

EXECUTIVE COMMITTEE SPECIAL MEETING ESC LE 4 E LA EE I

Thursday, November 2, 2019 at 12:00 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.



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	Х	
James Cambridge, Secretary		Х
Eric DeLong, Treasurer	Х	
Dominick Pallone, Member	Х	
Doug Smith, Member*	Х	

*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: <u>X</u> No: ____

IV. Approval of Minutes

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

Moved by: Pallone Supported by: DeLong

Yes: <u>X</u> 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 Deposity 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: <u>X</u> 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

Financial Report September 2019

MMSA Administrative Report



Plante & Moran, PLLC 27400 Northwestern Highway P.O. Box 307 Southfield MI 48037-0307

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 END BALANCE	Year E 09/30/ ORIGINAL BUDGET		Year To Date 09/30/2019 YTD BALANCE	% BDGT
Revenue					
671000 - Contract Revenue	150,000	150,000	150,000	150,000	100.00 %
Total Revenue	150,000	150,000	150,000	150,000	100.00 %
Expenses	,	,	,	,	
Salary and Fringes					
701000 - Personal Services	197,947	200,000	200,000	150,387	75.19 %
Total Salary and Fringes	197,947	200,000	200,000	150,387	75.19 %
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	73,603	57,000	79,841	64,986	81.39 %
Total Expenses	271,550	257,000	279,841	215,373	76.96 %
Revenue in Excess of Expenses	(121,550)	(107,000)	(129,841)	(65,373)	50.35 %
Transfers			·	i	
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	(3,753)	122,922	122,922	119,637	97.33 %
Change in Equity	(125,303)	15,922	(6,919)	54,264	(784.29) %

These financial statements have not been subjected to an audit, review or compilation engagement, and no assurance is provided on them. Created on: 10/02/2019, 09:16 PM

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

	Year Ending 09/30/2018	Year E 09/30	Ending /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	2,362,025	1,889,620	1,889,620	1,885,941	99.81 %
Expenses					
Operating					
801000 - Professional and Contractual Services	2,221,868	1,766,698	1,766,698	1,766,304	99.98 %
Total Operating	2,221,868	1,766,698	1,766,698	1,766,304	99.98 %
Total Expenses	2,221,868	1,766,698	1,766,698	1,766,304	99.98 %
Revenue in Excess of Expenses	140,157	122,922	122,922	119,637	97.33 %
Transfers					
995101 - Transfer Out - GF	(140,157)	(122,922)	(122,922)	(119,637)	97.33 %
Total Transfers	(140,157)	(122,922)	(122,922)	(119,637)	97.33 %
Change in Equity	0	0	0	0	0.00 %

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

	Year Ending 09/30/2018	2018 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	2,569,250	2,039,620	2,039,620	2,035,941	99.82 %
Expenses					
Salary and Fringes					
701000 - Personal Services	197,947	200,000	200,000	150,387	75.19 %
Total Salary and Fringes	197,947	200,000	200,000	150,387	75.19 %
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	2,496,606	1,823,698	1,846,539	1,831,290	99.17 %
Total Expenses	2,694,553	2,023,698	2,046,539	1,981,677	96.83 %
Revenue in Excess of Expenses	(125,303)	15,922	(6,919)	54,264	(784.29) %
Transfers	·		· · ·		<u> </u>
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	Ó	0	0.00 %
Total Transfers	0	0	0	0	0.00 %
Change in Equity	(125,303)	15,922	(6,919)	54,264	(784.29) %

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 %

Michigan Municipal Services Authority **Reconciliation Report**

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

Statement Ending Deposits in Trans Outstanding Che Adjusted Bank Ba	sit cks and Charges			=	258,361.14 0.00 0.00 258,361.14
Book Balance Adjustments*					258,361.14 0.00
Adjusted Book B	alance			_	258,361.14
	Total Checks and Charges Cleared	8,777.59	Total Deposits Cleared		41,265.24
Deposits					
Name	Memo Cover fraud	Date 09/09/2019	Doc No	Cleared 3,765.24	In Transit
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	d 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 09.19.19 Payroll	09/17/2019 09/17/2019		624.72 1,743.58	
General Ledger Entry	September Bank Fee	09/30/2019		64.01	
Total Checks and		00001010		8,777.59	0.00



(WESTERN MICHIGAN) P.O. BOX 630900 CINCINNATI OH 45263-0900

0

5700

MICHIGAN MUNICIPAL SERVICE 200 TOWNSEND ST STE 900 LANSING MI 48933 Statement Period Date: 9/1/2019 - 9/30/2019 Account Type: COMM'L 53 ANALYZED Account Number:

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

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

Withdrawals	s / 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 / Ci	redits	2 items totaling \$41,265.24
Date	Amount	Description
09/09	3,765.24	FUNDS TRANSFER FROM CK: XXXXX5711 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 S	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

For additional information and account disclosures, please visit www.53.com/commercialbanking

Michigan Municipal Services Authority **Reconciliation Report**

As Of 09/30/2019 Account: Cash

Statement Endin Deposits in Tran Outstanding Che Adjusted Bank B	sit ecks and Charges			_	(39.29) 0.00 0.00 (39.29)
Book Balance Adjustments*				_	(39.29) 0.00
Adjusted Book E	Balance				(39.29)
	Total Checks and Charges Cleared	13,428.84	Total Deposits Cleared		9,424.31
Deposits					
Name	Memo	Date	Doc No	Cleared	In Transit
General Ledger Entry	Repayment of Fraudu- lent Charges	09/30/2019		9,424.31	
Total Deposits				9,424.31	0.00
Checks and	d 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				13,428.84	0.00



(WESTERN MICHIGAN) P.O. BOX 630900 CINCINNATI OH 45263-0900

MICHIGAN MUNICIPAL SERVICES

LANSING MI 48901-2012

AUTHORITY

PO BOX 12012

0

4525

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

		Account Summary -		
09/01	Beginning Balance Checks	\$3,965.24	Number of Days in Period	30
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 / Cre	edits	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 Sun	nmary				
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)

Ē

Financial Report October 2019

MMSA Administrative Report



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.

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 October 31, 2019

	Year Ending 09/30/2019	Year E 09/30	Ending /2020	Year To Date 10/31/2019	
	END BALANCE	ORIGINAL BUDGET	AMENDED BUDGET	YTD BALANCE	% BDGT
Revenue					
671000 - Contract Revenue	150,000	150,000	150,000	37,500	25.00 %
Total Revenue	150,000	150,000	150,000	37,500	25.00 %
Expenses					
Salary and Fringes					
701000 - Personal Services	152,089	200,000	200,000	13,830	6.91 %
Total Salary and Fringes	152,089	200,000	200,000	13,830	6.91 %
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	67,777	79,841	79,841	2,403	3.01 %
Total Expenses	219,866	279,841	279,841	16,233	5.80 %
Revenue in Excess of Expenses	(69,866)	(129,841)	(129,841)	21,267	(16.38) %
Transfers	/			,	
699273 - Interfund Transfer In - FMS	119,637	122,922	122,922	0	0.00 %
Total Transfers	119,637	122,922	122,922	0	0.00 %
Change in Equity	49,771	(6,919)	(6,919)	21,267	(307.37) %

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 Year Ending 09/30/2019 09/30/2020		0
	END BALANCE	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

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

	Year Ending 09/30/2019	Year E 09/30		Year To Date 10/31/2019	
	END BALANCE	ORIGINAL BUDGET	AMENDED BUDGET	YTD BALANCE	% BDGT
Revenue					
671000 - Contract Revenue	2,035,941	2,039,620	2,039,620	37,500	1.84 %
Total Revenue	2,035,941	2,039,620	2,039,620	37,500	1.84 %
Expenses					
Salary and Fringes					
701000 - Personal Services	152,089	200,000	200,000	13,830	6.91 %
Total Salary and Fringes	152,089	200,000	200,000	13,830	6.91 %
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	1,834,081	1,846,539	1,846,539	2,403	0.13 %
Total Expenses	1,986,170	2,046,539	2,046,539	16,233	0.79 %
Revenue in Excess of Expenses	49,771	(6,919)	(6,919)	21,267	(307.37) %
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	0	245,844	245,844	0	0.00 %
Change in Equity	49,771	238,925	238,925	21,267	8.90 %

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, 11:57 AM EDT

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 %

Michigan Municipal Services Authority Check Register

Date	Payee	Document No	Amount Cleared
	Bank: Bill.com Clearing - Bill.com Clearing	Account No:	
10/25/2019	10002Plante Moran		798.25 In Transit
10/25/2019	10009Kristen Delaney		1,141.65 In Transit
10/25/2019	10003Dykema Gossett, PLLC		940.21 In Transit
	Total for Bill.com Clearing		2,880.11
	Bank: Fifth Third - 1244 - Firth Third	Account No: 7169301244	
0/01/2019	10015Gusto		624.72 10/31/2019
0/17/2019	10015Gusto		624.72 10/31/2019
0/29/2019	10015Gusto		894.81 10/31/2019
10/29/2019	10015Gusto		2,286.44 10/31/2019
10/31/2019	10015Gusto		51.00 In Transit
	Total for Fifth Third - 1244		4,481.69

Michigan Municipal Services Authority Reconciliation Report

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

	Statement Ending Deposits in Trans Outstanding Cheo Adjusted Bank Ba	it cks and Charges				277,467.28 0.00 (51.00) 277,416.28
	Book Balance Adjustments* Adjusted Book Ba	alance				277,416.28 0.00 277,416.28
		Total Checks and Charges Cleared	18,393.86	Total Deposits Cleared		37,500.00
De	posits					
Na Loca	me	Memo LCSA 1st Qtr Pmt FY20	Date 10/30/2019	Doc No	Cleared 37,500.00	In Transit

37,500.00

0.00

lization Authority Total Deposits

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	10/29/2019		2,229.47	
Gusto	Run) 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	d Charges			18,393.86	51.00



MICHIGAN MUNICIPAL SERVICE

200 TOWNSEND ST STE 900

LANSING MI 48933

0

5124

Statement Period Date: 10/1/2019 - 10/31/2019 Account Type: COMM'L 53 ANALYZED Account Number:

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

> > 1 item totaling \$37,500.00

		Account Summary -		
10/01	Beginning Balance Checks	\$258,361.14	Number of Days in Period	31
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 Date Amount

37,500.00

10/30

Local Community Bill.com 016WXKPJF17P0YY Michigan Municipal Ser Local Community Stabilization Authority Bill.com 016WXKPJF17P0YY Inv #F

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		

Description

Michigan Municipal Services Authority Reconciliation Report As Of 10/31/2019

Account: Cash

	sit ecks and Charges				39,833.34 0.00 0.00
Adjusted Bank E	Balance				39,833.34
Book Balance Adjustments*					39,833.34 0.00
Adjusted Book E	Balance				39,833.34
	Total Checks and Charges Cleared	13,648.99	Total Deposits Cleared		49,517.09
	ondigeo orearea				
Deposits					
Name	Memo	Date	Doc No	Cleared	In Transit
General Ledger Entry	Repayment of Fraudu- lent 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	d 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	d Charges			13,648.99	0.00



MICHIGAN MUNICIPAL SERVICES

LANSING MI 48901-2012

AUTHORITY

PO BOX 12012

Statement Period Date: 10/1/2019 - 10/31/2019 Account Type: COMM'L 53 ANALYZED Account Number:

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

		Account Summary -	-		
10/01	Beginning Balance Checks	\$(39.29)	Number of Da	ys in Period	31
1	Withdrawals / Debits	\$(220.15)			
2	Deposits / Credits	\$40,092.78			
10/31	Ending Balance	\$39,833.34			
Withdra	wals / Debits				1 item totaling \$220.1
Date	Amount	Description			-
10/10	220.15	SERVICE CHARGE			
Deposits	s / Credits			2 ite	ems totaling \$40,092.7
Date	Amount	Description			
10/25	4,002.81	FUNDS TRANSFER CREDIT REF	# 00985892554 PROV	ISIONAL CREDIT FOR D	ISPUTED ITEM
10/28	36,089.97	FUNDS TRANSFER CREDIT REF	# 00986388879 DISPU	UTED ACH ITEM RETURN	NED
Daily Ba	lance Summary				
Date	Amour	t Date	Amount	Date	Amount
10/10	(259.44	10/25	3,743.37	10/28	39,833.34
· ·					

4074

0

FMS Program Report

MMSA Administrative Report

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.

MMSA Administrative Report

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

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.

11/8/2019 Collaborate • Innovate • Serve

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

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

11/8/2019 Collaborate • Innovate • Serve

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 cites and villages
- 1,240 eligible townships

11/8/2019 Collaborate • Innovate • Serve



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	5	Segal Consulting	Kim Wixson kwixson@segalco.com • Work (248) 606-1435 • Mobile	Not started

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



November 11, 2019
Executive Committee
Shea Charles, CEO
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.



EXECUTIVE COMMITTEE RESOLUTION 2019-13

Authorize Employment of Assistant to CEO

The Executive Committee of the Michigan Municipal Services Authority (the "Authority") resolves:

- that the chief executive officer of the Authority is authorized to enter into an employment agreement with the assistant to the chief executive officer; and
- that the chief executive officer of the Authority wishes to modify the employment agreement to offer health insurance benefits; and
- that before signing the amended employment agreement the CEO shall obtain the approval as to form of the employment agreement from the Authority's legal counsel.

Secretary's Certification:

I certify that this resolution was duly adopted by the Executive Committee of the Michigan Municipal Services Authority at a properly-noticed open meeting held with a quorum present on November 21, 2019.

By:

James Cambridge Authority Secretary



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 SE	RVICES 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		MICHIGAN MUNICIPAL SEF	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							

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.									
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	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						

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

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association 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 <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) 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 <u>www.bcbsm.com</u> or call the number on the back of your BCBSM ID card. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <u>https://www.healthcare.gov/sbc-glossary</u> or call the number on the back of your BCBSM ID card to request a copy.

Important Quastions	Answers		Why this Matters:		
Important Questions	In-Network	Out-of-Network	Wily this matters.		
What is the overall <u>deductible</u> ?	\$1,500 Individual/ \$3,000 Family \$6,000 Family		Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before <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 a 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> amound But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>prevention 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 (<u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u>).		
Are there other <u>deductibles</u> for specific services?	No.		You don't have to meet deductibles 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 limit</u> 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-</u> pocket limit?	Premiums, <u>balance-b</u> pharmacy penalty an plan doesn't cover.		Even though you pay these expenses, they don't count toward the <u>out–of–pocket limit</u> .		
the number on the back of your BCBSM ID card for a list of <u>network provider</u> ?		ack of your BCBSM	 This <u>plan</u> uses a provider <u>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 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 **<u>copayment</u>** and **<u>coinsurance</u>** costs shown in this chart are after your **<u>deductible</u>** has been met, if a <u>**deductible**</u> applies.

		What Yo	ou Will Pay	Limitations, Exceptions, & Other Important
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
If you visit a health care <u>provider's</u> 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
	Preventive care/ screening/ 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 preauthorization

		What Yo	ou Will Pay	Limitations, Exceptions, & Other Important	
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information	
	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		
	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	Preauthorization, step therapy and quantity limits	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at <u>www.bcbsm.com/druglists</u>	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	may apply to select drugs. <u>Preventive</u> drugs covered in full. 90-day supply not covered out of network.	
	Generic and preferred brand-name <u>specialty</u> <u>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	Preauthorization is required. Specialty drugs	
	Nonpreferred brand-name specialty drugs	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	limited to a 15 or 30-day supply	

		What Yo	ou Will Pay	Limitations, Exceptions, & Other Important
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Information
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
	Emergency room care	\$150 <u>copay</u> /visit; <u>deductible</u> does not apply	\$150 <u>copay</u> /visit; <u>deductible</u> does not apply	Copay waived if admitted
If you need immediate medical attention	Emergency medical transportation	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>	Preauthorization is required
n you nave a nospital stay	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
Substance use disorder)	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Preauthorization is required.
	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> .
If you are pregnant	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

		What You Will Pay		Limitations Eventions & Other Important	
Common Medical Event	Services You May Need	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Home health care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Preauthorization is required.	
If you need help recovering or have other special health needs	Rehabilitation services	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.	
	Habilitation services	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%	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.	
	Skilled nursing care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Preauthorization is required. Limited to 120 days per member per calendar year	
	Durable medical equipment	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Excludes bath, exercise and deluxe equipment and comfort and convenience items. Prescription required.	
	Hospice services	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	Preauthorization 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	

Acupuncture treatment	Infertility treatment	Routine foot care
Cosmetic surgery	Long-term care	Weight loss programs
Hearing aids	Private duty nursing	
		nlan daarumant)
Other Covered Services (Limitations may	apply to these services. This isn't a complete list. Please see your	<u>pian</u> document.)
 Dther Covered Services (Limitations may Bariatric surgery 	Coverage provided outside the United States.	
· · · · · ·	····	 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 <u>www.dol.gov/ebsa/healthreform</u>, 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 <u>www.cciio.cms.gov</u> 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 <u>Marketplace</u>. For more information about the <u>Marketplace</u>, visit <u>www.HealthCare.gov</u> or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. 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/difs or difs-HICAP@michigan.gov/difs or difs-HICAP@michigan.gov/difs

Does this plan provide Minimum Essential Coverage? Yes

If you don't have <u>Minimum Essential Coverage</u> 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 <u>plan</u> doesn't meet the <u>Minimum Value Standards</u>, you may be eligible for a <u>premium tax credit</u> to help you pay for a <u>plan</u> through the <u>Marketplace</u>. (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 <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. 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> <u>Specialist copayment</u> Hospital (facility) <u>coinsurance</u> Other <u>coinsurance</u> 	\$1,500 \$40 20% 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
--------------------	----------

In this example, Peg would pay:

Cost Sharing		
Deductibles	\$1,500	
Copayments	\$80	
Coinsurance	\$1,700	
What isn't covered		
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 plan's overall deductible	\$1,500
Specialist copayment	\$40
Hospital (facility) coinsurance	20%
Other coinsurance	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*)

In this example, Joe would pay:

Cost Sharing		
Deductibles	\$1,500	
Copayments	\$1,200	
Coinsurance	\$70	
What isn't covered		
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 plan's overall deductible	\$1,500
Specialist copayment	\$40
Hospital (facility) <u>coinsurance</u>	20%
Other coinsurance	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*)

In this example, Mia would pay:

Cost Sharing		
Deductibles	\$1,100	
Copayments	\$300	
Coinsurance	\$0	
What isn't covered		
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 كُنْتُ أَنْتُ أَوْ شَحْصَ آخَرِ نُسَاعَدَه بحاجة لمساعدة، فَلَدَيْكَ الحَقَ في الحصول على المساعدة والمعلومات الضرورية بلغَنْكَ دون أَيَّة نَكَلفَة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر يطاقتك، أو برقم TTY:711 820-469-2583، إذا لم نَكَن مُسْتَركا بِالْعَلْ.

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。

ى مى مەسەف، نې بېد قېرى قىگە دەرمەدەلەفى ، ھىدىمۇ مەنى خەزەلامە، مەسەفى مىدىقلىمدىنى خەمەتلامە دەكىلىدەنى خەزەلامە مەتەدىكىمەتلامە دېلىقىنى دىمىمى خلى تىتى مەدھەھمەمى نې دىلىقى تەتكە 263-877 877-469 مى خىكە لىلاھى خەتەچى.

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

Jeśli Ty lub osoba, której pomagasz, potrzebujecie 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、情報を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.