

-- AGENDA --

**REGULAR MEETING OF THE WEST BRANCH CITY COUNCIL TO BE HELD IN PERSON AND  
VIRTUALLY AT WEST BRANCH CITY HALL, 121 N. FOURTH ST. ON MONDAY, NOVEMBER  
15, 2021, BEGINNING AT 6:00 P.M.**

PLEASE NOTE: All guests and parties in attendance are asked to sign in if they will be making any comments during meetings, so that the City Clerk may properly record your name in the minutes. Public comments are limited to 3 minutes in length while matters from the floor are limited to 10 minutes, unless you have signed in and requested additional speaking time, and that the request is then approved by either the Mayor or a majority vote of Council. All in attendance are asked to silence all cell phones and other electronic devices. Accommodations are available upon request to those who require alternately formatted materials or auxiliary aids to ensure effective communication and access to City meetings or hearings. All request for accommodations should be made with as much advance notice as possible, typically at least 10 business days in advance by contacting City Clerk Amanda Stang at (989) 345-0500. [DISCLAIMER: Views or opinions expressed by City Council Members or employees during meetings are those of the individuals speaking and do not represent the views or opinions of the City Council or the City as a whole.] [NOTICE: Audio and/or video may be recorded at public meetings of the City Council.]

- I. Call to order
- II. Roll call
- III. Pledge of Allegiance
- IV. Scheduled matters from the floor
  - A. County Commissioner Mark Surbrook
- V. Public hearing
- VI. Additions to the agenda
- VII. Public comment on agenda items only (limited to 3 minutes)
- VIII. Bids
  - A. Insurances
- IX. Unfinished business
- X. New business
  - A. Bills
  - B. Excuse Mayor Frechette from the meeting held November 1, 2021
  - C. Introduction of Ordinance 21-04, Title 13
  - D. Resolution 21-25 MDARD Grant
  - E. Resolution 21-26, Budget Amendment
  - F. Proclamation 21-02 Kiwanis
- XI. Approval of the minutes and summary from the meeting held November 1, 2021

XII. Consent agenda

- A. Treasurers report and investment summary
- B. Approval of Planning Commission Minutes from the meeting held October 12, 2021
- C. Ogemaw County Transportation Task Force Minutes from the meeting held November 1, 2021
- D. October Month End Police Report

XIII. Communications

- A. Ogemaw County Herald Holiday Ad
- B. Ogemaw County Voice Christmas Open House

XIV. Reports and/or comments

- A. Mayor
- B. Council
- C. Manager
  - 1. Council Open House
  - 2. Happy Holidays ad

XV. Public comment any topic

XVI. Adjournment

UPCOMING MEETINGS-EVENTS

November 17—Airport 12:15pm

November 23—DDA 12noon

November 25<sup>th</sup> & 26<sup>th</sup>-City Hall Closed

December 6<sup>th</sup> – Council 6pm

In response to the COVID -19 pandemic, City Council meetings will be held in person but still broadcasted virtually. Unvaccinated members of the public may attend with social distancing and facemask requirements. Vaccinated members may attend in person without masks restrictions as per the latest State update.

**Call to Order**

**Roll Call**

**Pledge of  
Allegiance**

# **Scheduled Matters from the Floor**

# Public Hearings

# **Additions to the Agenda**

# **Public Comment -Agenda Items**

# Bids



121 North Fourth Street, West Branch, Michigan 48661  
Phone 989-345-0500, Fax 989-345-4390,

## **Insurance RFP**

The City of West Branch is seeking proposals/bids from qualified insurance providers for the provision of disability insurance (both long and short term), life insurance, and health insurance.

Bids for all are due by Thursday, November 11, 2021 at 4:30. Bids may be submitted via mail or in person, during regular business hours of Monday – Friday 8:00 a.m.-4:30 p.m., to West Branch City Hall, 121 N. Fourth St., West Branch, MI 48661. Any additional information can be obtained by contacting City Manager John Dantzer at (989) 345-0500.

All prices etc., listed in bids/proposals good for 90 days, unless indicated otherwise by bidder. City Council reserves the right to accept or reject any and all bids.

TYPE OF PLAN	CURRENT PLAN BCN CLASSIC	MESSA CHOICES 500 DED/0% COINSURE	MESSA CHOICES 1000 DED/20% COINSURE
DEDUCTIBLE SINGLE	HMO	PPO	PPO
DEDUCTIBLE FAMILY	\$1,000	\$500	\$1,000
COINSURANCE	\$2,000	\$1,000	\$2,000
ONLINE VISIT COPAY	20%	0%	20%
OFFICE VISIT COPAY	\$20	\$20	\$20
SPECIALIST VISIT COPAY	\$40	\$20	\$20
URGENT CARE COPAY	\$50	\$25	\$25
EMERGENCY ROOM COPAY	\$250	\$50	\$50
MAX OUT OF POCKET SINGLE	\$8,150	\$3,500	\$5,000
MAX OUT OF POCKET FAMILY	\$16,300	\$7,000	\$10,000
<b>PRESCRIPTIONS</b>			
TIER 1 GENERICS	\$15/\$40	3-TIER RX \$10	3-TIER RX \$10
Tier 2 BRAND NAME NO GENERIC	\$80	20% \$40/\$80	20% \$40/\$80
TIER 3 BRAND NAME W/ GENERIC	\$100	20% \$60/\$100	20% \$60/\$100
TIER 4 PREFERRED SPECIALTY			
DEDUCTIBLE SINGLE			
DEDUCTIBLE FAMILY			
<b>DENTAL</b>		DELTA DENTAL	DELTA DENTAL
DIAGNOSTIC & PREVENTATIVE	100%	100%	100%
BASIC SERVICES	80%	100%	100%
MAJOR SERVICES	50%	85%	85%
ORTHODONTICS	50%	50%	50%
<b>OPTICAL</b>		VISION PREFERRED	VISION PREFERRED
EXAMINATION	\$5 copay	100%	100%
CONTACT LENSES	\$10 copay	\$135 allowance	\$135 allowance
EYEGLASS FRAMES	\$10 copay	100% of approved amount	100% of approved amount
EYEGLASS LENSES	included above	100% of approved amount	100% of approved amount
EYEGLASS LENS ENHANCEMENTS		100% of approved amount	100% of approved amount

	DIEBOLD				EMPLOYER		EMPLOYEE		
	2022	86%	14%	MESSA 1000	86%	14%	MESSA 500	86%	14%
employee 1	\$364.42	\$313.40	\$51.02	\$500.99	\$430.85	\$70.14	\$583.26	\$501.60	\$81.66
employee 2	\$1,684.88	\$1,449.00	\$235.88	\$1,109.82	\$954.45	\$155.37	\$1,294.92	\$1,113.63	\$181.29
employee 3	\$2,051.00	\$1,763.86	\$287.14	\$1,438.36	\$1,236.99	\$201.37	\$1,668.69	\$1,435.07	\$233.62
employee 4	\$617.15	\$530.75	\$86.40	\$500.99	\$430.85	\$70.14	\$583.26	\$501.60	\$81.66
employee 5	\$1,378.90	\$1,185.85	\$193.05	\$1,438.36	\$1,236.99	\$201.37	\$1,668.69	\$1,435.07	\$233.62
employee 6	\$482.93	\$415.32	\$67.61	\$500.99	\$430.85	\$70.14	\$583.26	\$501.60	\$81.66
employee 7	\$352.04	\$302.75	\$49.29	\$500.99	\$430.85	\$70.14	\$583.26	\$501.60	\$81.66
employee 8	\$352.04	\$302.75	\$49.29	\$500.99	\$430.85	\$70.14	\$583.26	\$501.60	\$81.66
employee 9	\$977.89	\$840.99	\$136.90	\$500.99	\$430.85	\$70.14	\$583.26	\$501.60	\$81.66
employee 10	\$1,648.22	\$1,417.47	\$230.75	\$1,438.36	\$1,236.99	\$201.37	\$1,668.69	\$1,435.07	\$233.62
employee 11	\$1,345.53	\$1,157.16	\$188.37	\$1,438.36	\$1,236.99	\$201.37	\$1,668.69	\$1,435.07	\$233.62
employee 12	\$1,741.79	\$1,497.94	\$243.85	\$1,438.36	\$1,236.99	\$201.37	\$1,668.69	\$1,435.07	\$233.62
employee 13	\$1,166.12	\$1,002.86	\$163.26	\$1,438.36	\$1,236.99	\$201.37	\$1,668.69	\$1,435.07	\$233.62
employee 14	\$1,329.93	\$1,143.74	\$186.19	\$1,438.36	\$1,236.99	\$173.18	\$1,668.69	\$1,435.07	\$233.62
employee 15	\$336.25	\$289.18	\$47.08	\$500.99	\$430.85	\$60.32	\$583.26	\$501.60	\$81.66
employee 16	\$414.75	\$356.69	\$58.07	\$500.99	\$430.85	\$60.32	\$583.26	\$501.60	\$81.66
employee 17	\$680.80	\$585.49	\$95.31	\$1,109.82	\$954.45	\$133.62	\$1,294.92	\$1,113.63	\$181.29
TOTAL	\$16,924.64	\$14,555.19	\$2,369.45	\$16,296.08	\$14,014.63	\$2,211.87	\$18,946.75	\$16,286.46	\$2,651.28
	DIEBOLD	DIEBOLD	MERS	MERS					
LIFE	MONTHLY	ANNUAL	MONTHLY	ANNUAL					
	\$228.20	\$2,738.40	\$199.00	\$2,388.00					
ST DISABILITY	\$374.56	\$4,494.72	\$346.00	\$4,152.00					
LT DISABILITY	\$313.88	\$3,766.56	\$317.00	\$3,804.00					
TOTAL		\$10,999.68		\$10,344.00					

	DIEBOLD		MERS		MERS	
	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL
LIFE	\$228.20	\$2,738.40	\$199.00	\$2,388.00		
ST DISABILITY	\$374.56	\$4,494.72	\$346.00	\$4,152.00		
LT DISABILITY	\$313.88	\$3,766.56	\$317.00	\$3,804.00		
TOTAL		\$10,999.68		\$10,344.00		

## Rate Renewal Change

DIV: 00189006-0002-0002

Rate Effective: 01/01/2021

Managing Agent: 01\_Grotenhuis  
KEVIN A. ELLIOTT

Endorsed by: Not Applicable  
Agency: DIEBOLD AGENCY

### Current Premium<sup>1</sup>

Total Billable Members <sup>2</sup>	41
Total Medical & Pharmacy Premium <sup>3</sup>	\$13,960.7
Total Dental Premium	\$1,271.71
Total Vision Premium	\$150.88
<b>Total Current Monthly Premium</b>	<b>\$15,383.33</b>

<b>Total Annual Premium</b>	<b>\$184,599.96</b>
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### Renewal Premium<sup>1</sup>

Total Billable Members <sup>2</sup>	41
Total Medical & Pharmacy Premium <sup>3</sup>	\$14,589.1
Total Dental Premium	\$1,168.06
Total Vision Premium	\$142.84
<b>Total Renewal Monthly Premium</b>	<b>\$15,900.04</b>

<b>Total Annual Premium</b>	<b>\$190,800.48</b>
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<b>Projected Change in Monthly Premium</b>	<b>3.36%</b>
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### Components of Rate Change<sup>4</sup>

Components of Rate Change	Medical <sup>3</sup> & Pharmacy	Dental	Vision
Index to Current Rate	1.20%	-7.63%	-9.40%
Value of Product Differences <sup>5</sup>	0.38%	-1.68%	2.72%
Area	0.63%	0.00%	0.00%
Age	2.23%	1.14%	1.73%
Age Factor Changes	0.00%	0.00%	0.00%
Dependent Cap	0.00%	0.00%	0.00%
<b>Total Rate Change</b>	<b>4.50%</b>	<b>-8.15%</b>	<b>-5.33%</b>

1. Premiums are based on enrollment at the time of renewal development.

2. Count based on snapshot as of 10/01/2020.

3. Medical includes Pediatric Vision.

4. The figures reflect commercial plans only.

5. Percent changes due to members aging out of pediatric dental and/or members aging into adult vision plans are accounted for in the Value of Product Differences.

Reference number: NA

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.



CITY OF WEST BRANCH

## Benefit Summary Description

DIV: 00189006-0002-0002

### Current Benefits

<b>Medical</b>	<b>BCN Gold \$1000 20% VA</b>
Deductible (Individual) <sup>1</sup>	\$1,000/\$2,000
Coinsurance <sup>1</sup>	20%
Primary Care Office Visit Copay <sup>1</sup>	\$20
Emergency Room Copay <sup>1</sup>	\$250
Drug	\$10/\$30/\$60/\$80/20%/20%
Metal Level	Gold
<b>Dental</b>	<b>BDPPO Plus 100/80/50</b>
<b>Vision</b>	<b>Blue Vision 12-12-12 \$5/\$10</b>
<b>Total Monthly Premium</b>	<b>\$15,383.33</b>

### Renewal Compliant Benefit Conversion

<b>Medical</b>	<b>BCN Gold \$1000 20% VA</b>
Deductible (Individual) <sup>1</sup>	\$1000
Coinsurance <sup>1</sup>	20%
Primary Care Office Visit Copay <sup>1</sup>	\$20 Copay
Emergency Room Copay <sup>1</sup>	\$250 Copay
Drug	\$15-\$40-\$80-\$100-20%-20% 90D3X
Metal Level	Gold
<b>Dental</b>	<b>BDPPO Plus 100/80/50</b>
<b>Vision</b>	<b>Blue Vision 12-12-12 \$5/\$10</b>
<b>Total Monthly Premium</b>	<b>\$15,900.04</b>

For a more detailed description of benefits, please refer to the Agent Portal or contact your Managing Agent.<sup>2</sup>

<sup>1</sup> BCBSM plans will display values to represent "In-Network/Out-of-Network"

<sup>2</sup> BAAGs and SBCs can be found on the Agent Portal or by contacting your Managing Agent.





Run Date: 10/2020

CITY OF WEST BRANCH  
121 N Fourth St  
West Branch MI 48661

KEVIN A. ELLIOTT  
817 W HOUGHTON AVENUE  
WEST BRANCH MI 48661

## BENEFIT AND RATE SCHEDULE

### CITY OF WEST BRANCH

Rate Effective: 01/2021

Renewal January

<b>Customer ID:</b>	189006	<b>Rating Type:</b>	Small Group
<b>Group-subgroup-class:</b>	00189006-0002-0002	<b>Cluster Code:</b>	FO00
<b>Endorsed By:</b>	Not Applicable	<b>County:</b>	Ogemaw

### CERTIFICATES

CERT	BDPPO Plus 100/80/50
CERT	Blue Vision 12-12-12 \$5/\$10

### MEDICAL RIDERS

CLSSSM	BCN Classic Certificate of Coverage for Small Groups
D1000	\$1000 Individual/\$2000 Family Deductible Rider
CI20%	20% Coinsurance Rider
35ECM	\$3,500 Individual/\$7,000 Family Embedded Coinsurance Max Rider
8150PM	\$8,150/\$16,300 Out of Pocket Maximum Rider
CO20	\$20 Office Visit Copay
40RP	\$40 Referral Physician Office Visit Copayment Rider
UR50	Urgent Care \$50 Copay Rider
ER250	\$250 Emergency Room Copay
IMG150	Applies a \$150 copay or 50% of the approved amount to MRI, MRA, CAT and PET scans
DSR20%	Applies 20% coinsurance to diabetic supplies
WDRPOV	Deductible Waiver for Referral Physician Office Visit
ONVCW	Online Office Visit Copayment Waiver Rider
VACR50	Voluntary Abortion Coverage Rider 50% Coinsurance
PVSN	Pediatric Vision - Small Groups

### DRUG RIDERS

1548CS, 90D3X, RXVAR,	\$15/\$40/\$80/\$100/20%/20% Prescription Drug Rider
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### DENTAL RIDERS

+100805050/1000	RIDER BD PPO PLUS 100/80/50/50 1000 SG
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### VISION RIDERS

BVFL SG	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12)
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Reference Number: NA

All Benefit Descriptions may not be applicable to all subscribers.

# BCN BENEFIT AND RATE SCHEDULE



## City of West Branch

Group ID:00189006 Subgroup:0002 Class:0002

Subgroup Name:CITY OF WEST BRANCH Class Name:ACTIVE

Rating Area: O

Your benefit package has been renewed at the following rates and is effective from 01/01/2022 through 12/31/2022.

### Medical: BCN HMO Gold \$1000/20% W/ Elective Abortion

### Complementary Medical:

35ECM	\$3,500 Individual/\$7,000 Family Embedded Coinsurance Max Rider
40RP	\$40 Referral Physician Office Visit Copayment Rider
8150PM	\$8,150/\$16,300 Out of Pocket Maximum Rider
CI20%	20% Coinsurance Rider
CLSSSM	BCN Classic Certificate of Coverage for Small Groups
CO20	\$20 Office Visit Copay
D1000	\$1000 Individual/\$2000 Family Deductible Rider
DSR20%	Applies 20% coinsurance to diabetic supplies
ER250	\$250 Emergency Room Copay
IMG150	Applies a \$150 copay or 50% of the approved amount to MRI, MRA, CAT and PET scans
ONVCW	Online Office Visit Copayment Waiver Rider
PVSN	Pediatric Vision - Small Groups
UR50	Urgent Care \$50 Copay Rider
VACR50	Adds coverage for first trimester elective term with 50% coinsurance
WDRPOV	Deductible Waiver for Referral Physician Office Visit

### Pharmacy:

### Complementary Pharmacy:

1548CS, 90D3X, RXVAR, 8150PM	\$15/\$40/\$80/\$100.20%/20% Prescription Drug Rider
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### Dental: Blue Dental PPO Plus 100/80/50/50 SG

### Complementary Dental: BD-SG

1008050501000	RIDER BD PPO PLUS 100/80/50/50-1000-2022 SG BLUE DENTAL	1008050501000	RIDER BD PPO PLUS 100/80/50/50-1000-2022 SG BLUE DENTAL
BD-SG	BLUE DENTAL GROUP BENEFITS CERTIFICATE SG	ADM MOS816 DNTL	ADMINISTRATIVE RIDER COMP BENEFITS - DENTAL
		BD-SG	BLUE DENTAL GROUP BENEFITS CERTIFICATE SG

### Vision: Blue Vision 12/12/12

### Complementary Vision: BV-ADULT

BV-ADULT	BLUE VISION ADULT-ONLY GROUP BENEFITS CERTIFICATE SG	ADM MOS816 VIS	ADMINISTRATIVE RIDER COMP BENEFITS - VISION
BVFL SG	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12)	BV-ADULT	BLUE VISION ADULT-ONLY GROUP BENEFITS CERTIFICATE SG
		BVFL SG	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12)

## Benefit Summary Description

### City of West Branch

DIV: 00189006\_0002\_0002

	Current Benefits	Renewal Compliant Benefit Conversion
<b>Medical</b>	<b>BCN HMO Gold \$1000/20% W/ Elective Abortion</b>	<b>BCN HMO Gold \$1000/20% W/ Elective Abortion</b>
Deductible (individual) <sup>1</sup>	\$1000	\$1000
Coinurance <sup>1</sup>	20%	20%
Office Visit Copay <sup>1</sup>	\$20 Copay	\$20 Copay
Emergency Room Copay <sup>1</sup>	\$250 Copay	\$250 Copay
<b>Drug</b>	<b>\$15/\$40/\$80/\$100/20%/20%</b>	<b>\$15/\$40/\$80/\$100/20%/20%</b>
Metal Level <sup>1</sup>	Gold	Gold
<b>Dental</b>	<b>Blue Dental PPO Plus 100/80/50/50 SG</b>	<b>Blue Dental PPO Plus 100/80/50/50 SG</b>
Annual Max <sup>1</sup>	\$1000	\$1000
Contribution Type	Non-Voluntary	Non-Voluntary
<b>Vision</b>	<b>Blue Vision 12/12/12</b>	<b>Blue Vision 12/12/12</b>
Contribution Type	Non-Voluntary	Non-Voluntary
<b>Total Monthly Premium</b>	<b>\$15,805.56</b>	<b>\$17,979.03</b>

For a more detailed description of benefits, please refer to the Agent Portal or contact your Managing Agent.<sup>2</sup>

1. BCBSM plans will display values to represent "in-Network"

2. BAAGs and SBCs can be found on the Agent Portal or by contacting your Managing Agent.

Reference Number: 180

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

Company Name:

CITY OF WEST BRANCH

## BCN HMO <sup>SM</sup> Gold \$1000/20%

This is intended as an easy-to-read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificate and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. Services must be provided or arranged by member's primary care physician or health plan.

### Member's Responsibility: Deductible, Copays, Coinsurance and Dollar Maximums

**Note:** The Deductible will apply to certain services as defined below.

#### Deductible

**Note:** Coinsurance and select fixed dollar copays apply once the deductible has been met.

\$1,000 per individual/\$2,000 per family per calendar year

#### Fixed dollar copays

**Note:** If you have a deductible, the deductible must be met first for certain services as listed below.

\$20 for office visits, \$40 for specialist visits, \$50 for urgent care visits, \$250 for emergency room visits, \$150 for high tech imaging and \$5 for allergy injections

#### Coinsurance

20% and 50% for select services as noted below

**Annual Coinsurance Maximum – The following services DO NOT apply to the Annual Coinsurance Maximum if they are included in your coverage:**

\$3,500 per member/\$7,000 per family per calendar year

- Deductible amounts
- Services with a flat dollar copay
- Infertility services
- Male Mastectomy
- Reduction Mammoplasty
- Male Sterilization
- Elective Abortion
- TMJ
- Orthognathic Surgery
- Weight Reduction procedures
- Durable Medical Equipment
- Prescription Drugs
- Prosthetics and Orthotics
- Diabetic Supplies

**Annual out-of-pocket maximums – applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug cost-sharing amounts**

\$8,150 per member/\$16,300 per family per calendar year

### Preventive Services - as defined by the Affordable Care Act and included in your Certificate of Coverage

Health Maintenance Exam	Covered – 100%
Annual Gynecological Exam	Covered – 100%
Pap Smear Screening – laboratory services only	Covered – 100%
Well-Baby and Child Care	Covered – 100%
Immunizations – pediatric and adult	Covered – 100%
Prostate Specific Antigen (PSA) Screening – laboratory services only	Covered – 100%
Routine Colonoscopy	Covered – 100%
Mammography Screening	Covered – 100%
Voluntary Female Sterilization	Covered – 100%
Breast Pumps	Covered – 100%



**Blue Care  
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**Company Name:**

CITY OF WEST BRANCH

### **Preventive Services - as defined by the Affordable Care Act and included in your Certificate of Coverage**

**Maternity Pre-Natal Care**

Covered – 100%

### **Physician Office Services**

**PCP Office Visits**

Covered – \$20 copay

**Note:** Applicable cost sharing applies when other services are received in the office

**Medical Online Visits**

Covered – 100%

**Consulting Specialist Care – when referred for other than preventive services**

Covered – \$40 copay

**Note:** Applicable cost sharing applies when other services are received in the office

### **Emergency Medical Care**

**Hospital Emergency Room – copay waived if admitted**

Covered – \$250 copay after deductible

**Urgent Care Center**

Covered – \$50 copay

**Retail Health Clinic**

Covered – \$50 copay

**Ambulance Services – medically necessary**

Covered – 80% after deductible

### **Diagnostic Services**

**Laboratory and Pathology Services**

Covered – 100%

**Diagnostic Tests and X-rays**

Covered – 80% after deductible

**High Technology Imaging (MRI, CAT, PET)**

Covered – \$150 copay after deductible

**Radiation Therapy**

Covered – 80% after deductible

### **Maternity Services Provided by a Physician**

**Post-Natal Care. See Preventive Services section for Pre-Natal Care**

Covered – \$20 copay

**Delivery and Nursery Care**

Covered – 100% after deductible for professional services; see Hospital Care for facility charges

### **Hospital Care**

**General Nursing Care, Hospital Services and Supplies**

Covered – 80% after deductible, unlimited days

**Outpatient Surgery – See member certificate for select surgical coinsurance**

Covered – 80% after deductible

### **Alternatives to Hospital Care**

**Skilled Nursing Care**

Covered – 80% after deductible up to 45 days per calendar year

**Hospice Care**

Covered – 100% after deductible when authorized

**Home Health Care**

Covered – \$40 copay after deductible

### **Surgical Services**

**Surgery – includes all related surgical services and anesthesia.**

Covered – 80% after deductible

**Voluntary Male Sterilization – See Preventive Services section for voluntary female sterilization**

Covered – 50% after deductible

**Elective Abortion (One procedure per two-year period of membership)**

Covered – 50% after deductible

**Human Organ Transplants (subject to medical criteria)**

Covered – 80% after deductible

**Reduction mammoplasty (subject to medical criteria)**

Covered – 50% after deductible



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Company Name: CITY OF WEST BRANCH

### Surgical Services

<b>Male Mastectomy (subject to medical criteria)</b>	Covered – 50% after deductible
<b>Temporomandibular Joint Syndrome (subject to medical criteria)</b>	Covered – 50% after deductible
<b>Orthognathic Surgery (subject to medical criteria)</b>	Covered – 50% after deductible
<b>Weight Reduction Procedures (subject to medical criteria) – Limited to one procedure per lifetime</b>	Covered – 50% after deductible

### Behavioral Health Services (Mental Health and Substance Use Disorder Treatment)

<b>Inpatient Mental Health Care and Substance Use Disorder</b>	Covered – 80% after deductible
<b>Outpatient Mental Health Care includes online visits</b> Note: For diagnostic and therapeutic services, see the Diagnostic Services section above for applicable cost sharing.	Covered – \$20 copay
<b>Outpatient Substance Use Disorder</b>	Covered – \$20 copay

### Autism Spectrum Disorders, Diagnoses and Treatment

<b>Applied behavioral analyses (ABA) treatment through age 18</b> Note: Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by a BCN approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered – \$20 copay
<b>Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder through age 18</b> Unlimited visits for physical, speech and occupational therapy for autism spectrum disorder diagnosis	Covered – \$40 copay after deductible
<b>Other covered services, including mental health services, for Autism Spectrum Disorder</b>	See your outpatient mental health, medical office visits and preventive benefit

### Other Services

<b>Allergy Testing and serum</b>	Covered – 50% after deductible
<b>Allergy office visits</b>	Covered – 50%
<b>Allergy Injections</b>	Covered – \$5 copay
<b>Chiropractic Spinal Manipulation – when referred</b>	Covered – \$40 copay, up to 30 visits per calendar year
<b>Rehabilitative Services – subject to meaningful improvement within 90 days</b> • Outpatient Physical and Occupational Therapy – limited to a combined benefit maximum of 30 visits per calendar year • Outpatient Speech Therapy – limited to 30 visits per calendar year	Covered – \$40 copay after deductible
<b>Habilitative Services</b> • Outpatient Physical and Occupational Therapy – limited to a combined benefit maximum of 30 visits per calendar year • Outpatient Speech Therapy – limited to 30 visits per calendar year	Covered – \$40 copay after deductible
<b>Outpatient Cardiac and Pulmonary Rehabilitation</b>	Covered – \$40 copay after deductible, limited to a benefit maximum of 30 visits per calendar year
<b>Infertility Counseling and Treatment (excluding In-vitro fertilization)</b>	Covered – 50% after deductible on all associated costs
<b>Durable Medical Equipment</b>	Covered – 50%
<b>Prosthetic and Orthotic Appliances</b>	Covered – 50%
<b>Diabetic Supplies</b>	Covered – 80%
<b>Pediatric Vision</b> • Eye Exam – Limited to once per calendar year through the last day of the year in which an individual turns age 19 • Prescription Glasses – Frames (chosen from a select collection) and lenses are covered once in a calendar year through the last day of the year in which an individual turns age 19	Covered – 100%



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**Company Name:**

CITY OF WEST BRANCH

### Other Services

#### **Prescription Drugs**

**Note:** When a manufacturer coupon is used through the BCN high cost drug discount program, the amount paid after the discount applies toward the out-of-pocket maximum.

Tier 1A – Value Generics Covered – \$15 copay  
Tier 1B – Generics Covered – \$40 copay  
Tier 2 Preferred Brand Covered – \$80 copay  
Tier 3 Non-Preferred Brand Covered – \$100 copay  
Tier 4 Preferred Specialty Covered – 20% Coinsurance of the BCN Approved Amount (Maximum Copayment \$200) - Specialty drugs are covered only when obtained from the BCN Exclusive Specialty Pharmacy Network  
Tier 5 Non-Preferred Specialty Covered – 20% Coinsurance of the BCN Approved Amount (Maximum Copayment \$300) – Specialty drugs are covered only when obtained from the BCN Exclusive Specialty Pharmacy Network  
Drugs for sexual dysfunction, weight loss, cough & cold Not Covered  
Diabetic Supplies Select diabetic supplies and equipment are covered – applicable cost sharing will apply Cost-sharing may not apply to certain preferred glucometers as defined on the drug list  
Contraceptives Covered – Tier 1A – 100% , Tier 1B – \$40 copay, Tier 2 - \$80 copay, Tier 3 - \$100 copay  
Preventive Drugs Covered – 100%  
90 Day Retail 84-90 day supply Covered – Three times applicable copay minus \$10



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## BCN 65

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is **not a contract**. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificate and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible, coinsurance and/or copay amounts required by the plan. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan documents, the plan document will control. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. Services must be provided or arranged by member's primary care physician or health plan.

**Preauthorization for Select Services** – Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCN except in an emergency.

**Note:** A list of services that require approval **before** they are provided is available online at [bcbsm.com/ImportantInfo](http://bcbsm.com/ImportantInfo). Select **Approving covered services**.

### Deductible, Copays and Dollar Maximums

<b>Deductible</b> <b>Note:</b> Coinsurance and select fixed dollar copays apply once the deductible has been met.	None
<b>Fixed dollar copays</b>	\$25 for office visits, \$50 for urgent care visits, \$250 for emergency room visits
<b>Coinsurance</b>	None
<b>Annual out-of-pocket maximums</b> – applies to deductibles, copays and coinsurance amounts for all covered services – including prescription drug cost-sharing amounts	None

### Preventive Services

Health Maintenance Exam	Covered – 100%
Annual Gynecological Exam	Covered – 100%
Pap Smear Screening – laboratory services only	Covered – 100%
Well-Baby and Child Care	Covered – 100%
Immunizations – pediatric and adult	Covered – 100%
Prostate Specific Antigen (PSA) Screening – laboratory services only	Covered – 100%

### Mammography

Mammography Screening	Covered – 100%
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### Physician Office Services

PCP Office Visits	Covered – \$25 copay
Medical Online Visits	Covered – 100%
Consulting Specialist Care – when referred for other than preventive services	Covered – \$25 copay

### Emergency Medical Care

Hospital Emergency Room – copay waived if admitted, inpatient hospital benefits apply	Covered – \$250 copay
Urgent Care Center	Covered – \$50 copay
Retail Health Clinic	Covered – \$50 copay
Ambulance Services – medically necessary	Covered – 100%, ground and air service



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### Diagnostic Services

Laboratory and Pathology Tests	Covered – 100%
Diagnostic Tests and X-rays	Covered – 100%
Radiation Therapy	Covered – 100%

### Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – \$25 copay
Delivery and Nursery Care	Covered – 100%

### Hospital Care

Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 100%, unlimited days (Coordinated with Medicare)
Outpatient Surgery – see member certificate for specific surgical copays	Covered – 100%

### Alternatives to Hospital Care

Skilled Nursing Care	Covered – 100%, up to 100 days per benefit period
Hospice Care	Covered – 100%
Home Health Care	Covered – \$25 copay

### Surgical Services

Surgery – includes all related surgical services and anesthesia. See member certificate for specific surgical copays.	Covered – 100%
Voluntary Sterilization	Covered – 100%
Human Organ Transplants	Covered – 100%, subject to medical criteria

### Behavioral Health Services (Mental Health and Substance Use Disorder Treatment)

Inpatient Mental Health Care and Substance Use Disorder	<b>Mental Health Care:</b> Covered – 100% based on Medicare guidelines <b>Substance Use Care:</b> Covered – 100% based on Medicare guidelines
Outpatient Mental Health Care	Covered – 100%, based on Medicare guidelines
Outpatient Substance Use Disorder	Covered – 100%, based on Medicare guidelines

### Other Services

Allergy Testing and Therapy	Covered – 100%
Allergy Injections	Covered – 100%
Chiropractic Spinal Manipulation – when referred	Covered – \$25 copay
Outpatient Physical, Speech and Occupational Therapy – subject to Medicare guidelines	Covered – \$25 copay
Infertility Counseling and Treatment (excluding In-vitro fertilization). Subject to Medicare guidelines	Covered – 100%
Durable Medical Equipment	Covered – 100%
Prosthetic and Orthotic Appliances	Covered – 100%

BCN65, 65OV25, 65UR50, 65E250, MMHSAP, ONVCW



Company Name: CITY OF WEST BRANCH

## Blue Dental<sup>SM</sup> PPO Plus 100/80/50 SG Non-voluntary

### Benefits-at-a-Glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

#### Network access information

With Blue Dental PPO Plus, members can choose any licensed dentist anywhere. However, they'll save the most money when they choose a dentist who is a member of the Blue Dental PPO network.<sup>1</sup>

**Blue Dental PPO network** – Blue Dental members have unmatched access to PPO dentists through the Blue Dental PPO network, which offers more than 260,000 dentist locations<sup>2</sup> nationwide. PPO dentists agree to accept our approved amount as full payment for covered services – members pay only their applicable coinsurance and deductible amounts. Members also receive discounts on noncovered services when they use PPO dentists (in states where permitted by law). To find a PPO dentist near you, please visit [mibluedentist.com](http://mibluedentist.com) or call 1-888-826-8152.

<sup>1</sup> Blue Dental uses the Dental Network of America (DNOA) Preferred Network for its dental plans.

<sup>2</sup> A dentist location is any place a member can see a dentist to receive high-quality dental care. For example, one dentist practicing in two offices would be two dentist locations.

Members who go to non-PPO dentists can still save money through our Blue Par Select arrangement.

**Blue Par Select<sup>SM</sup> arrangement** – Most non-PPO dentists accept our Blue Par Select arrangement, which means they participate with the Blues on a "per claim" basis. Members should ask their dentists if they participate with BCBSM before every treatment. Blue Par Select dentists accept our approved amount as full payment for covered services – members pay only applicable coinsurance and deductibles. To find a dentist who may participate with BCBSM, please visit [mibluedentist.com](http://mibluedentist.com).

**Note:** Members who go to nonparticipating dentists are responsible for any difference between our approved amount and the dentist's charge.

### Member's responsibility (deductible, copays and dollar maximums)

Benefits	In-network	Out-of-network
<b>Deductibles</b>		
Applies to Class II and Class III services only	\$25 per member, \$50 for two members, \$75 per family per calendar year	\$25 per member, \$50 for two members, \$75 per family per calendar year
<b>Coinsurance (percentage of BCBSM's approved amount for covered services)</b>		
Class I services	None (covered at 100%)	None (covered at 100%)
Class II services	20%	20%
Class III services	50%	50%
Class IV services	50% of approved amount	50% of approved amount
<b>Dollar Maximums</b>		
Annual maximum for Class I, II and III services	\$1000 per member The annual benefit maximum does not apply to pediatric members.	\$1000 per member The annual benefit maximum does not apply to pediatric members.



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## Member's responsibility (deductible, copays and dollar maximums)

Benefits	In-network	Out-of-network
Lifetime maximum for Class IV services	\$1000 per member For members up to their 19th birthday	\$1000 per member For members up to their 19th birthday
<b>Out-of-pocket maximum</b> The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, non-covered services, or orthodontic services.	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. <b>Note:</b> This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).	\$350 for one pediatric member or \$700 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. <b>Note:</b> This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).

## Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

## Class I services

Benefits	In-network	Out-of-network
<b>Most diagnostic and preventative services:</b> Routine oral examinations/evaluations – twice per calendar year	100% of approved amount	100% of approved amount
Routine prophylaxes (cleanings) – three times per calendar year for pediatric members; two times per calendar year for all other members	100% of approved amount	100% of approved amount
Fluoride treatment or topical application of fluoride - twice every calendar year for members to the end of the month of their 19th birthday	100% of approved amount	100% of approved amount
Sealants - once per first permanent molar every 36 months for members to the end of the month of their ninth birthday; once per second permanent molar every 36 months for members to the end of the month of their 14th birthday	100% of approved amount	100% of approved amount
<b>Bitewing X-rays</b> One set (up to four films) per calendar year	100% of approved amount	100% of approved amount
<b>Oral brush biopsy sample collection</b> Twice per calendar year	100% of approved amount	100% of approved amount



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Company Name: CITY OF WEST BRANCH

## Class II services

Benefits	In-network	Out-of-network
<b>Other diagnostic and preventive services:</b>		
Diagnostic tests and laboratory examinations	80% of approved amount after deductible	80% of approved amount after deductible
Space maintainers - for missing posterior primary teeth for members to the end of the month of their 15th birthday	80% of approved amount after deductible	80% of approved amount after deductible
<b>Panoramic or full-mouth X-rays</b> Once per 60 months	80% of approved amount after deductible	80% of approved amount after deductible
<b>Emergency palliative treatment</b>	80% of approved amount after deductible	80% of approved amount after deductible
<b>Minor restorative services:</b>		
Amalgam and resin-based composite fillings and fillings of similar materials – once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth	80% of approved amount after deductible	80% of approved amount after deductible
Recementation or repair of posts, crowns, veneers, inlays and onlays – three times per tooth per calendar year	80% of approved amount after deductible	80% of approved amount after deductible
<b>Extractions and surgical removal of non-impacted teeth</b>	80% of approved amount after deductible	80% of approved amount after deductible
<b>Non-surgical endodontic services:</b>		
Root canal treatments – once per tooth per lifetime (retreatment of a root canal 12 or more months after the initial root canal treatment is payable once per tooth per lifetime)	80% of approved amount after deductible	80% of approved amount after deductible
Therapeutic pulpotomies or pulpal debridement	80% of approved amount after deductible	80% of approved amount after deductible
Vital pulpotomies on primary teeth	80% of approved amount after deductible	80% of approved amount after deductible
Apexification	80% of approved amount after deductible	80% of approved amount after deductible
<b>Non-surgical periodontic services:</b>		
Periodontal maintenance – three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible	80% of approved amount after deductible
Periodontal scaling and root planing – once per quadrant per 24 months for pediatric members; once per quadrant per 36 months for all other members	80% of approved amount after deductible	80% of approved amount after deductible
Localized delivery of antimicrobial agents – one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only	80% of approved amount after deductible	80% of approved amount after deductible
Limited occlusal adjustments – up to five times per 60 months for non-pediatric members only	80% of approved amount after deductible	80% of approved amount after deductible
Occlusal biteguards (and relines and repairs to occlusal biteguards) – once per 60 months for non-pediatric members only	80% of approved amount after deductible	80% of approved amount after deductible



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## Class II services

Benefits	In-network	Out-of-network
<b>Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances:</b>		
Relines or rebases of partial dentures or complete dentures – once per 36 months per arch	80% of approved amount after deductible	80% of approved amount after deductible
Tissue conditioning – once per 36 months per arch	80% of approved amount after deductible	80% of approved amount after deductible
<b>Adjunctive general services:</b>		
General anesthesia or IV sedation	80% of approved amount after deductible	80% of approved amount after deductible
Office visits for observation (during regularly scheduled hours) for non-pediatric members only	80% of approved amount after deductible	80% of approved amount after deductible
Office visits after regularly scheduled hours	80% of approved amount after deductible	80% of approved amount after deductible
House and hospital calls for non-pediatric members only	80% of approved amount after deductible	80% of approved amount after deductible
Antibiotic injections for non-pediatric members only	80% of approved amount after deductible	80% of approved amount after deductible

## Class III services

Benefits	In-network	Out-of-network
<b>Major restorative services:</b>		
Onlays, crowns and veneers – once per permanent tooth per 60 months for members age 12 and older only	50% of approved amount after deductible	50% of approved amount after deductible
Substructures, including cores and posts	50% of approved amount after deductible	50% of approved amount after deductible
<b>Oral surgery services other than extractions of non-impacted teeth:</b>		
Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible	50% of approved amount after deductible
Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue	50% of approved amount after deductible	50% of approved amount after deductible
Removal of exostoses (excess bony growths of the upper and lower jaw)	50% of approved amount after deductible	50% of approved amount after deductible
Excision of hyperplastic tissue per arch	50% of approved amount after deductible	50% of approved amount after deductible
Soft tissue biopsies for pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Frenulectomies	50% of approved amount after deductible	50% of approved amount after deductible
<b>Surgical endodontic services:</b>		
Apical surgeries on permanent teeth	50% of approved amount after deductible	50% of approved amount after deductible
<b>Surgical periodontic services:</b>		

**Company Name: CITY OF WEST BRANCH**

### Class III services

Benefits	In-network	Out-of-network
Gingivectomies and gingivoplasties	50% of approved amount after deductible	50% of approved amount after deductible
Osseous surgeries for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
Gingival flap procedures	50% of approved amount after deductible	50% of approved amount after deductible
Soft tissue grafts	50% of approved amount after deductible	50% of approved amount after deductible
Bone replacement grafts for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible
<b>Prosthodontic services:</b>		
Complete dentures – once per 84 months	50% of approved amount after deductible	50% of approved amount after deductible
Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics – once per 84 months for members age 16 and older only	50% of approved amount after deductible	50% of approved amount after deductible
Recementation and repairs of bridges	50% of approved amount after deductible	50% of approved amount after deductible
Stayplates to replace recently extracted permanent anterior (front) teeth	50% of approved amount after deductible	50% of approved amount after deductible
Endosteal implants and implant-related services – once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only	50% of approved amount after deductible	50% of approved amount after deductible

### Class IV services – Orthodontic services for dependents under age 19

Benefits	In-network	Out-of-network
Orthodontics and related services	50% of approved amount	50% of approved amount



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## Blue Vision<sup>SM</sup> SG, VSP Choice Network 12/12/12 \$5/\$10 Copay

### Vision Coverage

### Benefits-at-a-glance

### Effective for groups on their plan year

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten or any other plan documents your group uses, if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call 1-800-877-7195 or log on to the VSP Web site at [vsp.com](http://vsp.com).

**Note:** Vision benefits are only available to covered members (subscribers, spouses and dependent children) age 19 and older. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

#### Member's responsibility (copays)

Benefits	In-network	Out-of-network
Eye exam	\$5 copay	\$5 copay applies to charge
Prescription glasses (lenses and/or frames)	Combined \$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay
Medically necessary contact lenses	\$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay

#### Eye exam

Benefits	In-network	Out-of-network
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$5 copay	Reimbursement up to \$34 less \$5 copay (member responsible for any difference)
One eye exam every calendar year		

#### Lenses and Frames

Benefits	In-network	Out-of-network
<b>Standard lenses</b> (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary. <b>Note:</b> Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	\$10 copay (one copay applies to both lenses and frames)  One pair of lenses, with or without frames, once every calendar year	Reimbursement up to approved amount based on lens type less \$10 copay (member responsible for any difference)

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Blue Vision<sup>SM</sup> SG, VSP Choice Network 12/12/12 \$5/\$10 Copay, Rev Date 18 Q1 V2

Benefits	In-network	Out-of-network
Standard frames	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to <b>both</b> lenses and frames)	Reimbursement up to \$38.25 less \$10 copay (member responsible for any difference)
<b>Note:</b> All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.		
One frame every calendar year		

Contact Lenses		
Benefits	In-network	Out-of-network
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$10 copay	Reimbursement up to \$210 less \$10 copay (member responsible for any difference)
One pair of contact lenses once every calendar year		
Elective contact lenses that <b>improve</b> vision (prescribed, but do not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
Contact lenses are covered up to allowance once every calendar year		



1475 Kendale Boulevard, PO Box 2560  
East Lansing, MI 48826-2560  
800.292.4910

**Quote Summary Exclusively for  
City of West Branch  
Rates Effective 01/01/2022 through 12/31/2022**

Quote Request ID: 231061  
MESSA Field Rep: James Baker  
Date Created: 11/11/2021

Quoted Group(s): NEW - Active Staff

**Medical plans**

Description	Current Benefits	Rate	Census Used	Quote ID 349829			
				Quoted Benefits	Rate w/ 1% Discount		
<b>Plan</b>				<i>Choices (BC)</i>			
IN Deductible:				\$500/\$1000			
IN Coinsurance:			S: 8	0%	\$530.55		
OL/OV/SV Copay:			2P: 1	\$20/\$20/\$20	\$1,193.73		
UC/ER Copay:			F: 8	\$25/\$50	\$1,485.52		
Rx Coverage:				3Tier			
Riders:				None			
<b>Plan</b>				<i>Choices (BM)</i>			
IN Deductible:				\$1000/\$2000			
IN Coinsurance:			S: 0	20%	\$448.28		
OL/OV/SV Copay:			2P: 0	\$20/\$20/\$20	\$1,008.63		
UC/ER Copay:			F: 0	\$25/\$50	\$1,255.19		
Rx Coverage:				3Tier			
Riders:				None			

**Ancillary plans**

Description	Current Benefits	Rate	Census Used	Quote ID 349829			
				Quoted Benefits	Rate		
<b>Dental</b>				100%			
Diag & Prev:				100% (X-Rays)			
Basic Services:			S: 8	85%	\$ 45.89		
Major Services:			2P: 1	\$2000	\$ 86.55		
Annual Max:			F: 8	50%	\$161.14		
Orthodontics:				\$2000			
Lifetime Max:				2 Cleanings			
Riders:				Jul-Jun			
Plan Year:							
<b>Vision</b>			S: 8	MESSA Vision Preferred	\$ 6.82		
Plan Year:			2P: 1	Jan-Dec	\$ 14.64		
			F: 8		\$ 22.03		

Total Monthly Rate/Member - S \$ 52.71  
Total Monthly Rate/Member - 2P \$ 101.19  
Total Monthly Rate/Member - F \$ 183.17

The above rates are based on plans and enrollment as of 11/11/2021. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, James Baker, at 800.292.4910.

## MESSA Choices Medical plan highlights

 **MESSA.**  
1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517.332.2581 • 800.292.4910

**Effective Date: 1/1/2022**

**MESSA Account: City of West Branch**

**Employee Group: Active Staff PROPOSED**

### In-network health care benefits for you and your covered dependents

All services must be **medically necessary** and performed by a payable provider.

This is a brief summary of in-network benefits. If you obtain medical services from an out-of-network provider without a referral from an in-network provider, you may have to pay 100 percent of the cost or the applicable out-of-network cost share amounts. For coverage details, go to [messa.org](http://messa.org) to log in to your member account or call the MESSA Member Service Center at 800.336.0013 or TTY 888.445.5614.

Plan features	In-network
<b>Annual deductible</b> - The amount you pay for health care services before your health insurance begins to pay. If one member of the family meets the individual deductible, but the family deductible has not been met, MESSA will pay for covered services for that member only. Covered services for the remaining family members will be paid when the family deductible has been met. The annual deductible is based on the calendar year, Jan. 1 to Dec. 31.	1,000 2,000 \$500 individual/\$1,000 family
<b>Medical copayment</b> - A fixed amount you pay for a medical visit.	\$20 Blue Cross online visit, \$20 office visit, \$20 specialist visit, \$25 urgent care, \$50 emergency room
<b>Medical coinsurance</b> - A fixed percentage you pay for a medical service.	20%
<b>Prescription drug coverage</b> - Subject to prescription copayments and coinsurance.	3-Tier Rx
<b>Annual out-of-pocket maximums</b> <b>Medical:</b> The most you have to pay for covered services in a calendar year, including deductible, applicable coinsurance and copayments. Charges above approved amount and charges for services not covered under the plan do not count toward the out-of-pocket maximums. <b>Prescription:</b> The most you have to pay for prescription copayments and coinsurance in a calendar year.	5,000 10,000 Medical: \$2,500 individual/\$3,000 family Prescription: \$2,000 individual/\$4,000 family
Covered service	In-network cost share
<b>Preventive care</b> - Certain services such as annual exams, screenings, childhood and adult immunizations and certain preventive medications.	No cost to you
<b>Prenatal and postnatal care</b> - Prenatal and postnatal doctor visits.	
<b>Blue Cross online visit</b>	Subject to deductible and Blue Cross online visit copayment
<b>Office visit</b> - e.g. primary care physician, obstetrics and gynecology and pediatric visits	Subject to deductible and office visit copayment
<b>Specialist visit</b>	Subject to deductible and specialist visit copayment
<b>Urgent care</b> - Copayment waived if services are required to treat a medical emergency or accidental injury.	Subject to deductible and urgent care copayment
<b>Hospital emergency room (ER)</b> - Copayment waived if admitted or due to an accidental injury.	Subject to deductible and emergency room copayment If copayment is waived, then coinsurance may apply
<b>Allergy testing and therapy</b>	Subject to deductible and coinsurance Specialist visit copayment may apply
<b>Osteopathic manipulations</b> - Performed by an Osteopathic physician. Up to 38 visits per calendar year.	Subject to deductible and office visit copayment

Covered service	In-network cost share
<b>Chiropractic services including modalities</b> - Up to 38 visits per calendar year.	Subject to deductible and coinsurance Office visit copayment may apply
<b>Acupuncture</b> - Must be performed by an M.D. or D.O.	
<b>Mental health and substance abuse - outpatient care</b>	Subject to deductible and coinsurance Office visit copayment may apply
<b>Mental health and substance abuse - inpatient care</b>	
<b>Inpatient hospital</b>	Subject to deductible and coinsurance
<b>Outpatient physical, occupational and speech therapy</b> - Up to a combined benefit max of 60 visits per individual per calendar year.	
<b>Diagnostic lab and X-ray</b>	
<b>Radiation and chemotherapy</b>	
<b>Autism - applied behavior analysis (ABA) services</b>	
<b>Hearing care</b> - Hearing related services performed by an M.D. or D.O.	
<b>Hearing aids</b> - There is a maximum benefit, adjusted annually based on the Consumer Price Index (CPI), for a hearing aid for each ear during a 36-month period.	
<b>Ambulance</b>	
<b>Bariatric surgery</b>	
<b>Medical supplies</b>	
<b>Durable medical equipment (DME)</b>	
<b>Prosthetics and orthotics</b>	
<b>Home health care</b>	
<b>Skilled nursing facility</b> - Up to a max of 120 days per calendar year.	
<b>Human organ transplant</b> - Must be performed at an approved facility.	
<b>Home delivery of prescription medications</b>	
MESSA members can save time and money by ordering prescription medications through the Express Scripts mail order pharmacy. If your coverage includes a mandatory mail prescription rider, you must obtain most long-term maintenance medications from Express Scripts. For more information, go to <a href="http://messa.org">messa.org</a> to log in to your member account and link to the Express Scripts website. For general questions about your prescription coverage, call MESSA at 800.336.0013 or TTY 888.445.5614. For questions about a prescription order, call Express Scripts at 800.903.8346	
<b>Medical care outside the U.S.</b>	
MESSA members have access to doctors and hospitals with the BCBS Global Core program. You may want to visit the BCBS Global Core program's website ( <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a> ) to find in-network providers prior to your departure.	
<b>Covered services and approved amounts</b>	
<b>In-network providers</b> bill BCBSM directly. Payments for covered services are based on BCBSM's approved amounts. Your liability is limited to the plan deductible, copayment and coinsurance requirements.	
<b>Out-of-network providers</b> may or may not bill BCBSM directly. The member is responsible to the provider for any deductibles, copayments, coinsurance and amounts that are in excess of the approved amount for the services as predetermined by MESSA and BCBSM. These amounts may be substantial.	
<i>Medical benefits underwritten by Blue Cross Blue Shield of Michigan (BCBSM) &amp; 4 Ever Life Insurance Company. BCBSM is an independent licensee of the Blue Cross and Blue Shield Association.</i>	

# MESSA Dental plan highlights



1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517.332.2581 • 800.292.4910

**Effective Date: 01/01/2022**

**MESSA Account: City of West Branch**

**Employee Group: Active Staff**

**Group/Subgroup: PROPOSED**

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting [www.messa.org](http://www.messa.org) and using the provider directory search provided by Delta Dental.

## Plan Features

Diagnostic & Preventive Services 100%	Basic Services 100%	Major Services 85%	Orthodontics 50%
<ul style="list-style-type: none"> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride*</li> <li>• Brush Biopsy</li> <li>• Emergency Palliative</li> <li>• 2 Cleanings in 12 Months</li> </ul> <p>* Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p><b>Rider</b> (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<ul style="list-style-type: none"> <li>• Radiographs (x-rays)*</li> <li>• Restorative</li> <li>• Crowns**</li> <li>• Oral Surgery</li> <li>• Endodontic Services — treatment for diseased or damaged nerves.</li> <li>• Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.</li> </ul> <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Payable once in any 5-year period on the same tooth.</p> <p><b>Rider</b> (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> <li>• Procedures for the construction of fixed bridgework, enosteal implants, partial and complete dentures.</li> <li>• Payable once in any 5-year period for the same appliances.</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>• Orthodontic exam, radiographs and extractions are covered under Diagnostic &amp; Preventive Services and Basic Services.</li> </ul> <p><b>Rider</b> (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
<b>\$2,000 annual maximum per person</b> <b>Diagnostic &amp; Preventive Services, Basic Services, and Major Services</b>			<b>\$2,000 lifetime maximum per person</b> <b>Orthodontics</b>

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

# MESSA Vision Preferred Benefits



1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517.332.2581 • 800.292.4910

**Effective Date: 1/1/2022**

**MESSA Account: City of West Branch**

**Employee Group: Active Staff PROPOSED**

## In-network providers

Most eye doctors are in VSP's Choice network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Choice network doctors is available at [messa.org/vision](http://messa.org/vision) or [www.vsp.com](http://www.vsp.com). Call VSP member services at 800.877.7195 for assistance.

## Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Choice network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit [www.vsp.com](http://www.vsp.com) or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
<b>Examination</b>		
Optometrist	MESSA pays 100% of the approved amount	\$45
Ophthalmologist		
<b>Contact lenses (includes examination)</b>		
Elective lenses to improve vision	\$135 allowance	\$105
Medically necessary - to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye	MESSA pays 100% of the approved amount	\$210
<b>Eyeglass frames</b>	\$135 allowance	\$70
<b>Eyeglass lenses</b>		
Single vision		\$30
Bifocal	MESSA pays 100% of the approved amount	\$50
Trifocal		\$65
Lenticular		\$100
<b>Eyeglass lens enhancements</b>		
Rose #1 or #2 tint		
Rimless		
Oversize	MESSA pays 100% of the approved amount	Not covered
Blended		
Photochromic		
Anti-reflective coating		
<b>Progressive</b>	Not covered	
<b>Tinted</b>		
Single vision		
Bifocal		
Trifocal		
Lenticular		
<b>Polarized</b>	MESSA pays 100% of the approved amount	Not covered
Single vision		
Bifocal		
Trifocal		
Lenticular		

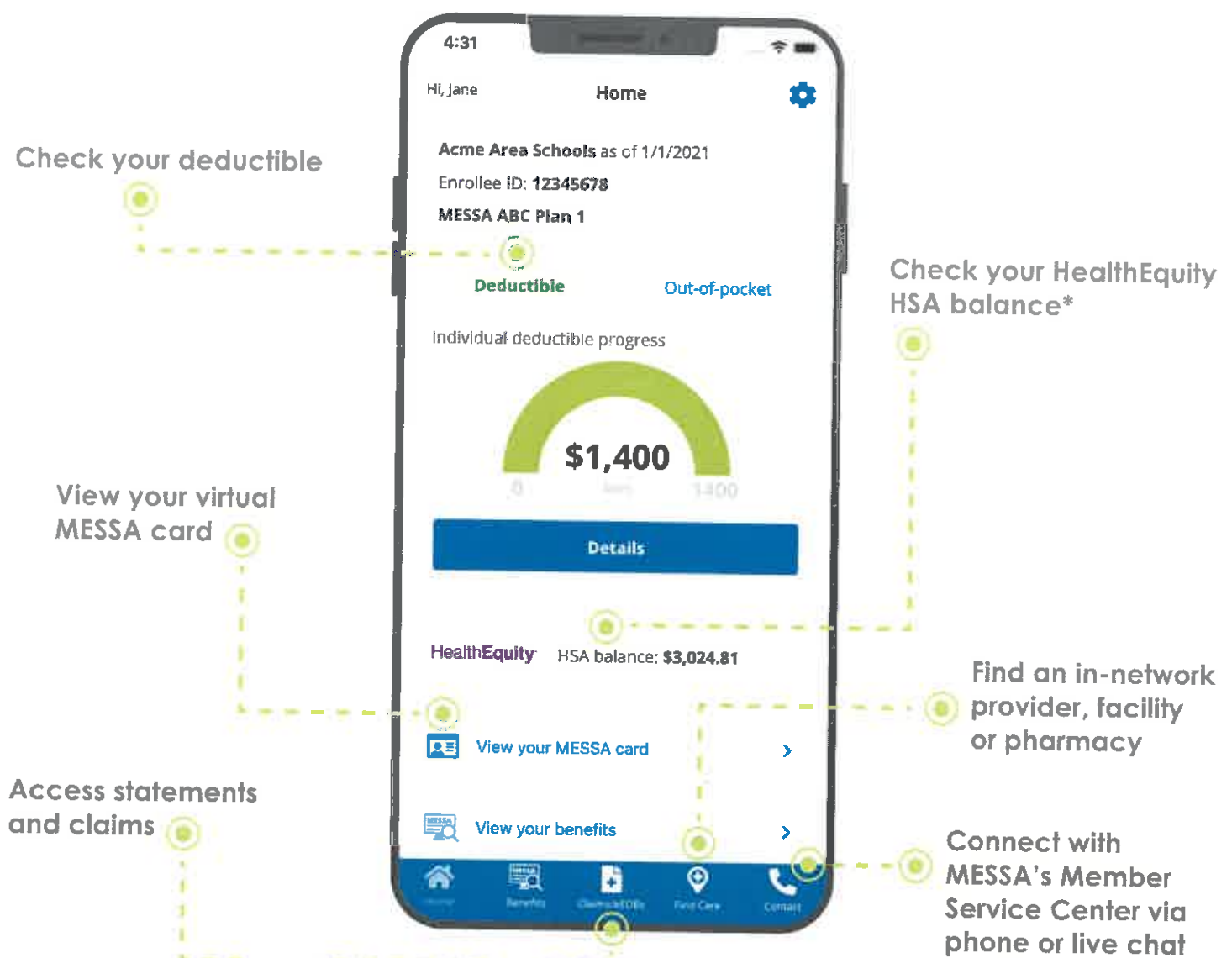
# Get the MESSA app

To download the app,  
search for "MESSA" in  
the App Store or on  
Google Play.



**The power of your MyMESSA account in the palm of your hand**  
MESSA's new mobile app gives you access to your MESSA health benefits anytime, anywhere.

Download the MESSA app to:



Learn more: [messa.org/MESSAapp](https://messa.org/MESSAapp)

\* When applicable

Rev. 10/17/21 Pr. 10/21-15,000



# Impact of Reserves on Rate Changes

Renewal period January 1 – December 31

	<i>reserves applied to rate</i>	<i>rate change</i>
<b>2021</b>	<b>\$53,729,086</b>	<b>4.01%</b>
<b>2020</b>	<b>\$39,244,952</b>	<b>0.88%</b>
<b>2019</b>	<b>\$23,088,823</b>	<b>-0.14%</b>
<b>2017-2018*</b>	<b>\$37,266,277</b>	<b>5.34%</b>
<b>2016-2017</b>	<b>\$19,863,355</b>	<b>13.66%</b>
<b>2015-2016</b>	<b>\$26,035,456</b>	<b>6.94%</b>
<b>2014-2015</b>	<b>\$35,775,684</b>	<b>5.68%</b>
<b>2013-2014</b>	<b>\$37,239,714</b>	<b>5.36%</b>
<b>2012-2013</b>	<b>\$58,451,776</b>	<b>-3.42%</b>

*Average annual rate change: 4.26%*

*\*The 2017-18 renewal represents the annualized rate change for an 18-month period.*





## Free MESSA resources for you

### Member Service Center | 800-336-0013

Our Member Service Center is available Monday through Friday 8 a.m. to 5 p.m. Our member service specialists are experts at answering questions about your plan and helping with claims.

### Your MESSA field representative | 800-292-4910

**Jim Baker** is your local field representative. He can explain benefits and answer questions, attend meetings or arrange visits from other MESSA experts, including nurse educators. Email Jim at [JBaker@messa.org](mailto:JBaker@messa.org).

### Case management programs | 800-336-0022, prompt 3

MESSA members and their dependents who have asthma, diabetes or cardiovascular conditions can get information and support from nurse educators to help set and reach health goals.

### Medical case management | 800-441-4626

MESSA's medical case management nurses can help members and dependents with a catastrophic injury or serious illness get access to the right care at the right time and return to their highest quality of life.

### Health promotion consultant | 800-292-4910

MESSA's health promotion consultant can help you and your coworkers develop or strengthen a worksite wellness program.

Introducing new



messa.org

## ONLINE BENEFITS WEBSITE

MESSA's online benefits website is built by people who understand employee benefits, and it's designed with the user in mind.

**Employers** have more control over benefits administration with straightforward enrollment tools, easy-to-read dashboards, customizable reports, mass email options and more.

**Employees** can easily complete their new enrollee or open enrollment forms, update their personal information and submit "life event" changes.

***MESSA has solutions  
for benefits administration  
challenges you face  
every day.***

## ACA REPORTING TOOL

Because MESSA is your employee benefits provider, we have all the information needed to simplify your IRS ACA reporting requirements.

Our online benefits website will compile ACA compliance data to assist you in generating your annual 1095-C employee forms. You can decide whether you'd like to distribute them to your employees or have MESSA take care of it for you. You can also electronically transmit the completed 1095-C and 1094-C forms to the IRS on the online benefits website.

You can use MESSA's ACA reporting tool to:

- Generate 1095-C forms.
- Print and mail 1095-C forms to employees.
- File the 1095-C and 1094-C forms electronically with the IRS.

## ASK EMMA

MESSA's Ask Emma tool is an animated virtual assistant we can add to your online benefits website. Emma can recommend a medical plan based on information your employees provide during the enrollment process.

- Personalized walk-throughs for employees who need guidance.
- FAQs and explainer bubbles for those who are on the right path, but need just a little help.
- Standalone calculator and estimate breakdown for employees who want to know every detail.



# Your Employee Benefits Proposal

**Prepared for:** City of West Branch (MI)

**Presented by:** MERS (Municipal Employees Retirement Sys

**Proposal Prepared on:**  
August 30, 2021

Life and AD&D Insurance  
Long Term Disability Insurance  
Short Term Disability Insurance

**Proposed Effective Date:**  
February 1, 2022

Standard Insurance Company





## Life and AD&D Insurance

Handling a Life insurance claim takes a special touch. All of our Life benefits employees complete annual grief training helping them to empathize with beneficiaries and recognize when they need special attention. And we're focused on settling claims quickly: Our median calculation turnaround time in 2018 was 5 days for clean claims and 6 days for all claims (internal company data as of January 2019).

### Covered Members

An active employee of the Employer working 30 or more hours per week.

	Basic
<b>Benefit Schedule</b>	1 x Annual Earnings
<b>Rounding</b>	Up to next \$1,000
<b>Maximum Benefit</b>	\$75,000
<b>Guarantee Issue</b>	Full Benefit
<b>AD&amp;D Benefit</b>	Matches Life Benefit
<b>Age Reduction Schedule</b>	To 65% at age 65 To 50% at age 70 To 35% at age 75
<b>Employer Contribution</b>	100%
<b>Minimum Participation</b>	100%

### Life Highlights

	Basic
<b>Waiver of Premium</b>	Eligible to age 60 Waived to age 65
<b>Conversion</b>	Included
<b>Repatriation Benefit</b>	Included
<b>Travel Assistance</b>	Included
<b>Life Services Toolkit</b>	Included



## AD&D Highlights

	Basic
Loss of life	100%
Loss of both hands, or both feet, or sight of both eyes	100%
Loss of one hand and one foot	100%
Loss of sight of one eye and either one hand or one foot	100%
Loss of one hand or one foot	50%
Loss of sight of one eye	50%
Seat Belt Benefit	AD&D benefit payable up to \$10,000
Air Bag Benefit	AD&D benefit payable up to \$5,000
Family Benefits Package	Included

## Additional Plan Design Details

- 24 Month Portability is Included
- An Accelerated Benefit is included. Terminally ill members may withdraw up to 75% of their Life benefit to a maximum of \$500,000 (when Basic Life and any Additional Life are combined).
- If Life is sold with Standard's LTD, then the LTD claim will initiate a claim for Standard's Life Waiver of Premium.
- The Family Benefits Package includes:
  - The Higher Education Benefit reimburses tuition expenses up to \$5,000 per child per year towards a 4-year college education for the deceased's children - not to exceed a cumulative total of \$20,000 or 25% of the AD&D benefit per child, whichever is less.
  - Career Adjustment Benefit reimburses tuition expenses up to \$5,000 per year to help a spouse to return to the workforce after the death of their spouse - not to exceed the cumulative total of \$10,000 or 25% of the AD&D benefit, whichever is less.
  - Child Care Benefit reimburses a family's child care expenses up to \$5,000 per year - not to exceed \$10,000 or 25% of the AD&D benefit, whichever is less.
- The Line of Duty Benefit is included for Safety Members. It provides an additional AD&D benefit for public safety officers who suffer death or dismemberment in an accident while acting in the line of duty.
- Travel Assistance is included and provides assistance with pre-trip planning, medical assistance services, emergency transportation services, travel and technical assistance services and legal referral.
- The Life Services Toolkit is included and helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, and address financial concerns. Additionally, all covered employees will have access to online will preparation and other estate planning documents as well as articles to help deal with identity theft, improve wellness and more.
- The AD&D Occupational Assistance service is included and provides access to a Workplace Possibilities (SM) Consultant who helps those with a specified accidental dismemberment return to productive work and life.

Proposed Effective Date  
February 01, 2022

Prepared for:  
City of West Branch (MI)



## Cost

Basic	
Life	
Members	17
Volume	\$841,650
Rate: Per \$1,000	.196
Monthly Premium	\$165 160
AD&D	
Members	17
Volume	\$841,650
Rate: Per \$1,000	.040
Monthly Premium	\$34 33
Total Billed Premium	\$199
Rate Guarantee	Until 01-Jan-2025

## Assumptions

- Rates include electronic documents. Printed certificates are available for an additional cost.
- Rates assume billing is centralized in one location.
- The proposed rates assume coverage currently in force.

## Conditions

- Member must be insured under Basic Life in order to be eligible for Basic AD&D
- The elected benefit amount for Basic AD&D must match the benefit amount for Basic Life

## More Information

For additional information on the available features and benefits of Life and AD&D Insurance from The Standard, click here:  
<http://www.standard.com/group-life-add>



## Long Term Disability Insurance

Protect your employees' income and your company's bottom line. This insurance comes with innovative resources designed to help you build a more productive workplace. Our Workplace Possibilities(SM) program, included at no extra cost, helps employees stay on the job and return to work sooner. While not all claims can be shortened, our customers are currently experiencing anywhere from a 10% to a 25% reduction in disability days who participate in the Workplace Possibilities Program. That's just one example of how we add real value as your partner.

### Covered Members

A regular employee of the Employer working 30 or more hours per week.

	Group LTD
<b>Benefit Schedule</b>	60%
<b>Insured Predisability Earnings (1)</b>	\$8,333
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Minimum Monthly Benefit</b>	\$100
<b>Benefit Waiting Period</b>	90 Days
<b>Maximum Benefit Period</b>	To age 65
<b>Guarantee Issue Benefit Amount</b>	Full Benefit
<b>Employer Contribution</b>	100%
<b>Minimum Participation</b>	100%
<b>Taxability of Benefits</b>	Taxable
<b>Own Occupation Period</b>	24 Months
<b>Partial/Residual Disability</b>	Included
<b>Preexisting Condition Period</b>	3/12
<b>Mental &amp; Nervous Limitation</b>	24 months
<b>Substance Abuse Limitation</b>	24 months
<b>Other Limited Conditions</b>	24 months
<b>Return to Work Incentive</b>	12 months
<b>Employee Assistance Program</b>	Included: 3 face-to-face



### **Additional Plan Design Details**

- The Standard pays the employer's matching FICA and Medicare taxes and prepares W-2s for members receiving LTD benefits.
- The plan includes the Workplace Possibilities(SM) program, an innovative approach to addressing and reducing the causes of absence and disability - with innovative tools and resources designed to help keep your employees productive and on the job.
- This coverage includes a \$25,000 Reasonable Accommodation Expense Benefit, which reimburses employers for workplace modifications that enable employees to return to or remain at work. The Reasonable Accommodation Expense Benefit is separate from the LTD claim payment.
- A Rehabilitation Plan Benefit is included, which increases the LTD benefit amount by 10% of predisability earnings, not to exceed the maximum benefit, when member is participating in an approved rehabilitation plan. This benefit will also assist in paying for approved expenses incurred by a disabled member a part of an approved rehabilitation plan.
- Survivors Benefit pays a lump sum equal to 3 times the non-integrated LTD benefit.
- Continuity of Coverage.
- The limitations included in the policy are combined lifetime limitations.

**Proposed Effective Date**  
February 01, 2022

**Prepared for:**  
City of West Branch (MI)



## Cost

	Group LTD	
<b>Members</b>	17	
<b>Volume</b>	\$71,191	
<b>Rate: Percent of earnings</b>	.486	
<b>Monthly Premium</b>	\$346	337
<b>Rate Guarantee</b>	Until 01-Jan-2025	

## Assumptions

- Sick leave pay will not be used as deductible income unless the LTD benefit plus the sick leave pay exceeds 100% of indexed predisability earnings. Only the excess above 100% will be used as deductible income.
- Workers' compensation benefits will be considered deductible income.
- Benefits received from individual disability plans will not be used as deductible income.
- Primary and dependents Social Security benefits will be used as deductible income.
- Rates assume members participate in Social Security and Public Employee Retirement System.
- Rates include electronic documents. Printed certificates are available for an additional cost.
- Rates assume billing is centralized in one location.

## Conditions

- Rate assumes that coverage is currently in force.
- Confirmation that you participate in Social Security and Public Employee Retirement System is required.
- STD benefit payments end once the disabled member begins to receive LTD benefits.

## More Information

For additional information on the available features and benefits of Long Term Disability Insurance from The Standard:

Click here for California: <http://www.standard.com/ca-group-long-term-disability>  
Click here for all other states: <http://www.standard.com/group-long-term-disability>



## Short Term Disability Insurance

When it comes to handling Short Term Disability claims, our team of experts is standing by. Our claims examiners have been with us for an average of 6 years, and our nurse case managers boast an average tenure of 8 years (internal company data as of July 31, 2018). With this kind of expertise, we can typically render our initial claim decision in just 3-5 days, because the last thing a claimant needs is a delay.

### Covered Members

A regular employee of the Employer working 30 or more hours per week.

	Group STD
<b>Benefit Schedule</b>	60%
<b>Insured Predisability Earnings</b>	\$833
<b>Maximum Weekly Benefit</b>	\$500
<b>Minimum Weekly Benefit</b>	\$15
<b>Benefit Waiting Period Accident</b>	7 Days
<b>Benefit Waiting Period Sickness</b>	7 Days
<b>Maximum Benefit Period</b>	83 Days
<b>Guarantee Issue</b>	Full Benefit
<b>Employer Contribution</b>	100%
<b>Minimum Participation</b>	100%
<b>Taxability of Benefits</b>	Taxable
<b>Partial/Residual Disability</b>	Included
<b>Temporary Recovery</b>	90 Days
<b>Maternity</b>	Covered the same as any other illness

### Additional Plan Design Details

- Health Advocate(TM) services included. This service is available to short term disability claimants to assist with managing healthcare benefits for the duration of their claim.
- This is a non-occupational plan providing coverage for disabilities occurring off the job.
- This coverage includes a Reasonable Accommodation Expense Benefit, which reimburses employers for workplace modifications that enable employees to return to or remain at work.
- With the Return To Work Incentive, work earnings will not be deducted until the benefit plus work earnings exceed 100% of Predisability Earnings.
- STD benefits are no longer payable once an insured member begins receiving LTD benefits.

**Proposed Effective Date**  
February 01, 2022

**Prepared for:**  
City of West Branch (MI)



## Cost

	Group STD
<b>Members</b>	17
<b>Volume</b>	\$8,333
<b>Rate: Per \$10 of Benefit</b>	.380
<b>Monthly Premium</b>	\$317
<b>Rate Guarantee</b>	Until 01-Jan-2025

## Assumptions

- STD benefits will not be paid while a member is receiving sick pay.
- Rates include electronic documents. Printed certificates are available for an additional cost.

## Conditions

- Rate assumes coverage currently in force.
- STD benefits may be reduced by deductible income.
- State Disability and/or Own Medical Leave Benefits under Paid Family Medical Leave laws are considered deductible income.

## More Information

For additional information on the available features and benefits of Short Term Disability Insurance from The Standard: <http://www.standard.com/group-short-term-disability>

Click here for California: <http://www.standard.com/ca-short-term-disability>

Click here for all other states: <http://www.standard.com/group-short-term-disability>



## **Producer Compensation Disclosure**

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

No commissions included for STD.

Flat 10% commission included for Life and LTD.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit [www.standard.com/financial-professional/insurance-benefits/compensation](http://www.standard.com/financial-professional/insurance-benefits/compensation). Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

## **About This Employee Benefits Proposal**

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on November 15, 2021, unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured and our current underwriting rules and practices.

## **Financial Strength Ratings**

For information about our Financial strengths ratings visit [www.standard.com/about](http://www.standard.com/about)

# **Unfinished Business**

# New Business

*ATTACHED IS A  
LIST OF THE  
BILLS TO BE APPROVED  
AT THIS COUNCIL MEETING*

BILLS	\$422,998.45
<i>BILLS AS OF 11/12/21</i>	<i>\$422,998.45</i>
<i>Additions to Bills as of</i>	<i>\$0</i>
<i>Paid but not approved</i>	<i>\$44,900.05</i>
<b>TOTAL BILLS</b>	<b>\$467,898.50</b>

**BILLS ARE AVAILABLE  
AT THE MEETING  
FOR COUNCIL'S REVIEW**

Vendor Name	Amount	Description
CHARTER COMMUNICATIONS	775.82	INTERNET & PHONE
CINTAS	338.47	UNIFORMS
CITY OF WEST BRANCH	238.77	WATER BILLS OCTOBER
CONSUMERS ENERGY	25.63	ELECTRIC
CONSUMERS ENERGY	8,885.41	ELECTRIC
FOSTER BLUE WATER OIL LLC	2,670.40	FUEL
GALLS LLC	337.64	VARIOUS UNIFORM PIECES
GREEN ACE HARDWARE	249.75	VARIOUS SUPPLIES
HACH COMPANY	331.04	WWTP SUPPLIES
HOME DEPOT	57.84	VARIOUS SUPPLIES
HUTSON INC	860.64	#15
JACK DOHENY COMPANY	1,226.56	#50 & #79 PARTS
M SUPPLY CO	151.22	VARIOUS SUPPLIES
MML	480.00	CDL CONSORTIUM DRIVERS FEE
MVW & ASSOCIATES INC	1,000.00	ASSESSOR CONTRACT DECEMBER
OFFICE CENTRAL	365.90	VARIOUS SUPPLIES
OGEMAW COUNTY HERALD ADLINER	287.98	ADS
OGEMAW COUNTY VOICE	49.30	ADS OCTOBER
ON DUTY GEAR LLC	466.02	POLICE UNIFORMS
QUILL CORPORATION	147.66	VARIOUS SUPPLIES
REPUBLIC SERVICES 237	13,991.96	GARBAGE SERVICE OCTOBER
SCHMITT TIRE & GAS	1,763.00	REPAIRS & TIRES
SCHNEIDER TIRE COMPANY	484.00	TIRES FOR #391
SELLEY'S CLEANERS	48.75	POLICE DRY CLEANING
STEPHENSON & COMPANY PC	14,770.00	AUDIT SERVICES
STERLING EXCAVATION INC	214,458.00	S 4TH ST WATER IMPROVEMENTS
STERLING EXCAVATION INC	64,443.60	S 4TH ST STREET IMPROVEMENT
UPS	3.99	SHIPPING
VISA	5,682.47	VARIOUS SUPPLIES
WALMART	1,000.00	SHOP WITH A COP
WALMART	1,000.00	SHOP WITH A COP
WALMART	1,000.00	SHOP WITH A COP
WALMART	100.00	SHOP WITH A COP
WASTE MANAGEMENT INC	249.11	WWTP DUMPSTERS
WEST BRANCH NAPA AUTO TRUCK	26.72	VARIOUS SUPPLIES
WWTPA	85,030.80	INTEREST PAYMENT ON BONDS
<b>TOTAL</b>	<b>422,998.45</b>	

ORDINANCE 21-04  
The City of West Branch ordains:  
Title 13

**OFFENSES**

**Chapter 1. In General**

- Sec. 13-1. Disorderly conduct.
- Sec. 13-2. Impeding normal flow of vehicular or pedestrian traffic by loitering.
- Sec. 13-3. Curfew for minors.
- Sec. 13-4. Parental neglect of minors.
- Sec. 13-5. Petty larceny.
- Sec. 13-6. Larceny by conversion.
- Sec. 13-7. Larceny by false personation.
- Sec. 13-8. Larceny; rented property.
- Sec. 13-9. Retail fraud.
- Sec. 13-10. Drawing on insufficient funds.
- Sec. 13-11. Buying, receiving, possessing, or concealing, stolen, embezzled, or converted money, goods, or property.
- Sec. 13-12. Disturbing the peace.
- Sec. 13-13. Malicious destruction of property.
- Sec. 13-14. Trespassing.
- Sec. 13-15. Riding in the bed of a pickup truck.
- Secs. 13-16--13-30. Reserved.

**Chapter 2. Weapons Offenses**

- Sec. 13-31. Definition.
- Sec. 13-32. Carrying, using and discharging of weapons.
- Sec. 13-33. Exceptions.
- Sec. 13-34. Issuance of permits; conditions.
- Sec. 13-35. Penalty.

**CHAPTER 1. IN GENERAL****Sec. 13-1. Disorderly conduct.**

No person shall within the corporate limits of the city conduct themselves in the following disorderly manner:

- (1) Be drunk or intoxicated, or engaged in any indecent or obscene conduct in any public place;
- (2) Use any indecent, obscene or immoral language in a public place;
- (3) Refuse or neglect to support his family when of sufficient ability so to do;
- (4) Engage in prostitution, window peeping or any illegal occupation or business;
- (5) Keep, operate or be found loitering in a house of ill fame or prostitution, or place where prostitution or lewdness is practiced, encouraged or allowed;
- (6) Be found lurking, lying in wait or concealed with intent to do any mischief or to pilfer or to commit any crime whatsoever;
- (7) Make or excite any disturbance or contention in any bar, tavern, restaurant, store, business or professional office, manufacturing establishment, or any other place of business, or in any street, alley, public building or any other public place;
- (8) In any manner provide or furnish to any minor any beer, wine or liquor while such minor is in, on or upon any public place;
- (9) Show, exhibit for sale or sell any indecent or obscene photographs, pictures, drawings, engravings, paintings, post cards, books, or pamphlets;
- (10) Operate, present or offer for public showing any indecent, obscene or immoral exhibition or show or any kind;
- (11) Conduct or carry on any gaming, lottery or gambling in any public place or place to which the public has access or is invited, except lotteries and drawings conducted to provide gains, profits and funds to be used exclusively and entirely for the benefit of any church, school, hospital or other public charitable organization, and excepting also lotteries and drawings conducted by clubs, lodges and fraternal organizations to provide gains, profits and funds to be used exclusively and entirely for charitable purposes.

(Code 1994, § 130.01; Ord. No. 74, 1-4-1954)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-2. Impeding normal flow of vehicular or pedestrian traffic by loitering.**

(a) For the purpose of this section, "public place" shall mean any street, alley, park, sidewalk, public building, any place of business or assembly open to or frequented by the public, or any portion thereof, and any other place which is open to the public view, or to which the public has lawful access.

(b) No person, without authority, shall loiter or do any other act so as to block, obstruct, impede or otherwise interfere with the normal flow of vehicular or pedestrian traffic upon any public street or highway, sidewalk or any other public place or any business lawfully conducted by anyone in or upon such public street, highway, public sidewalk or other public place, by means of a barricade, object or device, or with his person, all or any of which prevents the free and uninterrupted ingress, egress and regress therein, thereon or thereto. This section shall not apply to persons maintaining, rearranging or constructing public utility facilities in or adjacent to a street or sidewalk, nor shall it apply to persons peacefully picketing upon places other than a public street or highway.

(c) No person shall conduct himself or join with one or more other persons in a public place, as defined above in subsection (a) of this section, if he knows or should have known that, singly or together with the others with whom he has joined, he is obstructing the free and uninterrupted passage of the public and the peaceful transaction of its business in that public place.

(d) No person shall be issued a citation under this section unless the person fails to leave any of the above described locations after having been requested once to leave by the lawful owner or occupant or a duly authorized police officer. The enforcing officer shall record all verbal warnings in a log kept in the glove box of the patrol car.

(Code 1994, § 130.02; Ord. No. 203, 6-19-1990)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-3. Curfew for minors.**

(a) It shall be unlawful for any person under the age of 17 years to loiter or remain in or upon any streets, alleys or public places in the city after the hour of 10:00 p.m., on Sunday, Monday, Tuesday, Wednesday, Thursday and Friday of each week, and after the hour of 12:00 p.m., on Saturday of each week, unless such person is accompanied by his parent, guardian or other person having legal custody and control of such minor, or unless the minor is in the pursuance of an errand directed by his parent, guardian or other person having his care or custody, or while the performance of some lawful

employment of such minor makes it necessary that the minor be upon those streets, alleys or public places during the night time, after such specified hours, and except as hereinafter provided.

(b) Students attending school functions or functions sponsored or authorized by the city council shall be at their respective homes within 30 minutes after a program closes. Students working in the evening shall secure a card or note from employer if they are upon the streets or public places after the hours above set forth in subsection (a) of this section, and shall at all times have the card in their possession and exhibit the same to any officer upon request.

(c) It shall hereafter be unlawful for any parent, guardian or other person having the legal care and custody of any minor under the age of 17 years, to allow, or permit any such child, ward or other person, under such age, while in his legal custody, to loiter or remain, unaccompanied, upon any of the streets, alleys or other public places in the city, within the time prohibited in subsection (a) of this section, unless there exists a reasonable necessity therefore.

(d) Each member of the police force, including chief of police or Michigan State Police or other peace officer, while on duty, is hereby authorized to arrest without warrant any person within his presence violating any of the provisions of subsection (a) of this section and detain that person for a reasonable time until complaint can be made and warrant issued and served. No child or minor person arrested under the provisions of this section shall be placed in confinement until the parent or guardian of that child shall have been notified and the parents' wishes or the wishes of such guardian or legal custodian ascertained, and the parents, guardians or legal custodian shall refuse to be held responsible for the observance of this section by that minor person.

(e) It shall be the duty of a court of competent jurisdiction, upon the arrest of any child or minor person, where the parents, guardian or legal custodian of such minor person refuse to become responsible for such minor for the violation of the provisions of subsection (a) of this section, to inquire into the facts of the arrest, the conditions and circumstances of that child or minor person, and if it shall appear that the child or minor person, for want of proper parental care, guardianship or control, is growing up in mendicancy or vagrancy, or is incorrigible, to cause the proper proceeding to be had and taken as authorized by the laws of the state in those cases.

(f) The curfew shall be sounded in such manner as the city council shall from time to time order.

(Code 1994, § 130.03; Ord. No. 55, 9-20-1943)

**Cross reference**—Penalty. § 13-35.

**Sec. 13-4. Parental neglect of minors.**

(a) For the purpose of this section the following definitions shall apply unless the context clearly indicates or requires a different meaning.

- (1) *Criminal acts.* Those acts which violate the statutes of the state or the ordinances of the City and shall include traffic violations.
- (2) *Habitual offender.* One who commits two or more criminal acts, or including four or more moving traffic violations, within a 12-month period.
- (3) *Minor.* Any juvenile under the age of 17 residing with the parent as defined in this subsection.
- (4) *Parent.* Mother, father, legal guardian and any other person having the care or custody of a minor or such other adult with whom a minor may be found residing.

(b) It shall be unlawful for the parent of any minor to fail to exercise reasonable parental control which failure results in the minor committing any criminal act or allows or encourages any minor to commit any criminal act or become delinquent in accordance with the provisions of the probate code as it pertains to juveniles.

(c) Notification and responsibility.

- (1) Whenever a minor shall be arrested or detained for the commission of any criminal act within the city, the parent of that minor shall be immediately notified by the police department advising the parent of such arrest or detention, the reason therefore and their responsibility under this section.
- (2) A record of such notification shall be kept by the police department.  
(Code 1994, § 130.04; Ord. No 104, 12-7-1970)

Cross reference—Penalty, § 13-35.

**Sec. 13-5. Petty larceny.**

No person shall commit larceny, by stealing, of the property of another, any money, goods, chattels or other things of value, having a value of \$100.00 or less, in the city.  
(Code 1994, § 130.05; Ord. No. 168, 5-31-1983)

Cross reference—Penalty, § 13-35.

**Sec. 13-6. Larceny by conversion.**

Any person to whom money, goods or other property, which may be the subject of larceny, shall have been delivered, who shall embezzle or fraudulently convert to his

own use, or shall secrete with the intent to embezzle, or fraudulently use such goods, money, or other property, or any part thereof, shall be deemed by so doing to have committed the crime of larceny and shall be punished under section 13-35.

(Code 1994, § 130.06; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

#### **Sec. 13-7. Larceny by false personation.**

Any person who shall falsely personate or represent another and in such assumed character shall receive any money, or other property whatever, intended to be delivered to the party so personated, with intent to convert the same to his own use, shall be deemed by so doing, to have committed the crime of larceny, and shall be punished under section 13-35.

(Code 1994, § 130.07; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

#### **Sec. 13-8. Larceny; rented property.**

Any person to whom any tangible property is delivered on a rental or lease basis under any agreement in writing providing for its return to a particular place at a particular time who refuses or wilfully neglects to return such tangible property, after the expiration of the time stated in a notice in writing proved to have been duly mailed by registered or certified mail addressed to the last known address of the person who rented or leased tangible property, and with intent to defraud the lessor, is guilty of an offense punishable under section 13-35.

(Code 1994, § 130.08; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

#### **Sec. 13-9. Retail fraud.**

Any person who commits any of the following acts shall be deemed to have committed retail fraud:

- (1) Any person who, while a store is open to the public, alters, transfers, removes and replaces, conceals or otherwise misrepresents the price at which property is offered for sale, with the intent not to pay for the property or to pay less than the price at which the property is offered for sale; or
- (2) While a store is open to the public, steals property of the store that is offered for sale; or

- (3) With the intent to defraud, obtain, or attempt to obtain money or property from the store as a refund or exchange for property that was not paid for and belongs to the store.

(Code 1994, § 130.09; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-10. Drawing on insufficient funds.**

(a) Any person who, with intent to defraud, make, draw, utter or deliver any check, draft or order for the payment of money, to apply on account or otherwise, upon any bank or other depository, knowing at the time of the making, drawing, uttering, or delivering, that the maker or drawer does not have sufficient funds in or credit with the bank or other depository, for the payment of the check, draft, or order, in full, upon its presentation; or

(b) With the intent to defraud, shall make, draw, utter, or deliver any check, draft, or order for the payment of money to apply on account or otherwise, upon any bank or other depository, unless the person has sufficient funds for the payment of the check, draft, or order when presentation for payment is made to the drawee, except if the lack of funds is due to garnishment, attachment, levy, or other lawful cause, and that fact was not known to the person who made, drew, uttered, or delivered the check, draft, or order at the time of the making, drawing, uttering, or delivering, shall be guilty of an offense punishable under section 13-35.

(c) As against the maker or drawer thereof, the making, drawing, uttering or delivering of a check, draft or order, payment of which is refused by the drawee, when presented in the usual course of business, shall be prima facie evidence of intent of defraud and of knowledge of insufficient funds in or credit with such bank or other depository, provided such maker or drawer shall not have paid the drawee thereof the amount due thereon, together with all costs and collection fees, as established by the city council, within five days after receiving notice that such check, draft or order has not been paid by the drawee.

(d) Where such check, draft or order is protested, on the ground on insufficiency of funds or credit, the notice of protest thereof shall be admissible as proof of presentation, nonpayment and protest, and shall be prima facie evidence of intent to defraud, and of knowledge of insufficient funds or credit with such bank or other depository.  
(Code 1994, § 130.10; Ord. No. 215, 2-17-1992; Ord. No. 242, 10-21-1996)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-11. Buying, receiving, possessing, or concealing, stolen, embezzled, or converted money, goods, or property.**

A person who buys, receives, possesses, conceals or aids in the concealment of stolen, embezzled or converted money, goods, or property knowing the money, goods, or property to be stolen, embezzled or converted, if the property purchased, possessed or concealed is of a value of \$100.00 or less, the person is guilty of an offense punishable under section 13-35.

(Code 1994, § 130.11; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-12. Disturbing the peace.**

Any person who shall make or excite any disturbance or contention in any tavern, store, or grocery, manufacturing establishment or any other business place or in any street, lane, alley, highway, public building, grounds or park, or at any election or other public meeting where citizens are peaceably and lawfully assembled, shall be guilty of an offense punishable under section 13-35.

(Code 1994, § 130.12; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-13. Malicious destruction of property.**

Any person who shall willfully and maliciously destroy or injure the personal property of another, by any means shall be guilty of an offense punishable under section 13-35.

(Code 1994, § 130.13; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-14. Trespassing.**

Any person who shall wilfully enter, upon the lands or premises of another without lawful authority, after having been forbidden so to do by the owner or occupant, agent or servant of the owner or occupant, or any person being upon the land or premises of another, upon being notified to depart therefrom by the owner or occupant, the agent or servant of either, who without lawful authority neglects or refuses to depart therefrom, shall be guilty of an offense punishable under section 13-35.

(Code 1994, § 130.14; Ord. No. 215, 2-17-1992)

**Cross reference**—Penalty, § 13-35.

**Sec. 13-15. Riding in the bed of a pickup truck.**

(a) Except as provided in this section, a person shall not ride, and an owner or operator shall not permit a person to ride, in the bed of a pickup truck on a highway, street or other place open to the general public in the city, unless the person is properly seated on a seat and is wearing a properly adjusted and fastened safety belt, both of which are of a type and installed in a manner meeting the requirements of 49 CFR 571.207, 571.208 and 571.210.

(b) Subsection (a) does not apply to a passenger or operator of any of the following:

- (1) A motor vehicle operated as part of a parade pursuant to a permit issued by the city or the state.
- (2) A military vehicle.
- (3) An authorized emergency vehicle.
- (4) A motor vehicle controlled or operated by an employer or an employee of a farm operation, construction business or public infrastructure maintenance enterprise during the course of work activities provided that:
  - a. Four-way flashers are activated while vehicle is moving with passengers in the bed; and
  - b. Passengers are seated in the floor of the bed of the pickup truck, or on wheel well, sides or tailgate.

(c) An owner or operator of a motor vehicle who permits a person to ride in the bed of a pickup and/or the person riding as a passenger in the bed of the pickup in violation of this section shall be guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine not to exceed \$500.00 plus reimbursement for costs of prosecution.

(Code 1994, § 130.15; Ord. No. 250, 11-17-1997; Ord. No. 01-04, 6-18-2001)

**Secs. 13-16—13-30. Reserved.**

**CHAPTER 2. WEAPONS OFFENSES****Sec. 13-31. Definition.**

For the purpose of this subchapter the following definition shall apply unless the context clearly indicates or requires a different meaning.

*Firearm.* Any weapon or device from which is propelled any missile, projectile, bullet, shot, pellet or other mass, by means of explosives, compressed air or gas or by means of springs, levers or other mechanical device which weapon or device shall be capable by the discharge of any such propelled missile, projectile, bullet, shot, pellet or other mass, of inflicting personal injury or death upon any person, or damage to another's property.

(Code 1994, § 130.25; Ord. No. 180, 1-6-1986)

**Sec. 13-32. Carrying, using and discharging of weapons.**

(a) No person shall carry any firearm upon his person in any public street, alley or other place open to the public in the city unless:

- (1) The person has been issued a valid license to do so as provided by Act 372 of Michigan Public Acts of 1927, as amended (MCL § 28.421 et seq.); or
- (2) All ammunition has been removed from the chamber cylinder, clip or magazine of the firearm and the firearm has been noticeably rendered inoperable by being broken down or disassembled or is completely enclosed within a case or other similar container.

(b) No person shall discharge any firearm in the city, and no person shall draw, handle or flourish any firearm in any public street, alley or other place open to the public in the city.

(Code 1994, § 130.26; Ord. No. 180, 1-6-1986)

Cross reference—Penalty, § 13-35.

**Sec. 13-33. Exceptions.**

The prohibitions in this subchapter shall not apply to the following situations:

- (1) To persons acting in the lawful defense of person, property or family.
- (2) To police officers or other officers of the law in the lawful discharge of their duty.
- (3) When a firearm is being shown or otherwise handled in the regular course of merchandising or is being carried from the building immediately after purchase of that firearm within the building, or the firearm is carried into the building for repair of that firearm.
- (4) To authorized military parades by permission of the city council.
- (5) To indoor enclosed firearm ranges so constructed as to prevent damages to property or injury or death to any person where such firearm ranges are

otherwise lawful. However, the discharge of a bow and arrow is permitted upon unenclosed ranges, where such ranges are constructed so as to prevent damage to property or injury or death to any person.

- (6) To persons who have obtained a permit from the city police for the control of pests, (birds or animals) that are causing property damage or creating a health hazard or a general nuisance. However, when any wild birds or animals are classified as protected game birds or animals by the state department of natural resources, permission to destroy them shall first have been obtained from that department and after the protected wild bird or animal has been killed, it shall be disposed of as directed by the department.

(Code 1994, § 130.27; Ord. No. 180, 1-6-1986)

#### **Sec. 13-34. Issuance of permits; conditions.**

No person shall be issued a permit unless he shall be 18 years of age, and comply with the following:

- (1) On the permit request, the following information shall be supplied:

- a. Name, address and age.
- b. Affiliations, if any.
- c. Type of pest to be controlled.
- d. Method of control.
- e. Period of time required for pest control.

- (2) All requests for permits shall be reviewed and signed by the chief of police, only after he is satisfied that the procedure to be used to eliminate the pests is safe from damage or injury to any person or persons residing in the city.

(Code 1994, § 130.28; Ord. No. 180, 1-6-1986)

#### **Sec. 13-35. Penalty.**

(a) A violation of section 13-2 and section 13-3 is a municipal civil infraction, pursuant to section 1-41 of this Code. Each act of violation and every day upon which any such violation shall occur shall constitute a separate offense.

(b) Any person who shall, within the corporate limits of the city, commit any of the acts listed in section 13-1, sections 13-4 through 13-14, and sections 13-32 through 13-34 shall be guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine not to exceed \$500.00 plus reimbursement for costs of prosecution.  
(Code 1994, § 130.99; Ord. No. 55, 9-20-1943; Ord. No. 203, 6-19-1990; Ord. No. 01-04, 6-18-2001)

## **RESOLUTION NO. 21-25**

**WHEREAS, Governor Whitmer has made it a priority to focus on water infrastructure to protect the public health, environment, and economy in the State of Michigan, and**

**WHEREAS, the City of West Branch currently has two water wells that supply water to the residents and businesses of the City, and**

**WHEREAS, the City currently does not have a treatment plant needed to treat the City's water supply and provide safe and reliable water, and**

**WHEREAS, the City recognizes the need for a treatment plant in order to supply the residents and business of the City with safe, reliable, and affordable water, and**

**WHEREAS, the City also recognizes the need for an additional well in order to have an increased capacity needed to support business, industrial, tourism, and agribusiness growth, and**

**NOW THEREFORE IT BE RESOLVED, the West Branch City Council hereby recognizes the vital need of a water treatment plant and new well and supports the submission of a grant application to the Michigan Department of Agriculture and Rural Development for grant funds to assist with the construction of a water treatment plant in order to have increased water capacity and the ability to supply the region with safe, affordable, and reliable water.**

## RESOLUTION #21-26

WHEREAS, City budgeted for the replacement of water line and road reconstruction on S. Fourth St. from Wright St through Morrison St; and

WHEREAS, the expenses in Fund 203, Local Street Fund and Fund 592, Water Replacement Fund, were increased to account for the larger bid for the work on S. Fourth than budgeted for, and

WHEREAS, the final invoice came in lower than the bid, and

NOW, THEREFORE, BE IT RESOLVED, that the West Branch City Council hereby adopts the following budget amendment:

GL NUMBER	DESCRIPTION	2021-22 CURRENT BUDGET	2021-22 AMENDED BUDGET
Fund 203 - LOCAL STREET FUND			
Revenues			
Dept 000.000			
203-000.000-570.400	ACT 51 - STATE OF MICHIGAN	77,000.00	77,000.00
203-000.000-634.400	GRANT	0.00	0.00
203-000.000-664.400	INTEREST INCOME	400.00	400.00
203-000.000-680.400	TRANSFER FROM MAJOR STREET	58,250.00	58,250.00
203-000.000-695.400	MISCELLANEOUS	0.00	0.00
Total Dept 000.000		135,650.00	135,650.00
TOTAL REVENUES		135,650.00	135,650.00
Expenditures			
Dept 451.000 - CONSTRUCTION			
203-451.000-703.700	SALARIES AND WAGES	500.00	500.00
203-451.000-710.700	OVERTIME	0.00	0.00
203-451.000-714.700	MANDATORY MEDICARE	7.00	7.00
203-451.000-715.700	SOCIAL SECURITY (EMPLOYER)	31.00	31.00
203-451.000-718.700	MERS RETIREMENT (EMPLOYER)	2.00	2.00
203-451.000-720.700	WORKERS COMPENSATION PREMIUM	5.00	5.00
203-451.000-724.700	UNEMPLOYMENT INS. BENEFIT	0.00	0.00

203-451.000-801.700	CONTRACTUAL SERVICES	76,260.00	65,000.00
203-451.000-941.700	EQUIPMENT RENTAL	250.00	250.00
203-451.000-956.700	EXPENSES	0.00	0.00
Total Dept 451.000 - CONSTRUCTION		77,055.00	65,795.00

**TOTAL EXPENDITURES**

135,630.00 124,370.00

**Fund 203 - LOCAL STREET FUND:**

TOTAL REVENUES	135,650.00	135,630.00
TOTAL EXPENDITURES	135,630.00	124,370.00
NET OF REVENUES & EXPENDITURES	20.00	11,280.00

**Fund 592 - WATER REPLACEMENT FUND**

**Revenues**

**Dept 000.000**

592-000.000-664.400	INTEREST INCOME	0.00	0.00
592-000.000-675.400	TRANSFER FROM WATER FUND	200,000.00	200,000.00
	TRANSFER FROM ARPA FUNDS		52,345.00
Total Dept 000.000		200,000.00	252,345.00

**TOTAL REVENUES**

200,000.00 252,345.00

**Expenditures**

**Dept 000.000**

592-000.000-801.700	CONTRACTUAL SERVICES	226,345.00	221,000.00
592-000.000-994.700	BOND	20,260.00	20,260.00
592-000.000-995.700	INTEREST DUE ON BONDS	5,740.00	5,740.00
Total Dept 000.000		252,345.00	247,000.00

**TOTAL EXPENDITURES**

252,345.00 247,000.00

**Fund 592 - WATER REPLACEMENT FUND:**

TOTAL REVENUES	252,345.00	252,345.00
TOTAL EXPENDITURES	252,345.00	247,000.00
NET OF REVENUES & EXPENDITURES	0.00	5,345.00

A decorative border with ornate floral and scrollwork patterns in the corners and along the sides, framing the text.

## PROCLAMATION #21-03

WHEREAS, Kiwanis International is one of the largest service organizations in the world with more than 551,000 members of all ages and abilities in more than 80 nations; and

WHEREAS, the members of Kiwanis Club of West Branch are devoted to improving the world, one child and one community at a time by seeking primacy to the human and spiritual rather than the material values of life; and

WHEREAS, in addition to improving the lives of children in the City of West Branch and in communities around the world, Kiwanis club members promote the development of community leaders, positive role models, intercultural understanding and cooperation, and opportunities for fellowship, personal growth, professional development and community service; and

WHEREAS, the first Kiwanis club started its service in Detroit, Michigan in 1915; and the Kiwanis Club of West Branch was formed in 1935; and

WHEREAS, the Kiwanis Club of West Branch graciously volunteered to redo the City benches throughout the town for the betterment of our community; and

WHEREAS, the service provided by the Kiwanis Club of West Branch will continue to have a positive impact on our community and citizens; and

NOW, THEREFORE, BE IT PROCLAIMED, that the Mayor and the West Branch City Council does hereby offer our sincere thanks and appreciation for this project as well as the gracious service provided to the City over their many years of service to our community.

# **Approval of Council Minutes & Summary**

**SUMMARY OF THE REGULAR MEETING OF THE WEST BRANCH CITY COUNCIL HELD IN PERSON AND VIRTUALLY ON MONDAY, NOVEMBER 1, 2021.**

Mayor Pro-tem Mike Jackson called the meeting to order at 6:00 PM.

Present: Mayor Pro-tem Jackson, Council Members Adair, Bennett, Pugh, Showalter, and Zimmerman.

Absent: Mayor Frechette

Other officers present: City Manager Dantzer, City Clerk Stang, DPW Superintendent Killackey, County Commissioner Surbrook, and City Attorney Meihn.

Everyone stood for the pledge of allegiance.

County Commissioner Surbrook gave County updates.

Keri Withers with Rayola spoke to Council regarding a resolution for charitable gaming licenses.

Council approved the charitable gaming license resolution for Rayola.

West Branch resident Brent Wilson addressed Council regarding Ordinance 21-05, Drone Ordinance.

Council approved the Ordinance 21-05, Drone Ordinance.

Council approved Ordinance 21-03, Zoning Amendment.

Council approved bills in the amount of \$152,531.50.

Council approved Resolution 21-22 authorizing City Manager Dantzer to be the signer for all contracts through the MEDC grant.

Council approved Resolution 21-23, October Budget Amendment.

Council approved the Victorian Art Fair Special Event Permit.

Council approved Resolution 21-24, Virtual Public Meetings.

Council approved the minutes and summary from the meeting held October 18, 2021.

Council approved the treasurer's report and investment summary; DDA minutes with corrections from the meeting held September 28, 2021; and Airport Board minutes from the meeting held September 15, 2021.

Communications were shared.

Council Member Showalter and DPW Superintendent Killackey each gave reports.

Mayor pro-tem Jackson adjourned the meeting at 6:54 pm.

REGULAR MEETING OF THE WEST BRANCH CITY COUNCIL HELD IN PERSON AND VIRTUALLY IN THE COUNCIL CHAMBERS OF THE WEST BRANCH CITY HALL, 121 N. FOURTH STREET ON MONDAY, NOVEMBER 1, 2021.

Mayor Pro-tem Jackson called the meeting to order at 6:00 p.m.

Present: Council Members Carol Adair, Joanne Bennett, Mike Jackson, Ellen Pugh, Rusty Showalter, and Cathy Zimmerman.

Absent: Mayor Paul Frechette

Other officers present: City Manager John Dantzer, City Clerk Amanda Stang, DPW Superintendent Mike Killackey, County Commissioner Mark Surbrook and City Attorney Greg Meihn.

All stood for the Pledge of Allegiance.

\* \* \* \* \*

County Commissioner Mark Surbrook gave an update on the Kirtland Community College millage.

\* \* \* \* \*

Keri Withers with the non-profit organization Rayola, spoke with Council about a Charitable Gaming license resolution.

**MOTION BY PUGH, SECOND BY ZIMMERMAN, TO APPROVE THE CHARITABLE GAMING LICENSE RESOLUTION FOR RAYOLA.**

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

West Branch resident Brent Wilson addressed Council regarding the Ordinance 21-05, Drone Ordinance. He noted his concern if the Ordinance does pass what that means for residents, like him, who responsibly use drones for business and recreational purposes.

City Manager Dantzer noted the reason for the Ordinance was due to multiple complaints of drones hovering over people's private property but due to no specific ordinance intact, there was no way to enforce any legal action.

**MOTION BY ZIMMERMAN, SECOND BY BENNETT, TO APPROVE ORDINANCE 21-05, DRONE ORDINANCE.**

**ORDINANCE 21-05**

The City of West Branch Ordains:

**TITLE 9: GENERAL REGULATIONS**  
**CHAPTER 7: OPERATON OF UNMANNED AIRCRAFT**

**ARTICLE 1. IN GENERAL**

**Sec 8.527-8.538. Reserved**

(1) Operation of any unmanned aircraft.

**Sec 8.539. Definitions.**

The following words, terms, and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

“Unmanned Aircraft” means an aircraft that is operated without the possibility of direct human intervention from within or on the aircraft. The term unamend aircraft includes drones. The term “unmanned aircraft” does not include: (i) a glider or hand-tossed small unmanned aircraft that is not designed for and is incapable of sustained flight; and, (ii) a small unmanned aircraft that is capable of sustained flight and is controlled by means of a physical attachment, such as a string or wire.

“Public Gathering Space” means any structure, enclosed area or other demarcated space used for the assembly of persons in the open air, including, but not limited to, amusement parks, stadiums, athletic fields, automotive speed ways, aviation fields, band stands, beach enclosures, grandstands, observation platforms, outdoor public swimming pools, outdoor theaters, race tracks, reviewing stands, street festivals or parade routes, among others.

**Sec 8.540. Regulations**

No person, firm, corporation or other entity shall operate any Unmanned Aircraft so as to interfere with the privacy, safety, peace or repose of persons or endanger the health, safety, or welfare of another, or in a manner that is reckless, careless or in violation of the laws of the State of Michigan or Federal law, including but not limited to the following:

- (a) Operation of the unmanned aircraft shall be completely prohibited within 500 feet of a school, police investigation, fire, traffic accident, medical emergency, fire investigation, Public Gathering Space, or such place that may endanger person or property or interfere with persons discharging their public duties;
- (b) The Unmanned Aircraft shall not be used to photograph, or video record any other person or private property without their consent or valid lawful purpose;

- (c) No Unmanned Aircraft shall be operated directly over any person who is not involved in the operation of the Unmanned Aircraft, without such person's consent; or directly over property that the operator does not own, without the property owner's consent, and subject to any restrictions that the property owner may place on such operation;
- (d) The Unmanned Aircraft shall not be operated outside the visual line of sight of the operator of the same;
- (e) An Unmanned Aircraft shall not be operated within 500 feet of any electric generating facility, substation or control center, or within 100 feet of any electric transmission facility, or within 25 feet of any electric distribution facility or of any overhead wire, cable, conveyor or similar equipment for transmission of sounds or signal, or of heat, light or power, or data, upon or along any public way within West Branch, without the facility or equipment owner's consent, and subject to any restrictions that the facility or equipment owner may place on such operation;
- (f) The operation of Unmanned Aircraft shall be for recreational purposes only.

**Sec 8.541 Exceptions.**

Notwithstanding the prohibitions set forth in this section, nothing in this section shall be construed to:

- (a) Prohibit any person who is authorized by the Federal Aviation Administration to operate an Unmanned Aircraft in West Branch air space from conducting such operations in accordance with the terms of such authorization and, if applicable, in accordance with this ordinance; or
- (b) From West Branch operating an Unmanned Aircraft; or
- (c) Prohibit any person who is authorized to operate an Unmanned Aircraft and who obtains prior authorization for operations by motion of the West Branch City Council.

**Sec 8.542-8.642 Reserved**

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY SHOWALTER, SECOND BY BENNETT, TO APPROVE ORDINANCE 21-03, ZONING AMENDMENT.**

**City of West Branch**

## Ordinance No. 21-03 of 2021

An ordinance to amend the City of West Branch Zoning Ordinance Section 3.19 (Fences, Walls and Hedges), Section 3.30 (Signs), and the Zoning Map.

The City of West Branch, Ogemaw County, Michigan ordains:

### Section 1: Additions and deletions to the City of West Branch Zoning Ordinance Section 3.19 (Fences, Walls and Hedges), Section 3.30 (Signs), and the Zoning Map

*That the City of West Branch Zoning Ordinance, Section 3.19 (Fences, Walls and Hedges), is hereby amended to read as follows:*

#### B. Fence & Wall Standards

	Residential Lots	Non-Residential Lots (including non-residential lots in the Mixed Use District)
Front Yard	Fences may be up to four (4') feet high.  Fences higher than four (4') feet shall not extend beyond the front of the principal building.	Fences may be up to eight (8') feet high but shall have at least 50% open space (such as chain link or slats).  Solid fencing shall be no higher than four (4') feet.
Side Yard	Fences may be up to six (6') feet high.	Fences may be up to eight (8') feet high.
Rear Yard	Fences may be up to six (6') feet high.	Fences may be up to eight (8') feet high.
Through Lots	Front yard fence standards shall be observed along both street frontages. Front yard fences shall be no higher than four (4') feet. Fences higher than four (4') may not extend beyond the front of the principal building or, if no principal building exists, the front yard setback. A fence over four (4') feet (but no greater than six (6') feet on a residential lot and no greater than eight (8') feet on a non-residential lot) may be erected along either street frontage if the fence is set back equal to or greater than the front yard setback of the district.	

*That the City of West Branch Zoning Ordinance, Section 3.30 (Signs), is hereby amended to read as follows:*

#### F. Signs Permitted.

District	Type	# per Parcel	Maximum size	Height
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<b>R-1 R-M MU</b>	<b>Freestanding, Primary Signs (permanent) (single- &amp; two-family residential uses)</b>	1	6 ft <sup>2</sup>	3'
	<b>Freestanding, Primary Signs (permanent) (multi-family &amp; non-residential uses)</b>	1 per road frontage	32 ft <sup>2</sup>	6'
	<b>Message Boards (non-residential uses)</b>	1 per road frontage	32 ft <sup>2</sup>	6'
	<b>Wall Signs (permanent) (single- &amp; two-family residential uses)</b>	1	4 ft <sup>2</sup>	Not to exceed height of wall
	<b>Wall Signs (permanent) (multi-family &amp; non-residential uses)</b>	---	25% of each building wall	---
	<b>Temporary/Portable Signs (single- &amp; two-family residential uses)</b>	16 ft <sup>2</sup> (total of all temporary signs)		5'
	<b>Temporary/Portable Signs (single- &amp; two-family residential uses)</b>	32 ft <sup>2</sup> (total of all temporary signs)		5'
	<b>Sail-Type Temporary Signs (also known as flag banners and feather flags) (non-residential uses)</b>	1 (32 ft <sup>2</sup> each) per 20 linear feet of road frontage		
<b>OS G-B IND</b>	<b>Freestanding, Primary (permanent)</b>	1 per road frontage	32 ft <sup>2</sup>	12'
	<b>Message Boards (including digital)</b>	1 per street or alley	24 ft <sup>2</sup>	12' (for freestanding)
	<b>Wall Signs (permanent)</b>	---	25% of each building wall	Not to exceed height of wall
	<b>Canopy</b>	1 per road frontage	Length of front face	Roof line
	<b>Projecting</b>	1	20 ft <sup>2</sup>	Bottom of sign shall be a minimum of 8' from sidewalk
	<b>Temporary/Portable</b>	32 ft <sup>2</sup> (total of all temporary signs)		---
	<b>Sail-Type Temporary Signs (also known as flag banners and feather flags)</b>	1 (32 ft <sup>2</sup> each) per 20 linear feet of road frontage		

**Number:** Each property is allowed the various types of signs listed in combination.

**Lighting:** Only signs for multi-family and non-residential uses may be illuminated provided the light does not negatively affect adjacent properties or the visibility of traffic or pedestrians.

**Additional Signage:** Parcels with greater than 400 lineal feet of frontage may be granted additional signage by the Planning Commission.

**Signs on Lots Containing Multiple Establishments.** See subsection G below.

***That the City of West Branch Zoning Map is hereby amended as follows:***

***The following parcels are hereby rezoned to Mixed Use District (as shown by dotted line on map below):***

052-413-012-00

052-413-002-00

052-660-002-00

052-413-011-00

052-411-011-00

052-660-003-00

052-413-001-00

052-411-002-00

052-660-001-00

052-412-011-00

052-411-007-10

052-660-004-00

052-412-002-00

052-411-010-00

052-660-005-00

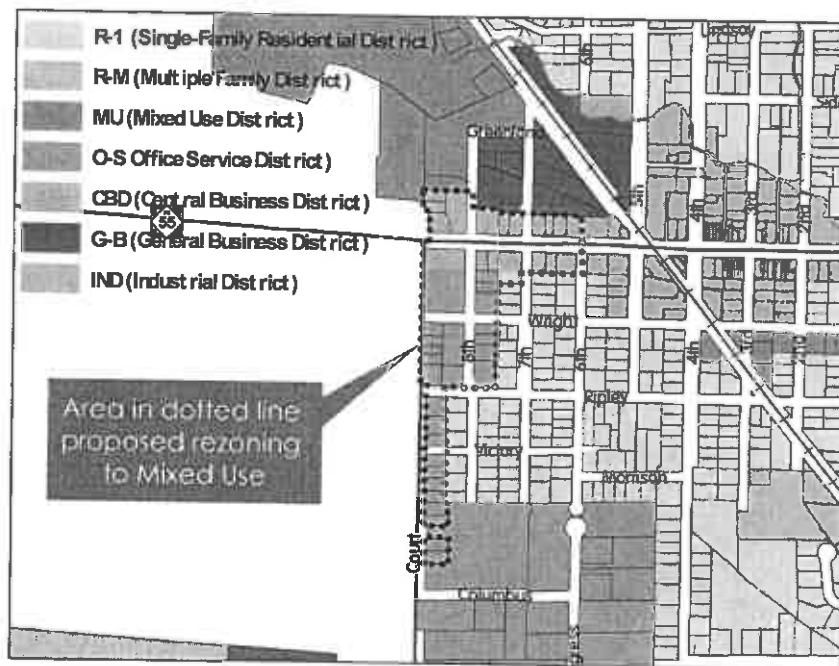
052-412-001-00

052-660-007-00

052-660-006-00  
052-660-008-00  
052-660-009-00  
052-660-010-00  
052-660-011-00  
052-103-007-00  
052-101-001-00  
052-118-005-00  
052-102-001-00

052-117-004-00  
052-102-005-00  
052-102-004-01  
052-102-003-00  
052-102-007-10  
052-102-002-00  
052-103-002-00  
052-103-001-00  
052-118-007-00

052-118-001-00  
052-117-001-00  
052-118-009-00  
052-118-002-00  
052-117-002-00  
052-118-003-00  
052-117-003-00  
052-118-004-00



**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY BENNETT, SECOND BY ZIMMERMAN, TO APPROVE BILLS IN THE AMOUNT OF \$152,531.50.**

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY PUGH, SECOND BY SHOWALTER, TO APPROVE RESOLUTION 21-22 AUTHORIZING CITY MANAGER DANTZER TO BE THE SIGNER FOR ALL CONTRACTS THROUGH MEDC GRANT.**

### **RESOLUTION NUMBER 21-22**

WHEREAS, the City of West Branch was awarded an MEDC grant in the amount of \$2,000,000 on September 28, 2021, and

WHEREAS, a request for qualifications (RFQ) was issued to establish a certified grant administrator (CGA) as required by the MEDC grant, and

WHEREAS, the City received two proposals in response to the RFQ, and

WHEREAS, the West Branch City Council awarded the bid during their regular meeting held on October 18, 2021 to Housing Consulting Services, LLC in the amount of \$22,400, and

WHEREAS, MEDC requires as part of their grant process a resolution naming who is authorized to sign all contracts associated with the MEDC grant on the City's behalf, and

NOW, THEREFORE, BE IT RESOLVED that the West Branch City Council hereby authorizes City Manager, John Dantzer, to sign all contracts in regards to the MEDC grant.

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY SHOWALTER, SECOND BY ADAIR, TO APPROVE RESOLUTION 21-23, OCTOBER BUDGET AMENDMENT.**

**RESOLUTION #21-23**

WHEREAS, City staff compares the year to date actual with the budgeted amount of all revenue and expenditures monthly; and

WHEREAS, the downtown sidewalk project was planned for in the 20-21 fiscal year due to available funds in the Major Street Fund, and

WHEREAS, the sidewalks could not be installed until the 21-22 fiscal year, and

WHEREAS, the expenses in Fund 202, Major Street Fund, were understated due to the sidewalk construction project being planned for in the 20-21 fiscal year but not being completed until the 21-22 fiscal year, and

**NOW, THEREFORE, BE IT RESOLVED, that the West Branch City**

**Council hereby adopts the following budget amendments:**

GL NUMBER	DESCRIPTION	2021-22 CURRENT BUDGET	2021-22 AMENDED BUDGET
Fund 202 - MAJOR STREET FUND			
Revenues			
Dept 000.000			
Total Dept 000.000		\$540,047.00	\$540,047.00
TOTAL REVENUES		\$540,047.00	\$540,047.00
Expenditures			
Dept 451.000 - CONSTRUCTION			
Total Dept 451.000 - CONSTRUCTION		\$393,831.00	\$393,831.00
Dept 463.000 - ROUTINE MAINTENANCE			
Total Dept 463.000 - ROUTINE MAINTENANCE		\$29,123.00	\$29,123.00

Dept 470.000 - NON-MOTORIZED TRANSPORTATION			
202-470.000-703.700	SALARIES AND WAGES	\$2,050.00	\$2,050.00
202-470.000-710.700	OVERTIME	\$0.00	\$0.00
202-470.000-714.700	MANDATORY MEDICARE	\$30.00	\$30.00
202-470.000-715.700	SOCIAL SECURITY (EMPLOYER)	\$127.00	\$127.00
202-470.000-718.700	MERS RETIREMENT (EMPLOYER)	\$20.00	\$20.00
202-470.000-720.700	WORKERS COMPENSATION PREMIUM	\$85.00	\$85.00
202-470.000-724.700	UNEMPLOYMENT INS. BENEFIT	\$5.00	\$5.00
202-470.000-727.700	OPERATING SUPPLIES	\$1,000.00	\$1,000.00
202-470.000-801.700	CONTRACTUAL SERVICES	\$1,500.00	\$81,500.00
202-470.000-941.700	EQUIPMENT RENTAL	\$2,000.00	\$2,000.00
202-470.000-956.700	EXPENSES	\$50.00	\$50.00
Total Dept 470.000 - NON-MOTORIZED TRANSPORTATION		\$6,867.00	\$86,867.00
Dept 474.000 - TRAFFIC SERVICE			
Total Dept 474.000 - TRAFFIC SERVICE		\$200.00	\$200.00
Dept 478.000 - WINTER MAINTENANCE			
Total Dept 478.000 - WINTER MAINTENANCE		\$36,415.00	\$36,415.00
Dept 482.000 - ADMINISTRATION			
Total Dept 482.000 - ADMINISTRATION		\$9,592.00	\$9,592.00
Dept 485.000 - TRAFFIC SIGNAL TRUNKLINE			
Total Dept 485.000 - TRAFFIC SIGNAL TRUNKLINE		\$8,267.00	\$8,267.00
Dept 486.000 - SURFACE MAINTENANCE TRUNKLINE			
Total Dept 486.000 - SURFACE MAINTENANCE TRUNKLINE		\$6,855.00	\$6,855.00
Dept 487.000 - GUARD RAILS & POSTS TRUNKLINE			
Total Dept 487.000 - GUARD RAILS & POSTS TRUNKLINE		\$199.00	\$199.00
Dept 488.000 - SWEEPING & FLUSHING TRUNKLINE			
Total Dept 488.000 - SWEEPING & FLUSHING TRUNKLINE		\$3,140.00	\$3,140.00
Dept 489.000 - TRUNKLINE SNOW REMOVAL			
Total Dept 489.000 - TRUNKLINE SNOW REMOVAL		\$12,253.00	\$12,253.00
Dept 490.000 - TREES & SHRUBS TRUNKLINE			
Total Dept 490.000 - TREES & SHRUBS TRUNKLINE		\$680.00	\$680.00

Dept 491.000 - DRAINAGE & BACKSLOPES TRUNK.		
Total Dept 491.000 - DRAINAGE & BACKSLOPES TRUNK.	\$476.00	\$476.00
Dept 497.000 - WINTER MAINTENANCE TRUNKLINE		
Total Dept 497.000 - WINTER MAINTENANCE TRUNKLINE	\$24,853.00	\$24,853.00
Dept 498.000 - TRUNKLINE TAXES/ADMINISTRATION		
Total Dept 498.000 - TRUNKLINE TAXES/ADMINISTRATION	\$2,000.00	\$2,000.00
Dept 965.000 - TRANSFERS		
Total Dept 965.000 - TRANSFERS	\$58,250.00	\$58,250.00
TOTAL EXPENDITURES	\$593,001.00	\$673,001.00
Fund 202 - MAJOR STREET FUND:		
TOTAL REVENUES	\$540,047.00	\$540,047.00
TOTAL EXPENDITURES	\$593,001.00	\$673,001.00
NET OF REVENUES & EXPENDITURES	-\$52,954.00	-\$132,954.00
BEGINNING FUND BALANCE	\$690,178.00	\$690,178.00
ENGIND FUND		
BALANCE	\$637,224.00	\$557,224.00

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY SHOWALTER, SECOND BY PUGH, TO APPROVE THE SPECIAL EVENT PERMIT FOR THE VICTORIAN ART FAIR.**

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY BENNETT, SECOND BY PUGH, TO APPROVE RESOLUTION 21-24 VIRTUAL PUBLIC MEETINGS.**

RESOLUTION NO. 21-24

A RESOLUTION DECLARING A LOCAL STATE OF EMERGENCY AND IMPLEMENTING SUPPLEMENTAL RULES OF PROCEDURE FOR PUBLIC BODIES REGARDING VIRTUAL PUBLIC MEETINGS RECITALS

WHEREAS, the Michigan Open Meetings Act, Act No. 267 of the Public Acts of 1976, as amended ("Open Meetings Act") has been amended to permit public bodies, under certain circumstances, to conduct public meetings virtually. To do so after April 1, 2021, and except in certain cases of medical or military circumstances, there must be in effect a declared state of emergency, and

WHEREAS, The Open Meetings Act requires that if virtual meetings of any form are to be held, that certain rules of procedure regarding those meetings be adopted, and

WHEREAS, the Michigan Emergency Act, Public Act 390 of 1976 (MCL 30.401, et. seq.) authorizes the Declaration of a State of Emergency by the City of West Branch, Michigan (the "City"); and

WHEREAS, City Charter, Chapter 6.9 – Providing for Public Health and Safety, the Council shall see that provision is made for the public peace and health, and for the safety of persons and property, and

WHEREAS, COVID numbers in the State of Michigan and Ogemaw County have seen a recent surge in positive cases, including variant viruses, which are more infectious and have been detected in Michigan, and

WHEREAS, without otherwise limiting the scope of this Resolution, the City Council notes that it traditionally holds its meetings in its Council chambers, which is the largest single room in City Hall. The Council chambers are, however, small in area, seating is constrained, and the building's ventilation system is limited. The City Council finds that operating in such an environment could risk the personal health or safety of members of the public or the public body if the meeting were held in person exclusively, and

WHEREAS, the City Council believes that it can achieve greater transparency for the public (until COVID-19 restrictions are removed), and that it is in the City's best interest to permit public bodies in the City to host virtual meetings or hybrid meetings (i.e., meetings with in-person and virtual components) under the Open Meetings Act as permitted by law and in accordance with the provision of this Resolution.

NOW, THEREFORE, IT IS RESOLVED THAT, the recitals set forth above are affirmed as accurate and are incorporated herein as a basis for the actions of the City Council and in accordance with the recommendation of the City's chief executive officer and after consultation with other local officials, a local state of emergency is hereby declared to exist throughout the City of West Branch, and

FURTHER IT BE RESOLVED, this declaration shall remain in effect until the earliest of any of the following:

- December 31, 2021.
- Be rescinded by resolution of the City Council.

- If any court of competent jurisdiction determines that this resolution is invalid.
- In the event the State of Michigan or Ogemaw County adopts acts or laws having the effect of permitting public bodies to again meet virtually for any reason whatsoever, and

FURTHER IT BE RESOLVED, this declaration shall apply to any public body within the City of West Branch to the extent permitted by the Open Meetings Act and, without limitation, includes the City of West Branch City Council, Planning Commission, Zoning Board of Appeals, Downtown Development Authority, and Board of Review. These City public bodies may continue to meet in-person, virtually, or partially in-person and partially-virtually as determined by the presiding officer of those bodies or by action of those bodies, and

FURTHER IT BE RESOLVED, this proclamation is effective immediately and is to be distributed as deemed necessary or appropriate by the Manager and City Clerk, and

FURTHER IT BE RESOLVED, except as otherwise provided herein, the standing rules of procedure for the public body will remain in effect, and

FURTHER IT BE RESOLVED, virtual or hybrid public meetings must utilize an electronic platform that allows for two-way communication between the members of the governing body and the public. In addition, meetings must abide by the following rules of procedures:

- Be properly noticed by publishing the notice on the public body's website homepage at least 18 hours in advance of the meeting;
- An explanation of why the public body is meeting virtually;
- How the members of the public (including persons with disabilities) may participate;
- How members of the public can directly contact members of the public body;
- Posting the meeting agenda online at least two hours before the meeting begins; and
- Members of the governing body participating virtually are required to announce at the beginning of the meeting that they are participating remotely. If a member is attending the meeting remotely for a purpose other than military duty, the member's announcement must further identify his/her physical location by City and the reason for attending remotely, and

FURTHER IT BE RESOLVED, to the extent possible and regardless of whether members are participating virtually, members of the public will be permitted to participate virtually in accordance with adopted rules of procedure. The preferred method of public participation will be via Zoom. Public comment may be made over zoom (audio or using the chat function) or by emailing comments to the City Clerk, and

FURTHER IT BE RESOLVED, all resolutions, motions, and policies in conflict with this Resolution are hereby repealed to the extent of any such conflict

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY BENNETT, SECOND BY PUGH, TO APPROVE THE SUMMARY AND MINUTES FROM THE MEETING HELD OCTOBER 18, 2021.**

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

**MOTION BY SHOWALTER, SECOND BY ADAIR, TO RECEIVE AND FILE THE TREASURER’S REPORT AND INVESTMENT SUMMARY; APPROVE THE DDA MINUTES WITH CORRECTIONS FROM THE MEETING HELD SEPTEMBER 28, 2021; AND AIRPORT BOARD MINUTES FROM THE MEETING HELD SEPTEMBER 15, 2021.**

**Yes – Adair, Bennett, Jackson, Pugh, Showalter, Zimmerman**

**No – None**

**Absent – Frechette**

**Motion carried**

\* \* \* \* \*

Communications from Michigan Public Policy Survey and the MDOT Road Diet brochure were shared.

\* \* \* \* \*

Council Member Showalter gave a kudos to Kiwanis for the repainting of all the benches downtown, noting they looked nice.

DPW Superintendent Killackey noted that S Fourth St should be paved by Wednesday.

\* \* \* \* \*

Mayor Pro Tem Jackson adjourned the meeting at 6:54 PM.

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Mike Jackson, Mayor Pro Tem

---

Amanda Stang, City Clerk

# **Consent Agenda**

Bank Code	Description	Beginning Balance 11/01/2021	Total Debits	Total Credits	Ending Balance 11/30/2021
GEN1	GEN1 - GENERAL CHECKING				
101		1,371,182.19	20,770.18	67,709.42	1,324,242.95
150	CEMETERY PERPETUAL CARE	36,326.35	0.00	0.00	36,326.35
209	CEMETERY FUND	3,197.77	0.00	1,921.52	1,276.25
243	BROWNFIELD REDEVELOPMENT AUTHORITY FU	999.95	0.00	0.00	999.95
248	DDA OPERATING FUND	203,449.51	29,251.43	400.00	232,300.94
251	INDUSTRIAL PARK FUND	8,936.83	0.00	251.93	8,684.90
276	HOUSING RESOURCE FUND	175,497.62	438.00	0.00	175,935.62
318	SEWER DEBT FUND	129,840.94	10,170.87	587.93	139,423.88
319	WATER DEBT FUND	76,087.22	2,291.98	100.08	78,279.12
390	SEWER FUND	285,843.62	16,374.72	40,178.66	262,039.68
391	WATER FUND	691,331.59	16,510.77	9,828.75	698,013.61
392	WATER REPLACEMENT FUND	602,090.60	0.00	0.00	602,090.60
393	SEWER COLLECTION	201,580.09	2,604.93	2,708.28	201,476.74
561	EQUIPMENT FUND	48,620.38	6,570.65	54,981.74	209.29
704	PAYROLL CLEARING	24,849.90	36,503.98	36,503.98	24,849.90
705	IRONS PARK ENTERTAINMENT FUND	6,460.81	0.00	0.00	6,460.81
707	YOUTH SAFETY PROGRAM	15.00	0.00	0.00	15.00
	GEN1 - GENERAL CHECKING	3,866,310.37	141,487.51	215,172.29	3,792,625.59
M/LST	MAJOR/ LOCAL STREETS				
202	MAJOR STREET FUND	627,103.19	21,214.13	68,994.40	579,322.92
203	LOCAL STREET FUND	341,529.37	12,434.79	2,105.00	351,859.16
	MAJOR/ LOCAL STREETS	968,632.56	33,648.92	71,099.40	931,182.08
PAY	PAYROLL				
704	PAYROLL CLEARING	21,663.24	36,469.08	34,030.81	24,101.51
	PAYROLL	21,663.24	36,469.08	34,030.81	24,101.51
THEM	SAVINGS				
101		459,686.74	0.00	0.00	459,686.74
150	CEMETERY PERPETUAL CARE	1,681.98	0.00	0.00	1,681.98
251	INDUSTRIAL PARK FUND	244.80	0.00	0.00	244.80
371	COLLECTION REPLACEMENT FUND	0.65	0.00	0.00	0.65
391	WATER FUND	26,415.84	0.00	0.00	26,415.84
392	WATER REPLACEMENT FUND	19,791.22	0.00	0.00	19,791.22
393	SEWER COLLECTION	3,183.26	0.00	0.00	3,183.26
561	EQUIPMENT FUND	103,535.90	0.00	0.00	103,535.90
	SAVINGS	614,540.39	0.00	0.00	614,540.39
TAX	TAXES				
701	TAX AGENCY	21,895.53	4,915.04	12,921.32	13,889.25
	TAXES	21,895.53	4,915.04	12,921.32	13,889.25
	TOTAL - ALL FUNDS	5,493,042.09	216,520.55	333,223.82	5,376,338.82

CASH SUMMARY BY ACCOUNT FOR WEST BRANCH  
FROM 11/01/2021 TO 11/30/2021  
FUND: ALL FUNDS  
INVESTMENT ACCOUNTS

Fund Account	Description	Beginning Balance 11/01/2021	Total Debits	Total Credits	Ending Balance 11/30/2021
Fund 101					
004.300	CERTIFICATE OF DEPOSIT A	100,000.00	0.00	0.00	100,000.00
004.400	CERTIFICATE OF DEPOSIT B	150,000.00	0.00	0.00	150,000.00
		250,000.00	0.00	0.00	250,000.00
Fund 150 CEMETERY PERPETUAL CARE					
004.300	CERTIFICATE OF DEPOSIT C	114,701.74	0.00	0.00	114,701.74
004.400	CERTIFICATE OF DEPOSIT D	115,271.06	0.00	0.00	115,271.06
	CEMETERY PERPETUAL CARE	229,972.80	0.00	0.00	229,972.80
Fund 251 INDUSTRIAL PARK FUND					
004.300	CERTIFICATE OF DEPOSIT A	100,000.00	0.00	0.00	100,000.00
004.400	CERTIFICATE OF DEPOSIT B	25,000.00	0.00	0.00	25,000.00
	INDUSTRIAL PARK FUND	125,000.00	0.00	0.00	125,000.00
Fund 661 EQUIPMENT FUND					
004.300	CERTIFICATE OF DEPOSIT A	150,000.00	0.00	0.00	150,000.00
004.400	CERTIFICATE OF DEPOSIT B	100,000.00	0.00	0.00	100,000.00
	EQUIPMENT FUND	250,000.00	0.00	0.00	250,000.00
	TOTAL - ALL FUNDS	854,972.80	0.00	0.00	854,972.80

GL NUMBER	DESCRIPTION	2021-22 ORIGINAL BUDGET	2021-22 AMENDED BUDGET	YTD BALANCE 11/30/2021 NORM (ABNORM)	ACTIVITY FOR MONTH 11/30/21 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	BDO MONTH 11/30/21 USED
<b>Fund 101</b>							
<b>Revenues</b>							
Dept 000.000		911,489.00	911,489.00	917,617.46	4,850.59	(6,128.46)	100.67
101-000.000-403.400	CURRENT PROPERTY TAX GEN. OP.	182,384.00	182,384.00	183,401.96	970.53	(1,017.96)	100.56
101-000.000-404.400	CURRENT PROPERTY TAX REFUSE	65,625.00	65,625.00	66,964.68	0.00	(1,339.68)	102.04
101-000.000-408.400	PERSONAL PROPERTY TAX LOSS REIMBURSEMENT	9,000.00	9,000.00	11,980.66	490.41	(2,980.66)	133.12
101-000.000-446.400	PENALTIES AND INTEREST CUR.TA	33,272.00	33,272.00	24,663.83	123.28	8,608.17	74.13
101-000.000-448.400	ADMINISTRATIVE FEES ON CUR.TA	37,200.00	37,200.00	9,005.05	0.00	28,194.95	24.21
101-000.000-477.400	CABLE TV FRANCHISE FEES	1,000.00	1,000.00	416.65	83.33	583.35	41.67
101-000.000-564.400	INDUSTRIAL PARK	28,908.00	28,908.00	12,770.65	0.00	16,137.35	44.18
101-000.000-574.400	SALES (STATUTORY)	188,706.00	188,706.00	77,761.00	0.00	110,945.00	41.21
101-000.000-575.400	REVENUE SHARING (CONSTITUTIONAL)	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00
101-000.000-577.400	LIQUOR LICENSE	50,000.00	50,000.00	25,000.00	5,000.00	25,000.00	50.00
101-000.000-590.400	SEWER FUND ADMINISTRATION	16,000.00	16,000.00	6,666.65	1,333.33	9,333.35	41.67
101-000.000-590.401	SEWER COLLECTION ADMIN.	20,000.00	20,000.00	8,333.35	1,666.67	11,666.65	41.67
101-000.000-591.400	WATER FUND ADMINISTRATION	4,400.00	4,400.00	1,833.35	366.67	2,566.65	41.67
101-000.000-592.400	LOCAL STREET ADMIN. FEE	9,500.00	9,500.00	3,958.35	791.67	5,541.65	41.67
101-000.000-593.400	MAJOR STREET ADMIN. FEE	1,000.00	1,000.00	416.65	83.33	583.35	41.67
101-000.000-594.400	CEMETERY ADMIN. FEE	2,400.00	2,400.00	1,000.00	200.00	1,400.00	41.67
101-000.000-597.400	DDA ADMINISTRATIVE	12,000.00	12,000.00	5,000.00	1,000.00	7,000.00	41.67
101-000.000-661.400	MOTOR VEHICLE FUND	1,000.00	1,000.00	33.24	0.00	966.76	3.32
101-000.000-664.400	INTEREST INCOME	4,000.00	4,000.00	2,600.00	0.00	1,400.00	65.00
101-000.000-672.400	VETERAN BANNER CONTRIBUTIONS	0.00	0.00	10.00	0.00	(10.00)	100.00
101-000.000-675.000	MISCELLANEOUS REVENUE	14,000.00	14,000.00	2,466.01	119.40	11,533.99	17.61
101-000.000-695.400	MISCELLANEOUS	7,000.00	7,000.00	780.43	0.00	6,219.57	11.15
101-000.000-695.405	REFUSE RECYCLING DONATIONS						
Total Dept 000.000		1,602,884.00	1,602,884.00	1,362,679.97	17,079.21	240,204.03	85.01
Dept 262.000 - ELECTIONS							
101-262.000-634.400	GRANT	0.00	0.00	290.00	0.00	(290.00)	100.00
Total Dept 262.000 - ELECTIONS		0.00	0.00	290.00	0.00	(290.00)	100.00
Dept 301.000 - POLICE DEPARTMENT							
101-301.000-578.400	IN-SERVICE TRAINING	700.00	700.00	277.68	0.00	422.32	39.67
101-301.000-654.400	TRAFFIC BUREAU	2,000.00	2,000.00	450.00	50.00	1,550.00	22.50
101-301.000-655.400	ACCIDENT REPORTS	350.00	350.00	213.50	0.00	136.50	61.00
101-301.000-656.400	DISTRICT COURT FINES	4,500.00	4,500.00	1,369.92	0.00	3,130.08	30.44
101-301.000-674.000	CONTRIBUTIONS AND DONATIONS	3,000.00	3,000.00	3,100.00	3,100.00	(100.00)	103.33
101-301.000-695.400	MISCELLANEOUS	250.00	250.00	3,712.00	675.00	(3,462.00)	1,484.80
101-301.000-695.401	MISC. ED. & TRAINING 302	650.00	650.00	0.00	0.00	650.00	0.00
Total Dept 301.000 - POLICE DEPARTMENT		11,450.00	11,450.00	9,123.10	3,825.00	2,326.90	79.68
Dept 441.000 - PUBLIC WORKS DEPARTMENT							
101-441.000-673.400	DDA MAINTENANCE	8,000.00	8,000.00	0.00	0.00	8,000.00	0.00
101-441.000-695.400	MISCELLANEOUS	9,605.00	9,605.00	5,637.84	0.00	3,967.16	58.70
101-441.000-695.410	MDOT REVENUE	20,000.00	20,000.00	0.00	0.00	20,000.00	0.00
Total Dept 441.000 - PUBLIC WORKS DEPARTMENT		37,605.00	37,605.00	5,637.84	0.00	31,967.16	14.99
Dept 528.000 - SOLID WASTE							
101-528.000-634.400	GRANT	0.00	0.00	5,270.05	0.00	(5,270.05)	100.00

GL NUMBER	DESCRIPTION	2021-22 ORIGINAL BUDGET	2021-22 AMENDED BUDGET	YTD BALANCE 11/30/2021 NORM (ABNORM)	ACTIVITY FOR MONTH 11/30/21 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BUDGET USED
Fund 101							
Revenues							
101-528.000-674.000	CONTRIBUTIONS AND DONATIONS	5,000.00	5,000.00	3,190.34	139.50	1,809.66	63.81
Total Dept 528.000 - SOLID WASTE		5,000.00	5,000.00	8,460.39	139.50	(3,460.39)	169.21
Dept 721.000 - PLANNING AND ZONING							
101-721.000-657.400	PLANNING AND ZONING	750.00	750.00	960.00	50.00	(210.00)	128.00
Total Dept 721.000 - PLANNING AND ZONING		750.00	750.00	960.00	50.00	(210.00)	128.00
Dept 751.000 - PARKS AND RECREATION							
101-751.000-405.400	RENT REVENUE - 5120	500.00	500.00	145.00	0.00	355.00	29.00
101-751.000-409.400	VENDING MACHINES	900.00	900.00	0.00	0.00	900.00	0.00
Total Dept 751.000 - PARKS AND RECREATION		1,400.00	1,400.00	145.00	0.00	1,255.00	10.36
TOTAL REVENUES		1,659,089.00	1,659,089.00	1,387,296.30	21,093.71	271,792.70	83.62
Expenditures							
Dept 000.000							
101-000.000-884.700	VETERAN BANNER EXPENSE	2,800.00	2,800.00	210.00	0.00	2,590.00	7.50
Total Dept 000.000		2,800.00	2,800.00	210.00	0.00	2,590.00	7.50
Dept 101.000 - LEGISLATIVE							
101-101.000-703.700	SALARIES AND WAGES	9,600.00	9,600.00	500.00	0.00	9,100.00	5.21
101-101.000-714.700	MANDATORY MEDICARE	140.00	140.00	7.25	0.00	132.75	5.18
101-101.000-715.700	SOCIAL SECURITY (EMPLOYER)	600.00	600.00	31.00	0.00	569.00	5.17
101-101.000-720.700	WORKERS COMPENSATION PREMIUM	10.00	10.00	0.00	0.00	10.00	0.00
101-101.000-811.700	MEMBERSHIP AND DUES	1,500.00	1,525.00	1,521.00	0.00	4.00	99.74
101-101.000-865.700	PROFESSIONAL DEVELOPMENT	7,000.00	6,500.00	2,767.87	0.00	3,732.13	42.58
101-101.000-956.700	EXPENSES	1,750.00	1,725.00	950.65	447.00	774.35	55.11
Total Dept 101.000 - LEGISLATIVE		20,600.00	20,100.00	5,777.77	447.00	14,322.23	28.75
Dept 172.000 - CITY MANAGER'S OFFICE							
101-172.000-702.700	PROMOTION/BONUS	50.00	50.00	0.00	0.00	50.00	0.00
101-172.000-703.700	SALARIES AND WAGES	73,950.00	73,950.00	25,102.81	2,883.46	48,847.19	33.95
101-172.000-714.700	MANDATORY MEDICARE	1,080.00	1,080.00	363.99	41.81	716.01	33.70
101-172.000-715.700	SOCIAL SECURITY (EMPLOYER)	4,622.00	4,622.00	1,556.37	178.77	3,065.63	33.67
101-172.000-716.700	BC/BS HEALTH INSURANCE PREMIUM	19,450.00	19,450.00	6,312.44	1,742.01	13,137.56	32.45
101-172.000-717.700	LIFE INSURANCE PREMIUM	205.00	205.00	67.20	16.80	137.80	32.78
101-172.000-718.700	MERS RETIREMENT (EMPLOYER)	9,200.00	9,200.00	8,771.58	1,769.54	428.42	95.34
101-172.000-718.701	EMPLOYER DEFERED COMP.	1,200.00	1,200.00	401.97	46.15	798.03	33.50
101-172.000-719.700	LONG TERM DISABILITY	470.00	470.00	211.62	52.74	258.38	45.03
101-172.000-720.700	WORKERS COMPENSATION PREMIUM	318.00	318.00	104.98	12.06	213.02	33.01
101-172.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	0.00	0.00	5.00	0.00
101-172.000-727.700	OPERATING SUPPLIES	1,000.00	1,000.00	55.00	0.00	945.00	5.50
101-172.000-811.700	MEMBERSHIP AND DUES	1,100.00	1,100.00	629.36	0.00	470.64	57.21
101-172.000-853.700	TELEPHONE/RADIO COMMUNICATION	600.00	600.00	188.40	0.00	411.60	31.40
101-172.000-865.700	PROFESSIONAL DEVELOPMENT	5,500.00	5,500.00	625.57	305.00	4,874.43	11.37

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PERIOD ENDING 11/30/2021

% Fiscal Year Completed: 41.92

GL NUMBER	DESCRIPTION	2021-22		2021-22		YTD BALANCE		ACTIVITY FOR		AVAILABLE		% BUDGET USED
		ORIGINAL BUDGET	AMENDED BUDGET	2021-22	2021-22	11/30/2021	NORM (ABNORM)	MONTH 11/30/21	INCR (DECR)	BALANCE	NORM (ABNORM)	
Fund 101												
Expenditures												
101-172.000-941.700	EQUIPMENT RENTAL	1,000.00	1,000.00			416.65		83.33		583.35		41.67
101-172.000-956.700	EXPENSES	1,500.00	1,500.00			150.25		96.00		1,349.75		10.02
Total Dept 172.000 - CITY MANAGER'S OFFICE		121,250.00	121,250.00			44,958.19		7,227.67		76,291.81		37.08
Dept 201.000 - INTERNAL SERVICES												
101-201.000-702.700	PROMOTION/BONUS	50.00	50.00			0.00		0.00		50.00		0.00
101-201.000-703.700	SALARIES AND WAGES	25,000.00	25,000.00			8,813.65		680.00		16,186.35		35.25
101-201.000-714.700	MANDATORY MEDICARE	365.00	365.00			127.81		9.86		237.19		35.02
101-201.000-715.700	SOCIAL SECURITY (EMPLOYER)	1,563.00	1,563.00			546.44		42.16		1,016.56		34.96
101-201.000-718.700	MERS RETIREMENT (EMPLOYER)	0.00	15.00			13.41		0.00		1.59		89.40
101-201.000-718.701	EMPLOYER DEFERED COMP.	0.00	35.00			31.95		0.00		3.05		91.29
101-201.000-720.700	WORKERS COMPENSATION PREMIUM	108.00	108.00			36.86		2.84		71.14		34.13
101-201.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00			4.46		0.41		0.54		89.20
101-201.000-727.700	OPERATING SUPPLIES	4,500.00	4,330.00			1,167.68		91.84		3,162.32		26.97
101-201.000-741.700	POSTAGE	4,000.00	4,000.00			2,686.17		500.00		1,313.83		67.15
101-201.000-801.700	CONTRACTUAL SERVICES	3,558.00	3,558.00			461.93		0.00		3,096.07		12.98
101-201.000-811.700	MEMBERSHIP AND DUES	500.00	500.00			0.00		0.00		500.00		0.00
101-201.000-865.700	PROFESSIONAL DEVELOPMENT	500.00	450.00			0.00		0.00		450.00		0.00
101-201.000-901.700	PRINTING AND PUBLISHING	1,000.00	1,000.00			196.35		196.35		803.65		19.64
101-201.000-956.700	EXPENSES	1,000.00	1,170.00			1,168.99		201.00		1.01		99.91
Total Dept 201.000 - INTERNAL SERVICES		42,149.00	42,149.00			15,255.70		1,724.46		26,893.30		36.19
Dept 209.000 - PROPERTY ASSESSMENT REVIEW												
101-209.000-703.700	SALARIES AND WAGES	950.00	950.00			0.00		0.00		950.00		0.00
101-209.000-714.700	MANDATORY MEDICARE	15.00	15.00			0.00		0.00		15.00		0.00
101-209.000-715.700	SOCIAL SECURITY (EMPLOYER)	60.00	60.00			0.00		0.00		60.00		0.00
101-209.000-720.700	WORKERS COMPENSATION PREMIUM	5.00	5.00			0.00		0.00		5.00		0.00
101-209.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00			0.00		0.00		5.00		0.00
101-209.000-809.700	PROPERTY ASSESSMENT REVIEW	16,850.00	16,850.00			11,916.00		1,869.00		4,934.00		70.72
101-209.000-865.700	PROFESSIONAL DEVELOPMENT	250.00	250.00			0.00		0.00		250.00		0.00
Total Dept 209.000 - PROPERTY ASSESSMENT REVIEW		18,135.00	18,135.00			11,916.00		1,869.00		6,219.00		65.71
Dept 215.000 - CITY CLERK												
101-215.000-702.700	PROMOTION/BONUS	50.00	50.00			0.00		0.00		50.00		0.00
101-215.000-703.700	SALARIES AND WAGES	43,300.00	43,300.00			14,120.79		1,661.87		29,179.21		32.61
101-215.000-714.700	MANDATORY MEDICARE	632.00	632.00			204.75		24.09		427.25		32.40
101-215.000-715.700	SOCIAL SECURITY (EMPLOYER)	2,706.00	2,706.00			875.49		103.03		1,830.51		32.35
101-215.000-716.700	BC/BS HEALTH INSURANCE PREMIUM	15,650.00	15,650.00			5,034.23		1,389.27		10,615.77		32.17
101-215.000-717.700	LIFE INSURANCE PREMIUM	155.00	155.00			51.80		12.32		103.20		33.42
101-215.000-718.700	MERS RETIREMENT (EMPLOYER)	750.00	750.00			3,080.71		736.17		(2,330.71)		410.76
101-215.000-719.700	LONG TERM DISABILITY	1,005.00	1,005.00			159.46		38.41		845.54		15.87
101-215.000-720.700	WORKERS COMPENSATION PREMIUM	186.00	186.00			60.06		7.20		125.94		32.29
101-215.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00			0.00		0.00		5.00		0.00
101-215.000-727.700	OPERATING SUPPLIES	500.00	500.00			0.00		0.00		500.00		0.00
101-215.000-811.700	MEMBERSHIP AND DUES	60.00	60.00			0.00		0.00		60.00		0.00
101-215.000-853.700	TELEPHONE/RADIO COMMUNICATIONS	600.00	600.00			240.00		60.00		360.00		40.00
101-215.000-865.700	PROFESSIONAL DEVELOPMENT	1,000.00	1,000.00			213.56		0.00		786.44		21.36
101-215.000-956.700	EXPENSES	250.00	250.00			48.00		48.00		202.00		19.20

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PERIOD ENDING 11/30/2021  
 % Fiscal Year Completed: 41.92

GL NUMBER	DESCRIPTION	2021-22 ORIGINAL BUDGET	2021-22 AMENDED BUDGET	YTD BALANCE 11/30/2021 NORM (ABNORM)	ACTIVITY FOR MONTH 11/30/21 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	BDO USED
Fund 101							
Expenditures							
Total Dept 215.000 - CITY CLERK		66,849.00	66,849.00	24,088.85	4,080.36	42,760.15	36.03
Dept 228.000 - TECHNOLOGY							
101-228.000-801.700 CONTRACTUAL SERVICES		14,500.00	14,500.00	6,063.74	0.00	8,436.26	41.82
101-228.000-956.700 EXPENSES		1,100.00	1,100.00	0.00	0.00	1,100.00	0.00
101-228.000-977.700 CAPITAL ACQUISITIONS		2,000.00	2,000.00	0.00	0.00	2,000.00	0.00
Total Dept 228.000 - TECHNOLOGY		17,600.00	17,600.00	6,063.74	0.00	11,536.26	34.45
Dept 253.000 - CITY TREASURER							
101-253.000-702.700 PROMOTION/BONUS		50.00	50.00	0.00	0.00	50.00	0.00
101-253.000-703.700 SALARIES AND WAGES		51,000.00	51,000.00	16,944.29	1,994.18	34,055.71	33.22
101-253.000-714.700 MANDATORY MEDICARE		745.00	745.00	245.70	28.92	499.30	32.98
101-253.000-715.700 SOCIAL SECURITY (EMPLOYER)		3,188.00	3,188.00	1,050.55	123.64	2,137.45	32.95
101-253.000-716.700 BC/BS HEALTH INSURANCE PREMIUM		6,000.00	6,000.00	1,876.40	517.80	4,123.60	31.27
101-253.000-717.700 LIFE INSURANCE PREMIUM		155.00	155.00	57.40	14.56	97.60	37.03
101-253.000-718.700 MERS RETIREMENT (EMPLOYER)		950.00	950.00	3,132.07	742.22	(2,182.07)	329.69
101-253.000-719.700 EMPLOYER DEFERED COMP.		1,200.00	1,200.00	401.97	46.15	798.03	33.50
101-253.000-720.700 LONG TERM DISABILITY		1,005.00	1,005.00	167.18	42.33	837.82	16.63
101-253.000-721.700 WORKERS COMPENSATION PREMIUM		219.00	219.00	71.85	8.59	147.15	32.81
101-253.000-722.700 UNEMPLOYMENT INS. BENEFIT		5.00	5.00	0.00	0.00	5.00	0.00
101-253.000-727.700 OPERATING SUPPLIES		500.00	500.00	0.00	0.00	500.00	0.00
101-253.000-803.700 AUDIT		38,500.00	38,500.00	0.00	0.00	38,500.00	0.00
101-253.000-811.700 MEMBERSHIP AND DUES		75.00	75.00	75.00	0.00	0.00	100.00
101-253.000-853.700 TELEPHONE/RADIO COMMUNICATIONS		600.00	600.00	240.00	60.00	360.00	40.00
101-253.000-865.700 PROFESSIONAL DEVELOPMENT		1,000.00	1,000.00	205.00	0.00	795.00	20.50
101-253.000-956.700 EXPENSES		250.00	250.00	48.00	202.00	202.00	19.20
101-253.000-956.800 BANKING FEES		2,400.00	2,400.00	162.60	0.00	2,237.40	6.78
Total Dept 253.000 - CITY TREASURER		107,842.00	107,842.00	24,678.01	3,626.39	83,163.99	22.88
Dept 262.000 - ELECTIONS							
101-262.000-704.700 WAGES - PART-TIME		960.00	960.00	0.00	0.00	960.00	0.00
101-262.000-714.700 MANDATORY MEDICARE		14.00	14.00	0.00	0.00	14.00	0.00
101-262.000-715.700 SOCIAL SECURITY (EMPLOYER)		60.00	60.00	0.00	0.00	60.00	0.00
101-262.000-720.700 WORKERS COMPENSATION PREMIUM		4.00	4.00	0.00	0.00	4.00	0.00
101-262.000-727.700 OPERATING SUPPLIES		560.00	560.00	216.31	0.00	343.69	38.63
101-262.000-801.700 CONTRACTUAL SERVICES		550.00	550.00	0.00	0.00	550.00	0.00
101-262.000-956.700 EXPENSES		200.00	200.00	0.00	0.00	200.00	0.00
Total Dept 262.000 - ELECTIONS		2,348.00	2,348.00	216.31	0.00	2,131.69	9.21
Dept 265.000 - MUNICIPAL PROPERTIES							
101-265.000-703.700 SALARIES AND WAGES		7,000.00	7,000.00	2,786.47	444.99	4,213.53	39.81
101-265.000-714.700 MANDATORY MEDICARE		102.00	102.00	40.40	6.45	61.60	39.61
101-265.000-715.700 SOCIAL SECURITY (EMPLOYER)		433.00	433.00	172.76	27.59	260.24	38.90
101-265.000-716.700 BC/BS HEALTH INSURANCE PREMIUM		1,000.00	1,000.00	380.53	105.02	619.47	38.05
101-265.000-718.700 MERS RETIREMENT (EMPLOYER)		74.00	74.00	36.55	6.11	37.45	49.39
101-265.000-720.700 WORKERS COMPENSATION PREMIUM		291.00	291.00	114.58	18.23	176.42	39.37
101-265.000-724.700 UNEMPLOYMENT INS. BENEFIT		5.00	5.00	0.00	0.00	5.00	0.00
101-265.000-727.700 OPERATING SUPPLIES		5,500.00	5,500.00	229.34	0.00	5,270.66	4.17
101-265.000-801.700 CONTRACTUAL SERVICES		9,105.00	9,105.00	2,065.16	0.00	7,039.84	22.68

GL NUMBER	DESCRIPTION	2021-22	2021-22	YTD BALANCE	ACTIVITY FOR	AVAILABLE	% BDT USED
		ORIGINAL BUDGET	AMENDED BUDGET	11/30/2021 NORM (ABNORM)	MONTH 11/30/21 INCR (DECR)	BALANCE NORM (ABNORM)	
Fund 101							
Expenditures							
101-265.000-853.700	TELEPHONE/RADIO COMMUNICATION	2,600.00	2,600.00	899.80	0.00	1,700.20	34.61
101-265.000-922.700	PUBLIC UTILITIES	13,200.00	13,200.00	4,572.19	214.18	8,627.81	34.64
101-265.000-941.700	EQUIPMENT RENTAL	2,200.00	2,200.00	1,387.52	154.12	812.48	63.07
101-265.000-956.700	EXPENSES	50.00	50.00	30.00	0.00	20.00	60.00
Total Dept 265.000 - MUNICIPAL PROPERTIES		41,560.00	41,560.00	12,715.30	976.69	28,844.70	30.60
Dept 266.000 - LEGAL ASSISTANCE							
101-266.000-801.700	CONTRACTUAL SERVICES	26,000.00	26,000.00	4,332.00	2,166.00	21,668.00	16.66
101-266.000-804.700	PROSECUTOR FEES	300.00	300.00	0.00	0.00	300.00	0.00
101-266.000-956.700	EXPENSES	500.00	1,000.00	952.90	0.00	47.10	95.29
Total Dept 266.000 - LEGAL ASSISTANCE		26,800.00	27,300.00	5,284.90	2,166.00	22,015.10	19.36
Dept 284.000 - COMMUNITY PROMOTIONS							
101-284.000-703.700	SALARIES AND WAGES	3,515.00	3,515.00	533.38	0.00	2,981.62	15.17
101-284.000-710.700	OVERTIME	100.00	100.00	0.00	0.00	100.00	0.00
101-284.000-714.700	MANDATORY MEDICARE	51.00	51.00	7.74	0.00	43.26	15.18
101-284.000-715.700	SOCIAL SECURITY (EMPLOYER)	218.00	218.00	33.07	0.00	184.93	15.17
101-284.000-716.700	BC/BS HEALTH INSURANCE PREMIUM	1,339.00	1,339.00	380.53	105.02	958.47	28.42
101-284.000-718.700	MERS RETIREMENT (EMPLOYER)	37.00	37.00	7.43	0.00	29.57	20.08
101-284.000-720.700	WORKERS COMPENSATION PREMIUM	146.00	146.00	16.93	0.00	129.07	11.60
101-284.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	0.00	0.00	5.00	0.00
101-284.000-801.700	CONTRACTUAL SERVICES	2,000.00	2,000.00	255.00	0.00	1,745.00	12.75
101-284.000-881.700	CHAMBER OF COMMERCE	350.00	400.00	399.00	0.00	1.00	99.75
101-284.000-882.700	RECOGNITION DINNER	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
101-284.000-884.700	VETERAN BANNER EXPENSE	4,000.00	4,000.00	0.00	0.00	4,000.00	0.00
101-284.000-901.700	PRINTING AND PUBLISHING	750.00	750.00	662.32	0.00	87.68	88.31
101-284.000-941.700	EQUIPMENT RENTAL	2,500.00	2,500.00	232.79	0.00	2,267.21	9.31
101-284.000-956.700	EXPENSES	4,500.00	4,450.00	0.00	0.00	4,450.00	0.00
Total Dept 284.000 - COMMUNITY PROMOTIONS		22,511.00	22,511.00	2,528.19	105.02	19,982.81	11.23
Dept 299.000 - CITY SERVICES							
101-299.000-922.700	PUBLIC UTILITIES	36,500.00	36,500.00	12,161.23	2,879.87	24,338.77	33.32
101-299.000-980.700	HYDRANT RENTAL (TRANSFER TO WATER)	17,995.00	17,995.00	0.00	0.00	17,995.00	0.00
Total Dept 299.000 - CITY SERVICES		54,495.00	54,495.00	12,161.23	2,879.87	42,333.77	22.32
Dept 301.000 - POLICE DEPARTMENT							
101-301.000-702.700	PROMOTION/BONUS	250.00	250.00	0.00	0.00	250.00	0.00
101-301.000-703.700	SALARIES AND WAGES	242,119.00	242,119.00	66,194.48	7,173.85	175,924.52	27.34
101-301.000-705.700	CHIEF OF POLICE	66,085.00	66,085.00	22,129.22	2,541.74	43,955.78	33.49
101-301.000-706.700	COMMUNITY POLICING	100.00	100.00	0.00	0.00	100.00	0.00
101-301.000-708.700	SICK LEAVE PAYOUT	250.00	250.00	0.00	0.00	250.00	0.00
101-301.000-710.700	OVERTIME	8,500.00	8,500.00	2,670.23	0.00	5,829.77	31.41
101-301.000-713.700	EMP. HEALTH OPTION	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
101-301.000-714.700	MANDATORY MEDICARE	4,500.00	4,500.00	1,358.07	141.10	3,141.93	30.18
101-301.000-715.700	SOCIAL SECURITY (EMPLOYER)	19,078.00	19,078.00	5,806.84	603.34	13,271.16	30.44
101-301.000-716.700	BC/BS HEALTH INSURANCE PREMIUM	35,230.00	35,230.00	9,048.09	1,638.56	26,181.91	25.68
101-301.000-717.700	LIFE INSURANCE PREMIUM	1,155.00	1,155.00	263.76	58.80	891.24	22.84
101-301.000-718.700	MERS RETIREMENT (EMPLOYER)	50,837.00	50,837.00	27,927.56	6,788.73	22,909.44	54.94

PERIOD ENDING 11/30/2021  
% Fiscal Year Completed: 41.92

GL NUMBER	DESCRIPTION	2021-22		2021-22		YTD BALANCE		ACTIVITY FOR		AVAILABLE		% BDT USED
		ORIGINAL BUDGET	AMENDED BUDGET	NORM	(ABNORM)	11/30/2021		MONTH 11/30/21	INCR (DECR)	BALANCE	(ABNORM)	
Fund 101												
Expenditures												
101-301.000-718.701	EMPLOYER DEFERRED COMP.	7,500.00	7,500.00	2,102.15		230.75	5,397.85	28.03				
101-301.000-719.700	LONG TERM DISABILITY	2,300.00	2,300.00	773.69		172.39	1,526.31	33.64				
101-301.000-720.700	WORKERS COMPENSATION PREMIUM	8,359.00	8,359.00	2,476.87		260.35	5,882.13	29.63				
101-301.000-724.700	UNEMPLOYMENT INS. BENEFIT	325.00	325.00	4.00		1.01	321.00	1.23				
101-301.000-727.700	OPERATING SUPPLIES	4,500.00	4,500.00	606.12		0.00	3,893.88	13.47				
101-301.000-801.700	CONTRACTUAL SERVICES	10,000.00	10,000.00	1,085.78		0.00	8,914.22	10.86				
101-301.000-811.700	MEMBERSHIP AND DUES	825.00	825.00	115.00		0.00	710.00	13.94				
101-301.000-817.700	UNIFORMS	4,000.00	4,000.00	1,161.28		343.00	2,838.72	29.03				
101-301.000-853.700	TELEPHONE/RADIO COMMUNICATION	5,000.00	5,000.00	1,625.30		63.36	3,374.70	32.51				
101-301.000-941.700	EQUIPMENT RENTAL	9,500.00	9,500.00	3,750.00		750.00	5,750.00	39.47				
101-301.000-955.700	DATA PROCESSING	4,500.00	4,500.00	100.00		0.00	4,400.00	2.22				
101-301.000-956.700	EXPENSES	950.00	950.00	0.00		0.00	950.00	0.00				
101-301.000-956.702	POLICE SAFETY EXPENSE	4,000.00	4,000.00	0.00		0.00	4,000.00	0.00				
101-301.000-956.707	FOREFEITURE EXPENSE	400.00	400.00	0.00		0.00	400.00	0.00				
101-301.000-957.700	EDUCATION AND TRAINING LOCAL	5,000.00	5,000.00	1,569.55		125.00	3,430.45	31.39				
101-301.000-957.701	EDUCATION 302	1,000.00	1,000.00	0.00		0.00	1,000.00	0.00				
101-301.000-968.700	STING	3,000.00	3,000.00	0.00		0.00	3,000.00	0.00				
Total Dept 301.000 - POLICE DEPARTMENT		502,263.00	502,263.00	150,767.99		20,891.98	351,495.01	30.02				
Dept 336.000 - FIRE												
101-336.000-703.700	SALARIES AND WAGES	125.00	125.00	0.00		0.00	125.00	0.00				
101-336.000-714.700	MANDATORY MEDICARE	5.00	5.00	0.00		0.00	5.00	0.00				
101-336.000-715.700	SOCIAL SECURITY (EMPLOYER)	5.00	5.00	0.00		0.00	5.00	0.00				
101-336.000-720.700	WORKERS COMPENSATION PREMIUM	5.00	5.00	0.00		0.00	5.00	0.00				
101-336.000-975.700	BUDGETED PERCENTAGE	26,984.00	26,984.00	0.00		0.00	26,984.00	0.00				
Total Dept 336.000 - FIRE		27,124.00	27,124.00	0.00		0.00	27,124.00	0.00				
Dept 345.000 - CROSSING GUARDS												
101-345.000-702.700	PROMOTION/BONUS	50.00	50.00	0.00		0.00	50.00	0.00				
101-345.000-704.700	WAGES - PART-TIME	7,125.00	7,125.00	2,134.80		504.79	4,990.20	29.96				
101-345.000-714.700	MANDATORY MEDICARE	104.00	104.00	30.94		7.32	73.06	29.75				
101-345.000-715.700	SOCIAL SECURITY (EMPLOYER)	441.00	441.00	132.38		31.31	308.62	30.02				
101-345.000-718.700	MERS RETIREMENT (EMPLOYER)	10.00	10.00	8.70		4.06	1.30	87.00				
101-345.000-720.700	WORKERS COMPENSATION PREMIUM	235.00	235.00	77.51		18.33	157.49	32.98				
101-345.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	1.06		0.18	3.94	21.20				
101-345.000-956.700	EXPENSES	100.00	100.00	0.00		0.00	100.00	0.00				
Total Dept 345.000 - CROSSING GUARDS		8,070.00	8,070.00	2,385.39		565.99	5,684.61	29.56				
Dept 441.000 - PUBLIC WORKS DEPARTMENT												
101-441.000-702.700	PROMOTION/BONUS	250.00	250.00	0.00		0.00	250.00	0.00				
101-441.000-703.700	SALARIES AND WAGES	65,000.00	65,000.00	21,675.46		1,691.77	43,324.54	33.35				
101-441.000-708.700	SICK LEAVE PAYOUT	200.00	200.00	0.00		0.00	200.00	0.00				
101-441.000-710.700	OVERTIME	1,700.00	1,700.00	0.00		0.00	1,700.00	0.00				
101-441.000-714.700	MANDATORY MEDICARE	974.00	974.00	325.59		27.35	648.41	33.43				
101-441.000-715.700	SOCIAL SECURITY (EMPLOYER)	4,129.00	4,129.00	1,392.37		117.01	2,736.63	33.72				
101-441.000-716.700	BC/BS HEALTH INSURANCE PREMIU	17,251.00	17,251.00	6,660.18		1,837.97	10,590.82	38.61				
101-441.000-717.700	LIFE INSURANCE PREMIUM	600.00	600.00	258.72		64.40	341.28	43.12				
101-441.000-718.700	MERS RETIREMENT (EMPLOYER)	51,476.00	51,476.00	25,737.59		6,379.35	25,738.41	50.00				
101-441.000-718.701	EMPLOYER DEFERRED COMP.	3,570.00	3,570.00	1,526.99		184.60	2,043.01	42.77				
101-441.000-719.700	LONG TERM DISABILITY	1,820.00	1,820.00	787.70		196.23	1,032.30	43.28				

GL NUMBER	DESCRIPTION	2021-22 ORIGINAL BUDGET	2021-22 AMENDED BUDGET	YTD BALANCE 11/30/2021 NORM (ABNORM)	ACTIVITY FOR MONTH 11/30/21 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	% BDGT USED
Fund 101							
Expenditures							
101-441.000-720.700	WORKERS COMPENSATION PREMIUM	2,480.00	2,480.00	810.89	70.78	1,669.11	32.70
101-441.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	0.00	0.00	5.00	0.00
101-441.000-727.700	OPERATING SUPPLIES	7,000.00	7,000.00	2,875.61	23.99	4,124.39	41.08
101-441.000-801.700	CONTRACTUAL SERVICES	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00
101-441.000-817.700	UNIFORMS	2,200.00	2,200.00	761.88	212.00	1,438.12	34.63
101-441.000-853.700	TELEPHONE/RADIO COMMUNICATION	5,650.00	5,650.00	1,921.64	335.44	3,728.36	34.01
101-441.000-865.700	PROFESSIONAL DEVELOPMENT	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00
101-441.000-941.700	EQUIPMENT RENTAL	12,000.00	12,000.00	5,911.43	212.76	6,088.57	49.26
101-441.000-956.700	EXPENSES	600.00	600.00	183.94	0.00	416.06	30.66
101-441.000-956.708	INSURANCE CLAIM EXPENSE	0.00	0.00	31,511.76	0.00	(31,511.76)	100.00
Total Dept 441.000 - PUBLIC WORKS DEPARTMENT		181,905.00	181,905.00	102,341.75	11,353.65	79,563.25	56.26
Dept 444.000 - SIDEWALKS							
101-444.000-801.700	CONTRACTUAL SERVICES	13,253.00	13,253.00	13,253.00	0.00	0.00	100.00
Total Dept 444.000 - SIDEWALKS		13,253.00	13,253.00	13,253.00	0.00	0.00	100.00
Dept 528.000 - SOLID WASTE							
101-528.000-703.700	SALARIES AND WAGES	16,500.00	16,500.00	9,425.38	1,885.69	7,074.62	57.12
101-528.000-714.700	MANDATORY MEDICARE	241.00	241.00	136.66	27.34	104.34	56.71
101-528.000-715.700	SOCIAL SECURITY (EMPLOYER)	1,021.00	1,021.00	584.39	116.92	436.61	57.24
101-528.000-716.700	BC/BS HEALTH INSURANCE PREMIUM	2,236.00	2,236.00	1,332.01	367.59	903.99	59.57
101-528.000-718.700	MERS RETIREMENT (EMPLOYER)	218.00	218.00	145.67	30.32	72.33	66.82
101-528.000-720.700	WORKERS COMPENSATION PREMIUM	1,023.00	1,023.00	530.55	108.63	492.45	51.86
101-528.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	0.00	0.00	5.00	0.00
101-528.000-764.700	REFUSE/RECYCLING EXPENSE	5,500.00	5,500.00	2,318.17	0.00	3,181.83	42.15
101-528.000-801.700	CONTRACTUAL SERVICES	168,000.00	168,000.00	41,975.88	0.00	126,024.12	24.99
101-528.000-801.800	CONTRACTUAL SERVICES RECYCLE	7,500.00	7,500.00	915.12	209.92	6,584.88	12.20
101-528.000-922.700	PUBLIC UTILITIES	950.00	950.00	335.52	64.60	614.48	35.32
101-528.000-941.700	EQUIPMENT RENTAL	18,000.00	18,000.00	5,041.09	1,307.97	12,958.91	28.01
Total Dept 528.000 - SOLID WASTE		221,194.00	221,194.00	62,740.44	4,118.98	158,453.56	28.36
Dept 537.000 - AIRPORT							
101-537.000-703.700	SALARIES AND WAGES	600.00	600.00	0.00	0.00	600.00	0.00
101-537.000-714.700	MANDATORY MEDICARE	9.00	9.00	0.00	0.00	9.00	0.00
101-537.000-715.700	SOCIAL SECURITY (EMPLOYER)	37.00	37.00	0.00	0.00	37.00	0.00
101-537.000-720.700	WORKERS COMPENSATION PREMIUM	5.00	5.00	0.00	0.00	5.00	0.00
101-537.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	0.00	0.00	5.00	0.00
101-537.000-975.700	BUDGETED PERCENTAGE	48,600.00	48,600.00	24,300.00	0.00	24,300.00	50.00
Total Dept 537.000 - AIRPORT		49,256.00	49,256.00	24,300.00	0.00	24,956.00	49.33
Dept 721.000 - PLANNING AND ZONING							
101-721.000-703.700	SALARIES AND WAGES	2,800.00	2,800.00	0.00	0.00	2,800.00	0.00
101-721.000-714.700	MANDATORY MEDICARE	41.00	41.00	0.00	0.00	41.00	0.00
101-721.000-715.700	SOCIAL SECURITY (EMPLOYER)	173.00	173.00	0.00	0.00	173.00	0.00
101-721.000-720.700	WORKERS COMPENSATION PREMIUM	5.00	5.00	0.00	0.00	5.00	0.00
101-721.000-865.700	PROFESSIONAL DEVELOPMENT	1,200.00	1,200.00	0.00	0.00	1,200.00	0.00
101-721.000-901.700	PRINTING AND PUBLISHING	500.00	500.00	135.05	0.00	364.95	27.01
101-721.000-956.700	EXPENSES	600.00	600.00	17.18	0.00	582.82	2.86

PERIOD ENDING 11/30/2021

% Fiscal Year Completed: 41.92

GL NUMBER	DESCRIPTION	2021-22 ORIGINAL BUDGET	2021-22 AMENDED BUDGET	YTD BALANCE 11/30/2021 NORM (ABNORM)	ACTIVITY FOR MONTH 11/30/21 INCR (DECR)	AVAILABLE BALANCE NORM (ABNORM)	BDGT USED
Fund 101							
Expenditures							
Total Dept 721.000 - PLANNING AND ZONING		5,319.00	5,319.00	152.23	0.00	5,166.77	2.86
Dept 728.000 - ECONOMIC DEVELOPMENT							
101-728.000-945.700	EDC DUES	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Total Dept 728.000 - ECONOMIC DEVELOPMENT		1,000.00	1,000.00	0.00	0.00	1,000.00	0.00
Dept 751.000 - PARKS AND RECREATION							
101-751.000-703.700	SALARIES AND WAGES	24,500.00	24,500.00	11,161.19	1,451.03	13,338.81	45.56
101-751.000-710.700	OVERTIME	3,650.00	3,650.00	1,077.00	120.13	2,573.00	29.51
101-751.000-714.700	MANDATORY MEDICARE	411.00	411.00	177.50	22.80	233.50	43.19
101-751.000-715.700	SOCIAL SECURITY (EMPLOYER)	1,742.00	1,742.00	758.74	97.40	983.26	43.56
101-751.000-716.700	BC/BS HEALTH INSURANCE PREMIUM	4,750.00	4,750.00	1,902.87	525.13	2,847.13	40.06
101-751.000-718.700	MERS RETIREMENT (EMPLOYER)	375.00	375.00	173.57	19.42	201.43	46.29
101-751.000-720.700	WORKERS COMPENSATION PREMIUM	775.00	775.00	360.13	45.87	414.87	46.47
101-751.000-724.700	UNEMPLOYMENT INS. BENEFIT	5.00	5.00	0.00	0.00	5.00	0.00
101-751.000-727.700	OPERATING SUPPLIES	5,000.00	5,000.00	265.57	0.00	4,734.43	5.31
101-751.000-801.700	CONTRACTUAL SERVICES	2,500.00	2,500.00	0.00	0.00	2,500.00	0.00
101-751.000-922.700	PUBLIC UTILITIES	6,000.00	6,000.00	2,979.88	64.10	3,020.12	49.66
101-751.000-933.700	PLAYGROUND EQUIPMENT MAIN.	3,000.00	3,000.00	0.00	0.00	3,000.00	0.00
101-751.000-941.700	EQUIPMENT RENTAL	12,000.00	12,000.00	7,166.56	1,018.34	4,833.44	59.72
Total Dept 751.000 - PARKS AND RECREATION		64,708.00	64,708.00	26,023.01	3,364.22	38,684.99	40.22
Dept 851.000 - INSURANCE AND RISK MANAGEMENT							
101-851.000-716.700	BC/BS HEALTH INSURANCE PREMITU	959.00	959.00	539.00	0.00	420.00	56.20
101-851.000-818.700	INS. PREMIUM - LIABILITY	14,536.00	14,536.00	14,164.51	0.00	371.49	97.44
Total Dept 851.000 - INSURANCE AND RISK MANAGEMENT		15,495.00	15,495.00	14,703.51	0.00	791.49	94.89
Dept 965.000 - TRANSFERS							
101-965.000-973.700	425 AGREEMENTS	22,000.00	22,000.00	24,684.11	0.00	(2,684.11)	112.20
Total Dept 965.000 - TRANSFERS		22,000.00	22,000.00	24,684.11	0.00	(2,684.11)	112.20
Dept 965.209 - TRANSFER TO CEMETERY							
101-965.209-999.701	TRANS. FROM ECON. ADVANCEMENT	16,411.00	16,411.00	8,200.00	0.00	8,211.00	49.97
Total Dept 965.209 - TRANSFER TO CEMETERY		16,411.00	16,411.00	8,200.00	0.00	8,211.00	49.97
TOTAL EXPENDITURES		1,672,937.00	1,672,937.00	595,405.62	65,397.28	1,077,531.38	35.59
Fund 101:							
TOTAL REVENUES		1,659,089.00	1,659,089.00	1,387,296.30	21,093.71	271,792.70	83.62
TOTAL EXPENDITURES		1,672,937.00	1,672,937.00	595,405.62	65,397.28	1,077,531.38	35.59
NET OF REVENUES & EXPENDITURES		(13,848.00)	(13,848.00)	791,890.68	(44,303.57)	(805,738.68)	5,718.45

PERIOD ENDING 11/30/2021  
% Fiscal Year Completed: 41.92

GL NUMBER	DESCRIPTION	2021-22	2021-22	YTD BALANCE	ACTIVITY FOR	AVAILABLE	BUDGET USED
		ORIGINAL BUDGET	AMENDED BUDGET	11/30/2021 NORM (ABNORM)	MONTH 11/30/21 INCR (DECR)	BALANCE NORM (ABNORM)	

REGULAR MEETING OF THE WEST BRANCH PLANNING COMMISSION HELD IN THE COUNCIL CHAMBERS OF CITY HALL, 121 NORTH FOURTH STREET, ON TUESDAY, OCTOBER 12, 2021.

Vice Chairperson Bob David called the meeting to order at 6:00 p.m.

Present: Bob David, Kara Fachting, Cori Lucynski (Virtual in West Branch due to COVID), and Rusty Showalter

Absent: Yvonne DeRoso, Josh Erickson, and Mike Jackson

Others officers in attendance: City Manager John Dantzer

\* \* \* \* \*

All stood for the Pledge of Allegiance.

\* \* \* \* \*

AT 6:02 pm, Vice Chairperson David opened the public hearing to take comment on amendments to the zoning ordinance.

No one in attendance wished to speak on the zoning ordinance amendment changes.

**MOTION BY DAVID, SECOND BY FACHTING, TO CLOSE THE PUBLIC HEARING.**

**Yes — David, Fachting, Lucynski, Showalter**

**No – None**

**Absent – DeRoso, Erickson, Jackson**

**Motion carried**

\* \* \* \* \*

**MOTION BY FACHTING, SECOND BY SHOWALTER, TO APPROVE THE MINUTES FROM THE REGULAR MEETING HELD SEPTEMBER 14, 2021**

**Yes — David, Fachting, Lucynski, Showalter**

**No – None**

**Absent – DeRoso, Erickson, Jackson**

**Motion carried**

\* \* \* \* \*

Tim Lapham presented plans for the Mid-Michigan walk-in clinic as part of a site permit plan review.

Member David noted his concern for the large green belt area and wished it could be developed as well and would be a great place to add additional housing in the City. Mr. Lapham noted he believed the green belt area was planned for future expansion.

The Commission discussed if there was a need for Member Lucynski to abstain from voting since she is an employee of Mid-Michigan. It was the consensus that she did not need to abstain because she

**MOTION BY SHOWALTER, SECOND BY FACHTING, TO APPROVE THE MIDMICHIGAN SITE PLAN AS PRESENTED.**

**Yes — David, Fachting, Lucynski, Showalter**

**No – None**

**Absent – DeRoso, Erickson, Jackson**

**Motion carried**

\*\*\*\*\*

A sign permit variance was reviewed on behalf of Made in the USA. It was noted a variance was needed because the sign was planning to extend 6' above the top of the building.

The Commission discussed concerns with possible issues that strong winds could play on the section sticking above the roof.

**MOTION BY FACHTING, SECOND BY LUCYNSKI, TO APPROVE THE SIGN PERMIT VARIANCE CONTINGENT UPON THE APPLICANT GETTING ENGINEERIGN APPROVAL FOR THE SAFETY OF THE SIGN.**

**Yes — David, Fachting, Lucynski, Showalter**

**No – None**

**Absent – DeRoso, Erickson, Jackson**

**Motion carried**

\*\*\*\*\*

Manager Dantzer noted Mid-Michigan would still need a use permit approved in addition to the site plan review approval. He further noted it would be on the agenda for their next meeting due to there not being enough time to publish the special use notice in time for the October meeting.

\*\*\*\*\*

Meeting was adjourned at 6:22 pm

# **Ogemaw County Transportation Task Force**

## **MEETING MINUTES**

November 1, 2021

Ogemaw County Road Commission

1250 South M-33

West Branch, MI 48661

### **Members and Guests Present:**

Patrick Reinke, Ogemaw County Road Commission

John Dantzer, City of West Branch

Cory Bodrie, EMCOG

[patreinke@ogemawcrc.org](mailto:patreinke@ogemawcrc.org)

[citymanager@westbranch.com](mailto:citymanager@westbranch.com)

[codyb@emcog.org](mailto:codyb@emcog.org)

Patrick Reinke called the meeting to order at 10:03 a.m.

Introductions by all were given.

Project targets were updated.

Dantzer made a motion to approve the October 2020 meeting minutes as corrected, Supported by Reinke.  
Motion carried

Changes to the 2022 project list were discussed, and changes were made as follows:

\$58,633 in State D was added to the City of west Branch State Road Project

\$20,131 was subtracted from the Ogemaw County Road Commission to balance the available funding

CRRSAA funds were discussed and any decision on spending those funds were held off for a future meeting.

Reinke made the motion to accept the changes to the project list, seconded by Dantzer. Motion carried

Public comment was asked for, and no public comment was made

Being no further business motion by Dantzer, support by Reinke to adjourn

Meeting adjourned at 10:15 a.m.



# **West Branch Police Department**

**Chief Kenneth W. Walters**

**130 Page St.**

**West Branch, Michigan 48661**

**Phone: 989-345-2627 Fax: 989-345-0083**

**11/8/2021**

**Honorable Mayor and Council,**

This is the October month end report. For the month of October, the department handled 110 Law Enforcement complaints and 3 Blight / Ordinance violations.

As you can see above, blight violations are starting to wind down for the season. As we approach winter, there will be a few snow removal complaints, however, as past practice we probably won't pick back up until around March.

We still remain to wait on the supply chain for our vehicle and radio grants. I have spoke with the "State Bid" dealership on our vehicle. Our vehicle has been built, but is still awaiting a computer chip. Our 100% funded radio grant is basically in the same position. I have ordered the 800MHZ radios from our region's dealer, however, Motorola is having problems getting components.

We further are still waiting to hear on the COPS Grant to supplement officer funding. The announcement was supposed to have been on September 30<sup>th</sup>. The Department of Justice claims they are behind on processing.

In regards to our Shop with a Hero project, the department has currently raised over \$3,200 as of today's date through donations and grants.

Respectfully,

A handwritten signature in black ink, appearing to be "K. Walters", written over a horizontal line.

**Chief Kenneth W. Walters**

## Offense Count Report

Page: 1

## Report Criteria:

Start Offense	End Offense		
01000	99009		
OCTOBER 2021	TOTAL 2021	TOTAL 2020	TOTAL 2019
10/01/2021-10/31/2021	01/01/2021-10/31/2021	01/01/2020-12/31/2020	01/01/2019-12/31/2019

Offense	Description	OCTOBER 2021	TOTAL 2021	TOTAL 2020	TOTAL 2019
11001	SEXUAL PENETR'N PENIS/VAGINA CSC1	0	1	0	0
11002	SEXUAL PENETR'N PENIS/VAGINA CSC3	0	0	2	0
11008	SEXUAL CONTACT FORCIBLE CSC4	0	1	1	1
13001	NONAGGRAVATED ASSAULT	4	14	27	22
13002	AGGRAVATED/FELONIOUS ASSAULT	0	3	2	0
13003	INTIMIDATION/TALKING	0	1	3	3
20000	ARSON	0	0	1	1
22001	BURGLARY - FORCED ENTRY	0	1	1	2
22002	BURGLARY - ENTRY W/OUT FORCE(INTENT	1	1	2	0
22003	BURGLARY - UNLAWFUL ENTRY/NO INTENT	0	0	2	3
23002	LARCENY - PURSE SNATCHING	0	2	0	0
23003	LARCENY - THEFT FROM BUILDING	1	1	7	3
23005	LARCENY - THEFT FROM MOTOR VEHICLE	0	8	3	7
23007	LARCENY - OTHER	1	9	11	10
24001	MOTOR VEHICLE THEFT	0	1	0	0
25000	FORGERY/COUNTERFEITING	1	1	0	1
26001	FRAUD - FALSE PRETENSE/SWINDLE/CONF	0	0	1	1
26003	FRAUD - CREDIT CARD/ATM	0	0	1	3
26003	FRAUD - IMPERSONATION	1	1	0	0
29000	DAMAGE TO PROPERTY	3	13	15	9
30002	RETAIL FRAUD - THEFT	0	0	3	3
35001	VIOLATION OF CONTROLLED SUBSTANCES	0	3	2	2
36002	SEXUAL PENETR'N NONFORCIBLE OTHER	0	0	0	1
36004	SEX OFFENSE - OTHER	0	1	0	1
38001	FAMILY - ABUSE/NEGLECT NONVIOLENT	0	2	0	0
38003	FAMILY - OTHER	0	1	0	0
41002	LIQUOR VIOLATIONS - OTHER	0	1	0	1
42000	DRUNKENNESS	0	1	0	1
48000	OBSTRUCTING POLICE	0	3	3	0
49000	ESCAPE/FLIGHT	0	0	0	1
50000	OBSTRUCTING JUSTICE	1	20	29	48
52001	WEAPONS OFFENSE - CONCEALED	0	0	1	0
52003	WEAPONS OFFENSE - OTHER	0	1	1	0
53001	DISORDERLY CONDUCT	0	1	4	7
53002	PUBLIC PEACE - OTHER	0	0	0	1
54001	HIT & RUN MOTOR VEHICLE ACCIDENT	0	0	6	14
54002	OUIL OR OUID	0	2	6	6
54003	DRIVING LAW VIOLATIONS	0	7	25	34
55000	HEALTH AND SAFETY	0	0	0	14
57001	TRESPASS	1	17	18	11
58000	SMUGGLING	0	0	0	1
70000	JUVENILE RUNAWAY	0	0	4	2
70001	Incorrigible	0	0	1	1
70004	Juvenile Issues	0	3	0	0
73000	MISCELLANEOUS CRIMINAL OFFENSE	2	4	15	6
90001	Vehicle Lockout	6	79	103	128

## Offense Count Report

Page: 2

## Report Criteria:

Start Offense	End Offense		
01000	99009		
OCTOBER 2021	TOTAL 2021	TOTAL 2020	TOTAL 2019
10/01/2021-10/31/2021	01/01/2021-10/31/2021	01/01/2020-12/31/2020	01/01/2019-12/31/2019

Offense	Description	OCTOBER 2021	TOTAL 2021	TOTAL 2020	TOTAL 2019
90002	Motorist Assists	1	12	13	35
90003	Assist B.M.S.	10	100	103	204
90005	City Ordinance Violations	1	29	41	32
90007	Parking Complaints	0	2	1	6
90008	ANIMAL COMPLAINTS	1	10	5	8
90009	Maplewood Minor Alarm / Criminal History Check	0	0	0	4
91001	Delinquent Minors	2	13	3	3
91002	Runaway	1	2	0	2
91003	K-9 Assists	2	3	0	0
91004	Abandoned Vehicle	0	2	3	4
92003	Walk Away (Ment. & Host.)	0	3	4	1
92004	Insanity	4	29	34	28
93001	PROPERTY DAMAGE ACCIDENT/PI	2	42	43	53
93002	Accident, Non-Traffic	5	28	18	20
93004	Parking Violations	0	1	1	0
93006	Traffic Policing	3	21	9	16
93007	Traffic Safety Public Relations	3	33	13	9
93008	Inspections/Investigations -Breathalyzer	0	1	4	1
94001	Valid Alarm Activations	0	3	3	0
94002	False Alarm Activations	3	53	51	87
95001	Accident, Fire	0	0	1	4
95003	Inspection, Fire	0	3	0	3
95004	Hazardous Condition	0	4	2	6
97003	Accident, Other Shooting	0	0	1	0
97006	Accident, All Other	0	2	2	1
98000	Other Types Not Listed	0	0	0	1
98002	Inspections/Investigations -Motor Vehicles	0	0	1	3
98003	Inspections/Investigations -Property	0	7	8	11
98004	Inspections/Investigations -Other	2	6	5	6
98006	Civil Matters/Family Disputes	7	77	81	66
98007	Suspicious Situations/Subjects	16	156	191	149
98008	Lost/Found Property	2	13	10	14
98009	Inspections/Investigations -Drug Overdose	0	3	2	4
99001	Suicide	0	0	1	1
99002	Natural Death	0	5	6	5
99003	Missing Persons	0	0	0	1
99004	Natural Disaster	0	0	1	0
99007	PR Activities	1	1	22	6
99008	General Assistance	18	244	206	273
99009	General Non-Criminal	4	31	56	31
Totals:		110	1145	1247	1449



# Communications

# **Reports**

**Mayor**

**Council**

**City Manager**

# HAPPY HOLIDAYS

## Ogemaw County Officials



**April Harkey-Mason**  
Merry Christmas from WP  
School Board member,  
Cardinal Optimist member  
and 3 County Club member  
April Harkey-Mason



**Denise Simmons**  
Ogemaw County  
Register of Deeds  
Happy Holidays!



**Jeffrey Nichols**  
Ogemaw County  
Veterans Affairs  
Merry Christmas & best  
wishes for a healthy, happy &  
Peaceful New Year!



**Jenny David**  
County Commissioner  
District 5  
Wishing you all the best for  
the holiday season and a  
prosperous new year!



**Lee Ann Fischer  
& Carol Riker**  
Housing Consulting  
Services, LLC  
Merry Christmas Ogemaw  
County & Happy New Year



**LaDonna A. Schultz**  
Prosecuting Attorney  
Merry Christmas &  
Happy New Year!



**Brian Gilbert along with  
his wife, Deb**  
would like to wish  
everyone a Merry  
Christmas & Happy New  
Year!

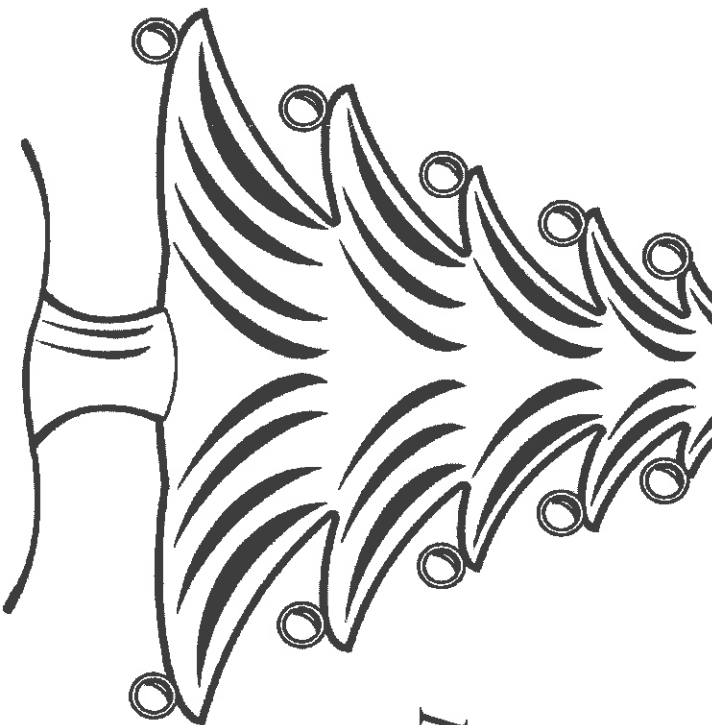


Merry Christmas from the City of West Branch!



*In the Spirit of the Holiday Season  
You are invited to a*

# *Customer Appreciation Open House*



*Hosted by the Ogemaw County Voice  
and the Hale Area Voice  
Tuesday, December 7, 2021  
from 4:30 to 7 p.m.*

*Forward Conference Center  
West Branch*

*Hors d'oeuvres provided (cash bar)*

*Please join us as a thank you for your support of the*

*Ogemaw County*

**VOICE**

*Hale Area*

**VOICE**

# **Public Comment -Any Topic**

# Adjournment