges have been recovered as of 10/31/2019.

Fiscal Year Ending September 30, 2019 balances are still in draft form and subject to change in conjunction with the audit. Audit fieldwork is scheduled to begin in early January 2020.

Please contact Kelly Schimmoeller (734-302-6456) or Misty Abbott (248-223-3358) with any questions.

Thank you.

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Michigan Municipal Services Authority
REVENUE AND EXPENDITURE REPORT
As of October 31, 2019

	Year Ending	Year Ending		Year To Date	% BDGT
	09/30/2019	09/30/2020	AMENDED BUDGET	10/31/2019	
	END BALANCE	ORIGINAL BUDGET		YTD BALANCE	
Revenue					
671000 - Contract Revenue	150,000	150,000	150,000	37,500	25.00 %
Total Revenue	<u>150,000</u>	<u>150,000</u>	<u>150,000</u>	<u>37,500</u>	<u>25.00 %</u>
Expenses					
Salary and Fringes					
701000 - Personal Services	152,089	200,000	200,000	13,830	6.91 %
Total Salary and Fringes	<u>152,089</u>	<u>200,000</u>	<u>200,000</u>	<u>13,830</u>	<u>6.91 %</u>
Operating					
802000 - Legal	13,519	18,000	18,000	0	0.00 %
803000 - Accounting	14,930	16,000	16,000	0	0.00 %
803500 - Audit	10,600	11,000	11,000	0	0.00 %
804000 - Bank Service Charges	2,311	2,500	2,500	251	10.06 %
805000 - HR and Benefits Consulting	12,133	16,000	16,000	0	0.00 %
840000 - Insurance	2,160	2,781	2,781	1,513	54.40 %
910000 - Professional Development	1,170	1,560	1,560	0	0.00 %
955000 - Miscellaneous	10,954	12,000	12,000	639	5.33 %
Total Operating	<u>67,777</u>	<u>79,841</u>	<u>79,841</u>	<u>2,403</u>	<u>3.01 %</u>
Total Expenses	<u>219,866</u>	<u>279,841</u>	<u>279,841</u>	<u>16,233</u>	<u>5.80 %</u>
Revenue in Excess of Expenses	<u>(69,866)</u>	<u>(129,841)</u>	<u>(129,841)</u>	<u>21,267</u>	<u>(16.38) %</u>
Transfers					
699273 - Interfund Transfer In - FMS	119,637	122,922	122,922	0	0.00 %
Total Transfers	<u>119,637</u>	<u>122,922</u>	<u>122,922</u>	<u>0</u>	<u>0.00 %</u>
Change in Equity	<u>49,771</u>	<u>(6,919)</u>	<u>(6,919)</u>	<u>21,267</u>	<u>(307.37) %</u>

These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them.

Michigan Municipal Services Authority
REVENUE AND EXPENDITURE REPORT
 As of October 31, 2019

There is no activity
 in this fund as of
 10/31/19

	Year Ending 09/30/2019 END BALANCE	Year Ending 09/30/2020 ORIGINAL BUDGET	AMENDED BUDGET
Revenue			
671000 - Contract Revenue	1,885,941	1,889,620	1,889,620
Total Revenue	1,885,941	1,889,620	1,889,620
Expenses			
Operating			
801000 - Professional and Contractual Services	1,766,304	1,766,698	1,766,698
Total Operating	1,766,304	1,766,698	1,766,698
Total Expenses	1,766,304	1,766,698	1,766,698
Revenue in Excess of Expenses	119,637	122,922	122,922
Transfers			
995101 - Transfer Out - GF	(119,637)	122,922	122,922
Total Transfers	(119,637)	122,922	122,922
Change in Equity	0	245,844	245,844

These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them.

Michigan Municipal Services Authority
REVENUE AND EXPENDITURE REPORT
As of October 31, 2019

	Year Ending	Year Ending		Year To Date	% BDGT
	09/30/2019	09/30/2020	09/30/2020	10/31/2019	
	END BALANCE	ORIGINAL BUDGET	AMENDED BUDGET	YTD BALANCE	
Revenue					
671000 - Contract Revenue	2,035,941	2,039,620	2,039,620	37,500	1.84 %
Total Revenue	<u>2,035,941</u>	<u>2,039,620</u>	<u>2,039,620</u>	<u>37,500</u>	<u>1.84 %</u>
Expenses					
Salary and Fringes					
701000 - Personal Services	152,089	200,000	200,000	13,830	6.91 %
Total Salary and Fringes	<u>152,089</u>	<u>200,000</u>	<u>200,000</u>	<u>13,830</u>	<u>6.91 %</u>
Operating					
801000 - Professional and Contractual Services	1,766,304	1,766,698	1,766,698	0	0.00 %
802000 - Legal	13,519	18,000	18,000	0	0.00 %
803000 - Accounting	14,930	16,000	16,000	0	0.00 %
803500 - Audit	10,600	11,000	11,000	0	0.00 %
804000 - Bank Service Charges	2,311	2,500	2,500	251	10.06 %
805000 - HR and Benefits Consulting	12,133	16,000	16,000	0	0.00 %
840000 - Insurance	2,160	2,781	2,781	1,513	54.40 %
910000 - Professional Development	1,170	1,560	1,560	0	0.00 %
955000 - Miscellaneous	10,954	12,000	12,000	639	5.33 %
Total Operating	<u>1,834,081</u>	<u>1,846,539</u>	<u>1,846,539</u>	<u>2,403</u>	<u>0.13 %</u>
Total Expenses	<u>1,986,170</u>	<u>2,046,539</u>	<u>2,046,539</u>	<u>16,233</u>	<u>0.79 %</u>
Revenue in Excess of Expenses	<u>49,771</u>	<u>(6,919)</u>	<u>(6,919)</u>	<u>21,267</u>	<u>(307.37) %</u>
Transfers					
699273 - Interfund Transfer In - FMS	119,637	122,922	122,922	0	0.00 %
995101 - Transfer Out - GF	(119,637)	122,922	122,922	0	0.00 %
Total Transfers	<u>0</u>	<u>245,844</u>	<u>245,844</u>	<u>0</u>	<u>0.00 %</u>
Change in Equity	<u>49,771</u>	<u>238,925</u>	<u>238,925</u>	<u>21,267</u>	<u>8.90 %</u>

These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them.

Michigan Municipal Services Authority COMPARATIVE BALANCE SHEET

	PERIOD ENDED 09/30/2019	PERIOD ENDED 10/31/2019	CHANGE	% CHANGE
ASSETS				
Current Assets				
Bank Accounts	258,277	317,250	58,973	22.83 %
Other Current Assets				
040000 - Accounts Receivable	40,092	0	(40,092)	(100.00) %
123000 - Prepaid Expenses	2,063	0	(2,063)	(100.00) %
Total Other Assets	42,155	0	(42,155)	(100.00) %
Total Current Assets	300,432	317,250	16,818	5.59 %
TOTAL ASSETS	300,432	317,250	16,818	5.59 %
LIABILITIES AND EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
202000 - Accounts Payable	2,791	0	(2,791)	(100.00) %
Total Accounts Payable	2,791	0	(2,791)	(100.00) %
Other Current Liabilities				
257000 - Accrued Salaries Wages	1,658	0	(1,658)	(100.00) %
Total Other Current Liabilities	1,658	0	(1,658)	(100.00) %
Total Current Liabilities	4,449	0	(4,449)	(100.00) %
Total Liabilities	4,449	0	(4,449)	(100.00) %
Equity				
390000 - Fund Balance - Unassigned	246,212	295,983	49,771	20.21 %
Net Revenue	49,771	21,267	(28,504)	(57.27) %
Total Equity	295,983	317,250	21,267	7.18 %
TOTAL LIABILITIES AND EQUITY	300,432	317,250	16,818	5.59 %

These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them.

Created on: 11/08/2019, 11:48 AM EDT

Michigan Municipal Services Authority Check Register

Date	Payee	Document No	Amount Cleared
	Bank: Bill.com Clearing - Bill.com Clearing	Account No:	
10/25/2019	10002--Plante Moran		798.25 In Transit
10/25/2019	10009--Kristen Delaney		1,141.65 In Transit
10/25/2019	10003--Dykema Gossett, PLLC		940.21 In Transit
	Total for Bill.com Clearing		<u><u>2,880.11</u></u>
	Bank: Fifth Third - 1244 - Firth Third	Account No: 7169301244	
10/01/2019	10015--Gusto		624.72 10/31/2019
10/17/2019	10015--Gusto		624.72 10/31/2019
10/29/2019	10015--Gusto		894.81 10/31/2019
10/29/2019	10015--Gusto		2,286.44 10/31/2019
10/31/2019	10015--Gusto		51.00 In Transit
	Total for Fifth Third - 1244		<u><u>4,481.69</u></u>

Michigan Municipal Services Authority Reconciliation Report

As Of 10/31/2019
Account: 5/3 Checking

Statement Ending Balance	277,467.28
Deposits in Transit	0.00
Outstanding Checks and Charges	(51.00)
Adjusted Bank Balance	277,416.28
Book Balance	277,416.28
Adjustments*	0.00
Adjusted Book Balance	277,416.28

Total Checks and Charges Cleared	18,393.86	Total Deposits Cleared	37,500.00
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Deposits

Name	Memo	Date	Doc No	Cleared	In Transit
Local Community Stabi- lization Authority	LCSA 1st Qtr Pmt FY20	10/30/2019		37,500.00	
Total Deposits				37,500.00	0.00

Checks and Charges

Name	Memo	Date	Check No	Cleared	Outstanding
Gusto	September 2019 Invoice	09/30/2019		45.00	
General Ledger Entry	10.03.19 Payroll	10/01/2019		1,743.58	
Gusto	10.03.19 Payroll	10/01/2019		624.72	
General Ledger Entry	10.17.19 Payroll	10/15/2019		1,743.58	
Gusto	10.17.19 Payroll	10/17/2019		624.72	
General Ledger Entry		10/25/2019		2,880.11	
Gusto	10.31.19 Payroll Special	10/29/2019		894.81	
General Ledger Entry	10.31.19 Payroll (Special Run)	10/29/2019		2,229.47	
Gusto	10.31.19 Payroll	10/29/2019		2,286.44	
General Ledger Entry	10.31.19 Payroll	10/31/2019		5,289.03	
Gusto	October 2019 Invoice	10/31/2019			51.00
	Service Charge	10/31/2019		32.40	
Total Checks and Charges				18,393.86	51.00



Statement Period Date: 10/1/2019 - 10/31/2019

Account Type: COMM'L 53 ANALYZED

Account Number: [REDACTED]



0

Banking Center: Grand Rapids

Banking Center Phone: 616-653-5440

Commercial Client Services: 866-475-0729

MICHIGAN MUNICIPAL SERVICE
200 TOWNSEND ST STE 900
LANSING MI 48933

5124

Account Summary - [REDACTED]

10/01	Beginning Balance	\$258,361.14	Number of Days in Period	31
	Checks			
11	Withdrawals / Debits	\$(18,393.86)		
1	Deposits / Credits	\$37,500.00		
10/31	Ending Balance	\$277,467.28		

Withdrawals / Debits

11 items totaling \$18,393.86

Date	Amount	Description
10/02	45.00	GUSTO 6semjm4ee1u FEE 535614 6semjnu5jnn MICHIGAN MUNICIPAL SER 100219
10/02	624.72	GUSTO 6semjm4efco TAX 536984 6semjnu80qp MICHIGAN MUNICIPAL SER 100219
10/02	1,743.58	GUSTO 6semjm4efcm NET 536982 6semjnu80q9 MICHIGAN MUNICIPAL SER 100219
10/10	32.40	SERVICE CHARGE
10/16	624.72	GUSTO 6semjm4gn04 TAX 610308 6semjnva1kd MICHIGAN MUNICIPAL SER 101619
10/16	1,743.58	GUSTO 6semjm4gmv6 NET 610278 6semjnva1jh MICHIGAN MUNICIPAL SER 101619
10/25	2,880.11	Bill.com Payables 016VFBPPY17K8RN Michigan Municipal Ser Multiple Payments Bill.com Payables 016VFBPPY17K8RN 102519
10/30	894.81	GUSTO 6semjm4i8jh TAX 661105 6semjo07ofn MICHIGAN MUNICIPAL SER 103019
10/30	2,229.47	GUSTO 6semjm4i8jf NET 661103 6semjo07off MICHIGAN MUNICIPAL SER 103019
10/30	2,286.44	GUSTO 6semjm4i8jh TAX 661105 6semjo07oen MICHIGAN MUNICIPAL SER 103019
10/30	5,289.03	GUSTO 6semjm4i8jf NET 661103 6semjo07oe4 MICHIGAN MUNICIPAL SER 103019

Deposits / Credits

1 item totaling \$37,500.00

Date	Amount	Description
10/30	37,500.00	Local Community Bill.com 016WXKPJF17P0YY Michigan Municipal Ser Local Community Stabilization Authority Bill.com 016WXKPJF17P0YY Inv #F

Daily Balance Summary

Date	Amount	Date	Amount	Date	Amount
10/02	255,947.84	10/16	253,547.14	10/30	277,467.28
10/10	255,915.44	10/25	250,667.03		

Michigan Municipal Services Authority Reconciliation Report

As Of 10/31/2019
Account: Cash

Statement Ending Balance	39,833.34
Deposits in Transit	0.00
Outstanding Checks and Charges	0.00
Adjusted Bank Balance	39,833.34
Book Balance	39,833.34
Adjustments*	0.00
Adjusted Book Balance	39,833.34

Total Checks and Charges Cleared	13,648.99	Total Deposits Cleared	49,517.09
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Deposits

Name	Memo	Date	Doc No	Cleared	In Transit
General Ledger Entry	Repayment of Fraudulent Charges	09/30/2019		9,424.31	
5/3 Bank	Refund of September Fraudulent Charges	10/31/2019		4,002.81	
5/3 Bank	Refund of September Fraudulent Charges	10/31/2019		36,089.97	
Total Deposits				49,517.09	0.00

Checks and Charges

Name	Memo	Date	Check No	Cleared	Outstanding
	Cover fraud	09/09/2019		3,765.24	
Gusto	09.19.19 Payroll	09/17/2019		(624.72)	
Gusto	09.19.19 Payroll	09/17/2019		624.72	
	September Bank Fee	09/30/2019		239.29	
General Ledger Entry	Fraudulent Bank Charges	09/30/2019		9,424.31	
	October Bank Fee	10/31/2019		220.15	
Total Checks and Charges				13,648.99	0.00



Statement Period Date: 10/1/2019 - 10/31/2019

Account Type: COMM'L 53 ANALYZED

Account Number: [REDACTED]

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MICHIGAN MUNICIPAL SERVICES
 AUTHORITY
 PO BOX 12012
 LANSING MI 48901-2012



0

4074

Banking Center: Grand Rapids
 Banking Center Phone: 616-653-5440
 Commercial Client Services: 866-475-0729

Account Summary - [REDACTED]

10/01	Beginning Balance	\$ (39.29)	Number of Days in Period	31
	Checks			
1	Withdrawals / Debits	\$(220.15)		
2	Deposits / Credits	\$40,092.78		
10/31	Ending Balance	\$39,833.34		

Withdrawals / Debits 1 item totaling \$220.15

Date	Amount	Description
10/10	220.15	SERVICE CHARGE

Deposits / Credits 2 items totaling \$40,092.78

Date	Amount	Description
10/25	4,002.81	FUNDS TRANSFER CREDIT REF # 00985892554 PROVISIONAL CREDIT FOR DISPUTED ITEM
10/28	36,089.97	FUNDS TRANSFER CREDIT REF # 00986388879 DISPUTED ACH ITEM RETURNED

Daily Balance Summary

Date	Amount	Date	Amount	Date	Amount
10/10	(259.44)	10/25	3,743.37	10/28	39,833.34

[REDACTED]

FMS Program Report

MMSA Administrative Report

Collaborate • Innovate • Serve

FMS Program Update

- Grand Rapids and Kent County attended CGI Forum 2019, annual conference for members of the CGI Advantage community.
- CGI has submitted a revised Statement of Work for migration to 4.0. Estimated cost of \$600,000
- Kent County is to revive their Statement of Work for same migration on November 11th.
- Attended an introductory meeting with Stephen Arrants, Michigan CGI Vice President.
 - CGI to schedule a program demonstration as well as a summary of the 4.0 platform.
- Stephen Durate, Kent County, will be retiring at the end of 2019. Jeff Dood, Grand Rapids, will be taking over Stephen's position. Grand Rapids has named an interim CFO – Molly Clarin.

LCSA Administrative Services

MMSA Administrative Report

Collaborate • Innovate • Serve

LCSA Administrative Services

Michigan CLASS Local Government Investment Pool

- October 20: Use Tax/PPT Funds distributed to local units.
- Interest Earnings as of October 31, 2019.

Account	Earnings YTD
Metro Act	\$80,851.70
Use Tax	\$169,179.28
General Fund	\$6,309.92
Total	\$256,340.90

LCSA Administrative Services

October 2019

Other Millage Payments

- 619 Municipalities
- 268 School Districts and Intermediate School Districts
- 280 Tax Increment Financing (TIF) Plans

November – January

- Metro Act Project
 - Kick off Meeting
 - Prepare Provider Footage Sheets
 - Distribute Provider Footage Sheets
- Fire Protection Grants
 - Distribute November 2019.
- Health Department Funding
 - Distribute Health Department Funds, assuming revised legislation is adopted.

LCSA Administrative Services

February – March

METRO Act True-up

- Collect linear footage information from 120+ telecommunication providers

February 2020

Winter Millage Payments

- 1,475 Municipalities
- 201 School Districts and Intermediate School Districts

LCSA Administrative Services

March 2020

METRO Act Annual Report

- “The authority shall file an annual report of its activities for the preceding year with the governor and the members of the legislative committees dealing with energy, technology, and telecommunications issues on or before March 1 of each year.” (MCL 484.3103)

METRO Act Maintenance Fee

- Calculate maintenance fees
- Invoice telecommunication providers
- April 29 is the statutory date due for payment

LCSA Administrative Services

May 2020

METRO Act Allocation

- Allocate the funding provided for fee sharing
- Perform city and village calculations
- Perform township calculations

METRO Act Payments

- \$25 million (2019)
- 516 eligible cities and villages
- 1,240 eligible townships



Michigan Municipal Services Authority

PO BOX 12012, LANSING MI 48901-2012

DATE: November 11, 2019

TO: Executive Committee

FROM: Shea Charles, CEO

SUBJECT: Visioning Process

During my first month various board members have expressed that we refine and define MMSA's mission and purpose. As I become more familiar with the operational aspects of MMSA, I am proposing the following outline for a visioning process. The outline is a draft and I am seeking feedback on the process.

1. Assess current state of the organization.
 - a. Review of past successes and missed opportunities.
 - b. Interview of Board Members
 - c. Interview of related organizations and partners
 - d. Directors of MAC, MTA and MML
 - e. SEMCOG, Grand Valley Council other regional organizations
 - f. Others?
2. Research
 - a. What other collaboratives exist nationwide?
 - b. What makes them successful?
 - c. Other Michigan collaboratives? Can MMSA compliment them? Replace?
3. Submit Report to Board
4. Visioning session with Board
 - a. Strategic planning
 - b. Action planning
5. Decision – Dissolve or evolve?
6. Implementation

I anticipate the Board to be ready mid-January to conduct a visioning session in February. Timing may be impacted by METRO Act work which begins in December. So far the feedback I have received from various groups is that they see several opportunities for MMSA to grow and be a resource for all forms of government. Attached is a program development summary that Mr. Bruner prepared in April before his departure. It provides a nice overview of the various efforts that have been explored throughout the years.

I look forward to the Board's feedback on this process.

Program Development Report

Service	Description	Potential Service Provider(s)	Contact	Status
Analytics, Benchmarking, and Transparency (ABT) Program	A cloud-based business intelligence and transparency solution Delivers an automated platform for local government benchmarking Reduces the cost of complying with legislative transparency requirements	OPENGOV	Brad Snider bsnider@opengov.com • Work (650) 265-6003 • Work (734) 649-3512 • Mobile	No RFP issued Seeking interested agencies
Benefits Administration System	See attached	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started
CISO (Chief Information Security Officer) as a Service	The program will provide a shared chief information security office (CISO) to provide consulting and advisory services to multiple local governments.	Counter-Measure Inc.	Matthew LoCricchio matthew.locricchio@counter-measure.com • Work (586) 996-9935 • Mobile	RFP issued Thursday, August 9, 2018 Counter-Measure Inc. selected No contract awarded pending state funding
Compensation Benchmarking	See attached	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started
Dental and Vision Purchasing Coalition	See attached	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started
Equipment and Service Sharing	This program will provide an online marketplace that makes it easy for public agencies to share heavy equipment (backhoes, bulldozers, excavators, etc.) internally and with other agencies.	MuniRent	Alan Mond, CEO alan@muniRent.co • Work (248) 953-3496 • Mobile	No RFP issued Seeking interested agencies
Fleet Management	This program will provide a range of functions, such as vehicle selection, financing, maintenance, fuel management, telematics (tracking and diagnostics), risk and safety management, and disposal.	Enterprise Fleet Management	Adam Beattie adam.s.beattie@efleets.com • Work (248) 426-1634 • Work (734) 845-1564 • Mobile	RFP issued Monday, January 9, 2017 Enterprise Fleet Management selected No contract awarded pending interested agencies
Friend of the Court (FOC) Independent Security Audits	This program will provide shared services agreements for implementation of the Independent Security Audit Requirement Contained in Section 4.33(b) of the Current (Fiscal Year [FY] 2017) Cooperative Reimbursement Program (CRP) Agreement	TBD	TBD	No RFP issued Seeking interested agencies
Health Care Benchmarking	See attached	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started
Life and Disability Insurance Pool	See attached	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started
Medicare Coordination	This program saves participants health care dollars by maximizing the utilization and coordination of Social Security Disability Insurance and Medicare benefits within the pre-65, inactive, health care covered segment.	SSDC Services	Jodi Maxwell Jodi.Maxwell@ssdcservices.com • Work (248) 277-9243 • Work	RFP issued Monday, May 22, 2017 Agreement approved October 12, 2017 City of Livonia agreement approved March 26, 2018 Seeking interested agencies
Medicare Retiree Carve-Out Pool	See attached	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started

Program Development Report

Service	Description	Potential Service Provider(s)	Contact	Status
Municipal Talent Pipeline	A one-stop shop allowing public employers to share talent acquisition, development, and retention services Provides strategic human resource planning services to help organizations anticipate their human capital needs and deliver the services required to meet those needs	Orion Solutions Group	Dave Flynn, President and Co-Founder dflynn@orionsolutionsgroup.net • Work (248) 763-9637 • Mobile	No RFP issued Seeking interested agencies
Real-Time Performance and Advisory Platforms for Water & Wastewater Utilities	Patent pending digital platform to mine real-time data from sensors, scada, process equipment, distribution, collection systems and water meters. Real-time intelligence provided across the entire life cycle of municipal water from raw water sourcing, treatment, pumping, storage, consumption, storm water, collection, wastewater treatment and recycling.	Aquasight	Mahesh Lunani, CEO mahesh@aquasight.io • Work (248) 219-6538 • Mobile (248) 590-2190 • Work	No RFP issued Seeking interested agencies
Transparent Solutions for Pension & OPEB Information	This program will provide actuarial software, actuarial valuations, and benefit consulting	GovInvest	Jason Huk, Director of Sales jason@govinvest.com • Work (925) 989-6598 • Mobile	No RFP issued Seeking interested agencies
Treasury Asset Management Collaboration (TAMC)	TAMC is a shared service provide by the Center for Local Government (CLG) to member governments in Ohio The goal is to offer a collaborative approach to professional portfolio management for local governments The Authority is researching the business case for a similar collaboration in Michigan	TBD	TBD	No RFP issued Seeking interested agencies



Michigan Municipal Services Authority

PO BOX 12012, LANSING MI 48901-2012

DATE: November 11, 2019

TO: Executive Committee

FROM: Shea Charles, CEO

SUBJECT: Administrative Assistant Employment Agreement – Health Insurance

During the summer the Administrative Assistant to the CEO, Kristen Delaney, discussed with Board Chair the need to obtain health insurance. When Ms. Delaney joined the MMSA she had coverage through another source but due to recent changes she is requesting being added to our plan. The MMSA has provided coverage for the CEO through BC/BS small group plan administered by the Segal Group in the past.

The cost of coverage through the remainder of 2019 is \$419.44 for a total cost of \$1,258, MMSA's renewal date is January 1st. If Ms. Delaney had coverage for the full year, the cost would be \$5,033. Since being hired four years ago she has had no adjustment in her wages. In considering her work for MMSA, the critical help during the CEO transition and no wage adjustment since 2015 I am comfortable in authorizing this benefit effective October 1, 2019. In reviewing the minutes, it the only action the Executive Committee took when Ms. Delaney was hired was to authorize her position and her employment agreement was signed by Mr. Bruner.

I am seeking Executive Committee consensus on this change and will provide a future budget amendment to account for this cost going forward.

Blue Cross Blue Shield of Michigan

Export / Print Invoice Report

Report Format:

PDF

Generated On:

11/05/2019 12:44:18 PM EST

Invoice Level		MICHIGAN MUNICIPAL SERVICES MS283851 / 007042817 / 0000		
Invoice Date	10/08/2019	Invoice #	096762222	Balance \$838.88
Due Date	10/28/2019	Billing Period	07/01/2019-11/30/2019	Recipient Type D
Bill Category	MS283851			
Bill Presentment Indicator	PAPER			

Non-payment of this bill will result in cancellation of this policy no less than 30 days from the due date. It may take 2-3 business days for a payment to complete processing and update the balance due.

As of your 2016 renewal month, certain federal and state taxes and fees will be included in the Current Charges and Adjustments lines, except when adjustments apply to a period before your 2016 renewal month. These taxes and fees are estimates that will not be settled.

View Financial Totals

PREVIOUS BALANCE	\$0.00
PAYMENT(S) RECEIVED	\$0.00
A/R ADJUSTMENTS	\$0.00
MEMBERSHIP CHANGES/ADJUSTMENTS	\$0.00
CURRENT CHARGES	\$838.88
TOTAL BALANCE DUE	\$838.88

Updates to Invoice

PAID THROUGH DATE	06/30/2019	
UPDATED BALANCE DUE		\$838.88



Invoice Level
Invoice Date 10/08/2019
Due Date 10/28/2019
Bill Category MS283851
Bill Presentment Indicator PAPER

MICHIGAN MUNICIPAL SERVICES MS283851 / 007042817 / 0000
Invoice # 096762222
Billing Period 07/01/2019-11/30/2019

Balance \$838.88
Recipient Type D

As of your 2016 renewal month, certain federal and state taxes and fees will be included in the Current Charges and Adjustments lines, except when adjustments apply to a period before your 2016 renewal month. These taxes and fees are estimates that will not be settled.

CURRENT CHARGES DETAIL										
First Name	M.I.	Last Name	Current Charges	Contract Number	Benefit Package	Package Rate Tier Detail	Employment Status	Employee Reference ID	Department ID	Age
Kristen	A	Delaney	\$419.44	*****5731	LA004M1H	Subscriber	Active Employee			40
Kristen	A	Delaney	\$419.44	*****5731	LA004M1H	Subscriber	Active Employee			40
CURRENT CHARGES			\$838.88							
TOTAL			\$838.88							



Invoice Level MICHIGAN MUNICIPAL SERVICES MS283851 / 007042817 / 0000
Invoice Date 10/08/2019 **Invoice #** 096762222
Due Date 10/28/2019 **Billing Period** 07/01/2019-11/30/2019
Bill Category MS283851
Bill Presentment Indicator PAPER

Balance \$838.88
Recipient Type D

As of your 2016 renewal month, certain federal and state taxes and fees will be included in the Current Charges and Adjustments lines, except when adjustments apply to a period before your 2016 renewal month. These taxes and fees are estimates that will not be settled.

MEMBERSHIP CHANGES / ADJUSTMENTS											
First Name	M.I	Last Name	Adjustment Effective	Adjustment End	Adjustment Amount	Contract Number	Adjustment Remarks	Benefit Package	Employment Status	Employee Reference ID	Department ID
					MEMBERSHIP CHANGES/ADJUSTMENTS	\$0.00					
					TOTAL	\$0.00					

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services



MICHIGAN MUNICIPAL SERVICES

Simply Blue PPOSM SG

Coverage Period: Beginning on or after 01/01/2019

Coverage for: Individual/Family | **Plan Type:** PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsm.com or call the number on the back of your BCBSM ID card. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call the number on the back of your BCBSM ID card to request a copy.

Important Questions	Answers		Why this Matters:
	In-Network	Out-of-Network	
What is the overall <u>deductible</u> ?	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual/ \$6,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u> .		This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at (https://www.healthcare.gov/coverage/preventive-care-benefits/).
Are there other <u>deductibles</u> for specific services?	No.		You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> limit for this <u>plan</u> ? (May include a <u>coinsurance</u> maximum)	\$6,600 Individual/ \$13,200 Family	\$13,200 Individual/ \$26,400 Family	The <u>out-of-pocket</u> limit is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, any <u>pharmacy</u> penalty and health care this <u>plan</u> doesn't cover.		Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See (http://www.bcbsm.com) or call the number on the back of your BCBSM ID card for a list of <u>network providers</u> .		This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.		You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> /office visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$40 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No Charge; <u>deductible</u> does not apply	Not covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	May require <u>preauthorization</u>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsm.com/druglists</p>	Generic drugs	\$15 <u>copay</u> /prescription for retail 30-day supply; \$35 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% <u>coinsurance</u> of the approved amount for the drug; <u>deductible</u> does not apply	<u>Preauthorization</u> , step therapy and quantity limits may apply to select drugs. <u>Preventive</u> drugs covered in full. 90-day supply not covered out of network.
	Preferred brand-name drugs	\$50 <u>copay</u> /prescription for retail 30-day supply; \$140 <u>copay</u> /prescription for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% <u>coinsurance</u> of the approved amount for the drug; <u>deductible</u> does not apply	
	Nonpreferred brand-name drugs	\$70 <u>copay</u> /prescription or 50% <u>coinsurance</u> of the approved amount (whichever is greater), but no more than \$100 for retail 30-day supply; \$200 <u>copay</u> /prescription or 50% <u>coinsurance</u> of the approved amount (whichever is greater), but no more than \$290 for retail or mail order 90-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% <u>coinsurance</u> of the approved amount for the drug; <u>deductible</u> does not apply	
	Generic and preferred brand-name <u>specialty drugs</u>	20% <u>coinsurance</u> of the approved amount, but no more than \$200 <u>copay</u> /prescription for retail or mail order 30-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% <u>coinsurance</u> of the approved amount for the drug; <u>deductible</u> does not apply	<u>Preauthorization</u> is required. <u>Specialty drugs</u> limited to a 15 or 30-day supply
	Nonpreferred brand-name <u>specialty drugs</u>	25% <u>coinsurance</u> of the approved amount (whichever is greater), but no more than \$300 <u>copay</u> /prescription for retail or mail order 30-day supply; <u>deductible</u> does not apply	In-Network <u>copay</u> plus an additional 25% <u>coinsurance</u> of the approved amount for the drug; <u>deductible</u> does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$150 <u>copay</u> /visit; <u>deductible</u> does not apply	\$150 <u>copay</u> /visit; <u>deductible</u> does not apply	<u>Copay</u> waived if admitted
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Mileage limits apply
	<u>Urgent care</u>	\$60 <u>copay</u> /visit; <u>deductible</u> does not apply	40% <u>coinsurance</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u> after <u>deductible</u> for bariatric surgery
If you need behavioral health services (mental health and substance use disorder)	Outpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u> for mental health; 40% <u>coinsurance</u> for substance use disorder	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Preauthorization</u> is required.
If you are pregnant	Office visits	Prenatal: No Charge; <u>deductible</u> does not apply Postnatal: 20% <u>coinsurance</u>	Prenatal: 40% <u>coinsurance</u> Postnatal: 40% <u>coinsurance</u>	Maternity care may include services described elsewhere in the SBC (i.e. tests) and cost share may apply. <u>Cost sharing</u> does not apply to certain maternity services considered to be <u>preventive</u> .
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Physical and Occupational Therapy is limited to a combined maximum of 30 visits per member, per calendar year; Speech Therapy is limited to a maximum of 30 visits per member, per calendar year.
	<u>Habilitation services</u>	20% <u>coinsurance</u> for Applied Behavioral Analysis 20% <u>coinsurance</u> for Physical, Speech and Occupational Therapy	20% <u>coinsurance</u> for Applied Behavioral Analysis 40% <u>coinsurance</u> for Physical, Speech and Occupational Therapy	Applied behavioral analysis (ABA) treatment for Autism - when rendered by an approved board-certified behavioral analyst - is covered through age 18, subject to <u>preauthorization</u> . 30 visits/year, Includes physical therapy and occupational therapy. 30 visits/year, Includes speech therapy.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	<u>Preauthorization</u> is required. Limited to 120 days per member per calendar year
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Excludes bath, exercise and deluxe equipment and comfort and convenience items. Prescription required.
	<u>Hospice services</u>	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	<u>Preauthorization</u> is required. Visit limits apply.
If your child needs dental or eye care For more information on pediatric vision or dental, contact your plan administrator	Children's eye exam	No Charge; <u>deductible</u> does not apply	You are responsible for the difference between the BCBSM approved amount and the amount charged by the provider	Limited to once in a calendar year for members up to the age of 19
	Children's glasses	No Charge; <u>deductible</u> does not apply	You are responsible for the difference between the BCBSM approved amount and the amount charged by the provider	Frames (chosen from a select collection) and lenses are covered once in a calendar year for members up to the age of 19.
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture treatment
- Cosmetic surgery
- Hearing aids
- Infertility treatment
- Long-term care
- Private duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery
- Chiropractic care
- Coverage provided outside the United States.
See <http://provider.bcbs.com>
- Dental care (Adult)
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services, Center for Consumer Information and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov or by calling the number on the back of your BCBSM ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Blue Cross® and Blue Shield® of Michigan by calling the number on the back of your BCBSM ID card.

Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) Department of Insurance and Financial Services, P. O. Box 30220, Lansing, MI 48909-7720 or <http://www.michigan.gov/difs> or difs-HICAP@michigan.gov

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace. (IMPORTANT: Blue Cross Blue Shield of Michigan is assuming that your coverage provides for all Essential Health Benefit (EHB) categories as defined by the State of Michigan. The minimum value of your plan may be affected if your plan does not cover certain EHB categories, such as prescription drugs, or if your plan provides coverage of specific EHB categories, for example prescription drugs, through another carrier.)

Language Access Services: See Addendum

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$40
■ <u>Hospital (facility) coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$80
Coinsurance	\$1,700
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,340

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$40
■ <u>Hospital (facility) coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$1,200
Coinsurance	\$70
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,830

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$40
■ <u>Hospital (facility) coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic tests (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,100
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,400

If you are also covered by an account-type plan such as an integrated health flexible spending arrangement (FSA), health reimbursement arrangement (HRA), and/or a health savings account (HSA), then you may have access to additional funds to help cover certain out-of-pocket expenses – like the deductible, co-payments, or co-insurance, or benefits not otherwise covered.

ADDENDUM – LANGUAGE ACCESS SERVICES and NON-DISCRIMINATION

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711. إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話：如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

بھ ہر شخص کو یا کسی کو مدد کرنے کی ضرورت ہو تو اس کے لیے یہ سہولت ہے کہ وہ اپنی زبان میں مدد حاصل کر سکیں۔ اگر آپ یا آپ کی مدد کرنے والی شخص کو مدد کرنے کی ضرورت ہے تو براہ کرم اپنے کارڈ کے پیچھے دیئے گئے گاہکوں کی سروس نمبر 877-469-2583 یا TTY: 711 پر کال کریں۔

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号(メンバーでない方は 877-469-2583, TTY: 711)までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.