

# VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827.



*Village Hall ca 1855 (remodeled 1937)*

## **Village of Pittsford Board of Trustees Meeting November 9, 2021, 6:30 PM**

### **Tentative Agenda**

#### **Board Member - Conflict of Interest Disclosure & Open Meeting Compliance Certification**

#### **Department Reports**

- Building Inspector Report
- DPW Report
- Village Attorney
- Treasurer's / Village Clerk Report
- Minutes

#### **Meeting Items**

1. 44 Rand – SEQR declaration
2. Setting of public hearing for Marijuana Law
3. Bucket Truck
4. Hiring of part-time office assistant Susan Lhota
5. South Street Financing
6. Selective Insurance recommendations for public safety at the DPW Facilities

#### **Member Items**

#### **Mayor Plummer**

- Village Hall Energy Audit
- Season of Light

#### **Public Comment**

#### **Executive Session**

Next Scheduled Meeting –Regular Meeting December 14, 2021 \*Subject to Change Without Notice

Village Board Meeting

Department Reports

Building Inspector Report

Building Inspector report–10/7/2021 – 11/4/2021

During period issued 9 permits for \$1187.40 in permit fees and \$74,049 in improvements

Worked with residents and businesses for 5 HPB applications: 7 Schoen place – sign, 50 State street – sign, 25 Locust – side porch door, 5 S. Main – sign, 50 State street - sign

Attended monthly coalition stormwater meeting/training

Attended one day training on residential and commercial energy codes plan reviews

Inspections: 50 State street (neutral grounds) – C/O final inspection, 26 Boughton – changes/window concerns, 103 S. Main – roofing, 50 State street – plumbing and final for new business, 4 Courtenay circle – final framing for addition, 40 State street – gas line install

Conducted fire inspections for Pittsford Pub, Stella's Bridal – failed needs reinspection, 5 Monroe ave, 45 State street - Neutral Grounds

Worked with one applicant for planning and zoning – 66 State street – variances for driveway width and lot coverage.

Received another complaint and contacted suburban disposal again in regards to dumpsters sitting behind the wine shop and former towpath location. I contacted Scott the owner of Towpath and informed him that if this continues he will have to remove the dumpsters and find another option. I also have contacted Cassella again in regards to the totes not being emptied behind the village hall as contracted.

I have read and processed over 320 emails during this time period, researching and answering many questions regarding zoning and Historical preservation requirements to new property owners and tenants. I have sent over 125 response emails

Receive on average 10-12 phone calls per day with questions on zoning, permits, or concerns over village issues

While touring the village I found two projects this past month that were being done without the proper permitting and paperwork, both are compliant

Processed 5 different requests for zoning compliance/violations/ permits on properties that are changing hands, also talked to homeowner for 12 west Jefferson in regards to HPB findings of a window that must be put back to original condition, window is on order.

# Village Board Meeting

## Department Reports

- DPW Report

Village Board Meeting

Department Reports

Village Attorney

# Village Board Meeting

## Department Report

### Treasurers / Village Clerk Report

- Bill Pay
- 2021-2022 Village Tax Surrender
- 2022 Employee Health Care
- Bond Interest Payment Authorization
- Meeting Schedule

## TREASURER'S REPORT

Submitted by

Brooklyn Thomas

11/09/2021

- Voucher for approval – Abstract #14
  - General fund (271-306) \$105,240.32
  - Sewer fund (291) \$73.54
  - **Total vouchers for approval: \$105,313.86**

WIRE TRANSFER FROM MUNI CHOICE ACCOUNT # 84753 FOR \$1750.00 TO PAY FOR BOND INTEREST

**11/8/2021**

\*\*\*VOUCHER 274 UPDATED\*\*\*

\*\*\*VOUCHER 278 UPDATED\*\*\*

\*\*\*VOUCHER 280 UPDATED\*\*\*

\*\*\*VOUCHER 281 UPDATED\*\*\*

\*\*\*VOUCHER 291 UPDATED\*\*\*

\*\*\*VOUCHER 295 UPDATED\*\*\*

\*\*\*VOUCHER 298-306 ADDED\*\*\*

**CERTIFICATE OF VILLAGE SURRENDER**

**FISCAL YEAR: 2021-2022**

**VILLAGE NAME: Pittsford**

**VILLAGE SWIS CD:264601**

<u>UNPAID VILLAGE TAX</u>	<u>ACCUMULATED INTEREST</u>	<u>RETURNED AMOUNT</u>
\$16,283.41	\$1,302.68	\$17,586.09

The surrender of unpaid village taxes is due to the County on or before **NOVEMBER 10**.

Each board member must sign this document. Mail surrender to:

Susan Buck  
Monroe County Treasury  
39 W. Main St., Room B-2  
Rochester, NY 14614

Phone: 753-1186 - Fax: 753-1166  
e-mail: susanbuck@monroecounty.gov

The account of unpaid taxes, including interest through October 31, has been so compared and found to be correct. The total amount of the unpaid tax, including accumulated interest is: \$ 17,586.09.

**SIGNED**

**DATE**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Village of Pittsford Healthcare Plan Comparison - Excellus Renewal & Options - January 1, 2022



Employee Benefit Proposal Summary

always beneficial

Financial Analysis	Current		Excellus Option 1	Excellus Option 2	Excellus Option 3	Excellus Option 4	Excellus Option 5	Excellus Option 6
	SimplyBlue+ Silver 19 HDHP <sup>1</sup>		SimplyBlue+ Platinum 3 Copay <sup>1</sup>	SimplyBlue+ Gold 5 Copay <sup>1</sup>	SimplyBlue+ Gold 17 Hybrid <sup>1</sup>	SimplyBlue+ Gold 6 HDHP <sup>1</sup>	SimplyBlue+ Silver 14 HDHP <sup>1</sup>	SimplyBlue+ Bronze 4 HDHP <sup>1</sup>
	Current Rates: 1/1/21-12/31/21	Renewal Rates: 1/1/22-12/31/22	Rates Effective: 1/1/22-12/31/22	Rates Effective: 1/1/22-12/31/22	Rates Effective: 1/1/22-12/31/22	Rates Effective: 1/1/22-12/31/22	Rates Effective: 1/1/22-12/31/22	Rates Effective: 1/1/22-12/31/22
Single	514.06	562.09	810.88	695.29	671.85	652.67	550.27	438.93
Employee/Spouse	1,028.12	1,124.18	1,621.76	1,390.57	1,343.69	1,305.33	1,100.55	877.87
Family w/no Spouse	873.90	955.56	1,378.50	1,181.99	1,142.14	1,109.53	935.46	746.19
Family	1,465.08	1,601.96	2,311.01	1,981.57	1,914.76	1,860.10	1,568.29	1,250.96
# of Employees in Each Plan	7		7	7	7	7	7	7
Single	4							
Employee/Spouse	1							
Family w/no Spouse	0							
Family	2							
Projected 2021 Monthly Premium	\$6,014.52							
Projected 2022 Monthly Premium	\$6,576.46							
Projected Plan Year Cost Differential (01/01/2022 - 12/31/2022)	\$6,743.28	9.34%						
<b>In-Network Services</b>								
<b>Metal Level</b>	Silver		Platinum	Gold	Gold	Gold	Silver	Bronze
Annual Deductible	\$2,500 Single/ \$5,000 Family		n/a	n/a	\$1,000 Single/ \$2,000 Family	\$1,600 Single/ \$3,200 Family	\$2,800 Single/ \$5,600 Family	\$7,000 Single/ \$14,000 Family
Annual Out-of-Pocket Maximum	\$6,750 Single/ \$13,500 Family		\$4,500 Single/ \$9,000 Family	\$8,000 Single/ \$16,000 Family	\$8,150 Single/ \$16,300 Family	\$3,200 Single/ \$6,400 Family	\$6,550 Single/ \$13,100 Family	\$7,000 Single/ \$14,000 Family
Diagnostic Primary Care Visit / Diagnostic Specialist Visit	\$25 Copay; Subject to Deductible / \$50 Copay; Subject to Deductible		\$25 Copay / \$40 Copay	\$40 Copay / \$70 Copay	\$30 Copay / \$50 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Prescription Rx	\$5 Tier 1/ \$45 Tier 2/ \$90 Tier 3; Subject to Deductible; Preventive Drugs Not Subject to Deductible		\$5 Tier 1/ \$35 Tier 2/ \$70 Tier 3	\$15 Tier 1/ \$75 Tier 2/ 50% Tier 3	\$10 Tier 1/ \$45 Tier 2/ \$90 Tier 3	\$5 Tier 1/ \$35 Tier 2/ \$70 Tier 3; Subject to Deductible; Preventive Drugs Not Subject to Deductible	\$5 Tier 1/ \$45 Tier 2/ \$90 Tier 3; Subject to Deductible; Preventive Drugs Not Subject to Deductible	Covered at 100%; Subject to Deductible; Preventive Drugs Not Subject to Deductible
Inpatient Hospital	\$500 Copay; Subject to Deductible		\$500 Copay	\$1,000 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Outpatient Surgery (Facility Copay)	\$300 Copay; Subject to Deductible		\$150 Copay	\$500 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Emergency Room	\$300 Copay; Subject to Deductible		\$150 Copay	\$500 Copay	\$250 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Urgent Care Center	\$50 Copay; Subject to Deductible		\$40 Copay	\$70 Copay	\$50 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Diagnostic X-Ray (Office / Facility)	\$50 Copay; Subject to Deductible		\$40 Copay	\$70 Copay	\$50 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Diagnostic Lab	\$25 Copay; Subject to Deductible		\$25 Copay	\$40 Copay	\$30 Copay	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 80/20 Coinsurance; Subject to Deductible	Covered at 100%; Subject to Deductible
Out of Network Coverage	Out of Network Coverage is available on this plan. Please see SBC for additional details.		Out of Network Coverage is available on this plan. Please see SBC for additional details.	Out of Network Coverage is available on this plan. Please see SBC for additional details.	Out of Network Coverage is available on this plan. Please see SBC for additional details.	Out of Network Coverage is available on this plan. Please see SBC for additional details.	Out of Network Coverage is available on this plan. Please see SBC for additional details.	Out of Network Coverage is available on this plan. Please see SBC for additional details.
Part D Creditability	Creditable		Creditable	Creditable	Creditable	Creditable	Creditable	Creditable
Additional Benefits	Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active&Fit ExerciseRewards™; Telemedicine		Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active and Fit ExerciseRewards™; Telemedicine	Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active and Fit ExerciseRewards™; Telemedicine	Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active and Fit ExerciseRewards™; Telemedicine	Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active&Fit ExerciseRewards™; Telemedicine	Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active&Fit ExerciseRewards™; Telemedicine	Domestic Partner; Family Planning; Pediatric Dental; Vision; Eyewear; Active&Fit ExerciseRewards™; Telemedicine

<sup>1</sup> Underwriting and Participation Guidelines Apply  
<sup>\*</sup> Pediatric Dental is a mandatory benefit in NY unless the group qualifies to waive the benefit under NY CLS INS § regulation(s); Rates shown include Pediatric Dental  
 Prepared: 10/28/21  
 This carrier is not rated by the A.M. Best Company because it does not meet Best's minimum standard for rating or has chosen not to participate in the A.M. Best rating process.  
 Accordingly, you should be aware that we are unable to adequately evaluate this insurance company under our carrier financial standard (A.M. Best A- or higher)  
 An alternate quotation through an A.M. Best-rated carrier may have been provided. Your choice of carrier should be made by weighing the positives and negatives of pricing, service, and carrier financial condition.  
 We will provide any additional available information you may request to assist you in this decision. Please let us know if you have any questions.  
 This is not a contract or binding agreement. The above information is provided in summary for ease of comparison only. Refer to your plan booklet for actual details.  
 In the event there is a discrepancy between the information presented here and the actual plan document, the plan document controls.  
 All benefits subject to medical necessity. Plan may be subject to Underwriting Guidelines. 2022 Rates



**Quote Effective: 2022**

**Version Updated: 09/07/2021**

<b>Plan Name:</b>	<b>Medicare Blue Choice 2</b>
<b>Rating Region:</b>	<b>Rochester</b>
<b>Rate</b>	
<b>For the Benefits described in the Agreement, the Plan will charge and Group will pay the following premium rates:</b>	
Single	\$392.30
NOTE: Rate is subject to New York State Department of Financial Services approval of employer group prescription drug plans.	
<b>By signing this rate quote, the employer group agrees to the following:</b>	
<p>Compliance with the Centers for Medicare and Medicaid Services (CMS) requirements for Uniform Premium waivers in relation to premiums charged to our group plan participants. The employer group plan sponsor cannot charge participants covered under this plan an amount greater than the standard Medicare Part D beneficiary premium plus up to 100% of the value of any supplement prescription drug coverage.</p> <p>Administration of any Low Income Subsidy (LIS) premium payments received for plan participants in accordance with CMS regulations (any LIS premium payments we receive from CMS for plan participants will be passed through to the employer group).</p> <p>Compliance with alternative disclosure requirements under ERISA, including Summary Plan descriptions of benefit offerings to participants covered under this plan.</p> <p>Qualification as an employer group under standard underwriting guidelines. The employer group plan sponsor must operate in the plan service area, offer active employees a benefit offering (no retiree only groups), have 2 or more employees, contribute to the premium and not be a Chamber, Trust or Association.</p> <p>This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity.</p> <p>Quoted premium rates contain a factor for broker commissions included in the overall retention load. The Sales Representative providing this quote is a New York State licensed insurance producer. The individual will be compensated in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.</p>	

**Signature:** \_\_\_\_\_

**Title:**

**Date:**

**Group Name:**

**Total Employees:**

**Total Eligible:**

**Coverage Effective Date:**

**Broker:**

**Medicare Blue Choice 2**

Plan Overview	
Plan Name	Medicare Blue Choice 2
Plan Type	HMO
Quote Effective	2022

Plan Features	
Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of Network Benefits	See out of network benefits
Out of Area Benefits	Services rendered outside the service area are subject to higher out-of-pocket costs.
Lifestyle and Wellness Benefits	Silver&Fit® is an Exercise Program that give you the choice of: (1) Membership in a fitness club/exercise center (\$25 annual fee) (2) Home Fitness Program (\$10 annual fee) (3) \$150 annual reimbursment toward paid membership at a non-participating fitness club/exercise center Silver&Fit® copays are not included in the Annual Out-Of-Pocket Maximum

Plan Cost-Sharing Highlights		
Plan Cost-Sharing Highlights	In-Network	Out-of-Network
Primary Care Office Visit	\$20 copay	20% coinsurance up to a maximum of \$5,000
Specialist Office Visit	\$20 copay	20% coinsurance up to a maximum of \$5,000
Coinsurance	Applicable where noted	Applicable where noted
Deductible	None	None
Out of Pocket Maximum	In-Network: \$3,400	Not Applicable
Lifetime Maximum	None	None

Plan Benefits		
Preventive Healthcare Services	In-Network	Out-of-Network
Hearing Aids	\$699 Copay for Advanced Hearing Aids or \$999 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Annual Out-of-Pocket Maximum.	Not covered
Routine Hearing Exam	\$0 copay, limited to one exam per year. Must use a TruHearing Provider.	Not Covered
Routine Vision Exam	\$20 copay, limited to one exam per year	20% coinsurance up to a maximum of \$5,000, limited to one exam per year
Eyewear	\$100 allowance available once every calendar year.	\$100 allowance available once every calendar year.
Preventive Dental	Not Covered	Not Covered
Bone Density Screening	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000, limited to one per year
Smoking Cessation	Covered in full	20% coinsurance up to a maximum of \$5,000
Annual Wellness Exam	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000, limited to one per year
Immunizations	Covered in Full	20% coinsurance, flu and pneumonia vaccines are covered in full
Preventive Mammography	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000, limited to one per year
Pap Smear	Covered in full, limited to one per 24 months	20% coinsurance up to a maximum of \$5,000, limited to one per 24 months
Routine GYN Exam	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000, limited to one per year
Prostate Cancer Screening	Covered in full, limited to one per year	20% coinsurance up to a maximum of \$5,000, limited to one per year

Medicare Blue Choice 2		
Colorectal Screening	Covered in full for preventive colonoscopies, limited to one per year	20% coinsurance up to a maximum of \$5,000, limited to one per year
<b>Physician Office Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Office Visits	\$20 PCP copay; \$20 Specialist copay	20% coinsurance up to a maximum of \$5,000
Allergy Tests	\$20 PCP copay; \$20 Specialist copay	20% coinsurance up to a maximum of \$5,000
Allergy Injections	\$20 PCP copay; \$20 Specialist copay	20% coinsurance up to a maximum of \$5,000
Podiatrist Office Visit	\$20 copay	20% coinsurance up to a maximum of \$5,000
Chiropractic	\$20 copay	20% coinsurance up to a maximum of \$5,000
<b>Prescription Drug</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Prescription Drug Coverage	Prior Authorization and Step Therapy applies. Quantity Limits Apply. <b>Deductible:</b> \$0 <b>Initial Coverage:</b> up to \$4,430 in covered drugs <b>30 Day Supply:</b> \$10/\$30/\$50 <b>90 Day Supply:</b> Subject to 3 times the copay <b>Coverage Gap:</b> Up to \$7,050 out-of-pocket <b>30 Day Supply:</b> \$10/\$30/\$50 <b>90 Day Supply:</b> Subject to 3 times the copay Generics and Brands - Members pay the wraparound coverage copays or coinsurance <b>Catastrophic Coverage:</b> The member pays the greater of \$3.95 copay for generic and a \$9.85 copay for all other drugs, or 5% coinsurance.	Covered at in-network cost sharing in emergency situations only.
<b>Inpatient Hospital Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Hospital Benefits	\$250 copay per admission for unlimited days (maximum 3 copay per year)	20% coinsurance up to a maximum of \$5,000
Inpatient Chemical Dependence	\$250 copay per admission for unlimited days (maximum 3 copay per year)	20% coinsurance up to a maximum of \$5,000
Physician Visits in the Hospital	Covered in full	20% coinsurance up to a maximum of \$5,000
Anesthesia	Covered in full	20% coinsurance up to a maximum of \$5,000
Inpatient Mental Health Care	\$250 copay per admission for unlimited days (maximum 3 copay per year)	20% coinsurance up to a maximum of \$5,000
Skilled nursing facility	\$0 copay per day, days 1-20. \$188 copay per day, days 21-100. Not covered, days 101 and beyond	20% coinsurance for days 1-100. Not covered, days 101 and beyond
<b>Emergency Care</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Emergency Room Care	\$65 copay; unless admitted within 23 hours	\$65 copay; unless admitted within 23 hours
Freestanding Urgent Care Center	\$20 copay	\$20 copay
Ambulance	\$65 copay	\$65 copay
<b>Outpatient Hospital Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Advanced Diagnostic Imaging (MRI, MRA,CT,PET, etc.)	\$20 copay	20% coinsurance up to a maximum of \$5,000
Ambulatory Surgical Center	\$50 copay	20% coinsurance up to a maximum of \$5,000
Office Surgery	\$20 PCP copay; \$20 Specialist copay	20% coinsurance up to a maximum of \$5,000

VILLAGE UNPAID TAX DETAIL

FISCAL YEAR: 2021-2022

Page 1 of 1

VILLAGE SWIS CODE: 264601

VILLAGE NAME: Village of Pittsford

Owner Name	Property Address	SWIS Code	Account No.	Village Tax	Interest	Ret'd Amt
Mike Newcomb	4 Schoen Pl	264601	151.18-1-43	729.71	58.38	788.09
Degenhardt Sheldon Co-Tr	32 North Main St	264601	151.18-1-44	2477.7	198.22	2675.92
Allen Yvonne	43 Monroe Ave	264601	151.8-3-58	2524.41	201.95	2726.36
Willard Kenneth L.	20 Washington Rd	264601	151.19-1-5	859.25	68.74	927.99
Melnyk Stephen A.	1 Golf Ave	264601	151.19-1-8	1718.62	137.49	1856.11
McGurn Lisa M.	West Jefferson Ave	264601	164.05-1-1.2	371.94	29.76	401.7
Herzbrun Yonatan S.	9 Courtenay Cir	264601	164.05-1-8	1152.87	92.23	1245.1
Hallowell Nancy B.	12 Washington Ave	264601	164.06-1-5	414.95	33.2	448.15
Berlet Jessica M.	17 Lincoln Ave	264601	164.06-1-29	1377.3	110.18	1487.48
Reynolds Geoffrey C.	76 South Ave	264601	164.06-2-55	754.26	60.34	814.6
Bennett Laurie A.	10 Maple St	264601	164.06-3-40	1081.96	86.56	1168.52
Heisman John A.	15 Elmbrook Dr	264601	164.06-3-60	1029.43	82.35	1111.78
Wetzel Marsha	10 Austin Pk	264601	164.07-1.55	1062.24	84.98	1147.22
Gordon Maximillian	3 E. Jefferson Cir	264601	164.10-1-60	728.77	58.3	787.07

<b>Medicare Blue Choice 2</b>		
X-Ray	\$20 copay	20% coinsurance up to a maximum of \$5,000
Diagnostic Laboratory and Pathology	Covered in full	20% coinsurance up to a maximum of \$5,000
Surgical Care	\$50 copay	20% coinsurance up to a maximum of \$5,000
Chemotherapy	\$20 copay	20% coinsurance up to a maximum of \$5,000
Radiation Therapy	\$20 copay	20% coinsurance up to a maximum of \$5,000
Partial Hospitalization	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Hospital Observation Stay	\$50 copay	20% coinsurance up to a maximum of \$5,000
Outpatient Mental Health Care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
Outpatient Chemical Dependence Care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of \$5,000
<b>Other Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Rehabilitative Therapy	\$20 copay	20% coinsurance up to a maximum of \$5,000
Cardiac Rehab	\$20 copay	20% coinsurance up to a maximum of \$5,000
Telehealth Visits	MDLive Provider: \$20 PCP copay; Behavioral Health: \$20 Specialist copay; Additional services will apply in person copay	Not Covered
Acupuncture	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	Not Covered
Medicare Part B drugs including chemotherapy	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Diabetic Education	Covered in full	20% coinsurance up to a maximum of \$5,000
Diabetic Supplies	\$5 copay per 30 day supply for test strips and meters from a preferred manufacturer	20% coinsurance up to a maximum of \$5,000
Durable medical equipment	20% coinsurance	20% coinsurance up to a maximum of \$5,000
External prosthetics	20% coinsurance	20% coinsurance up to a maximum of \$5,000
Home Care	Covered in full	20% coinsurance up to a maximum of \$5,000
Hospice	Covered by Original Medicare	Covered by Original Medicare
Kidney Dialysis	Covered in full	Covered in full

NOTE: Rate is subject to New York State Department of Financial Services approval of employer group prescription drug plans.

By signing this rate quote, the employer group agrees to the following:

Compliance with the Centers for Medicare and Medicaid Services (CMS) requirements for Uniform Premium waivers in relation to premiums charged to our group plan participants. The employer group plan sponsor cannot charge participants covered under this plan an amount greater than the standard Medicare Part D beneficiary premium plus up to 100% of the value of any supplement prescription drug coverage.

Administration of any Low Income Subsidy (LIS) premium payments received for plan participants in accordance with CMS regulations (any LIS premium payments we receive from CMS for plan participants will be passed through to the employer group).

Compliance with alternative disclosure requirements under ERISA, including Summary Plan descriptions of benefit offerings to participants covered under this plan.

Qualification as an employer group under standard underwriting guidelines. The employer group plan sponsor must operate in the plan service area, offer active employees a benefit offering (no retiree only groups), have 2 or more employees, contribute to the premium and not be a Chamber, Trust or Association.

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity.

Quoted premium rates contain a factor for broker commissions included in the overall retention load. The Sales Representative providing this quote is a New York State licensed insurance producer. The individual will be compensated in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.

**From:** [Adria J. Wiedrich \(Adria@bpdinc.net\)](mailto:Adria.J.Wiedrich@bpdinc.net)  
**To:** [Dorothea Ciccarelli \(villageclerk@villageofpittsford.com\)](mailto:Dorothea.Ciccarelli@villageofpittsford.com); [Mary Marowski \(treasurer@villageofpittsford.com\)](mailto:Mary.Marowski@villageofpittsford.com)  
**Subject:** Village of Pittsford - Upcoming Debt Service Payments on November 15  
**Date:** Tuesday, November 2, 2021 9:12:40 AM

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Good Morning,

In order to assist you with your upcoming bond debt service payments to the Depository Trust Company, below are your payments due on November 15, 2021, as well as wire instructions for the payment to DTC. Please note that these may be set up as automatic ACH debits from your account, in which case the following wire instructions are for your reference only.

**\$ 425,000 Public Improvement (Serial) Bonds, 2016:** An interest payment of \$1,750.00 is due.

**Prior to November 15, 2021,** the Village should arrange to have the interest amount wire transferred, via Federal Funds, as follows:

\$1,750.00 to:

Chase Bank  
270 Park Ave.  
New York, NY 10017  
ABA #021-000-021  
To Credit the Account of Cede & Co.  
c/o The Depository Trust Co.  
Dividend Deposit Account #066-026776  
OBI = DDA\53711450\11/15/21

Please verify the wire instructions and payment amounts provided with any information you may have received from DTC. If you have not received verification from DTC, you should contact DTC directly to request one to verify that their amounts match our records.

-  
**PLEASE NOTE:** These instructions reflect only the bond issues that we have on record for you. If you have issued any debt without our assistance, you may have additional payments that we do not have on record and that are not included here.

If you have any questions or would like assistance with any other debt service payments, please contact our office.

Thank you,

Sonya M. Cermak  
Client Administrator

Bernard P. Donegan, Inc.  
345 Woodcliff Drive, 2nd Floor  
Fairport, NY 14450  
(585) 924-2145  
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# VILLAGE OF PITTSFORD

SETTLED 1789 • INCORPORATED 1827



*Village Hall ca 1855 (remodeled 1937)*

## VILLAGE OF PITTSFORD BOARD OF TRUSTEES 2022 MEETING DATES

### Meeting Date

January 11  
January 25  
February 8  
February 22  
March 8  
March 22  
April 12  
April 26  
May 10  
May 24  
June 7  
July 12  
August 16  
September 13  
September 27  
October 11  
October 25  
November 8  
December 13

### Agenda Deadline Date

January 3  
January 18  
January 31  
February 14  
February 28  
March 14  
April 4  
April 18  
May 2  
May 16  
May 31  
July 5  
August 8  
September 6  
September 19  
October 3  
October 17  
October 31  
December 5

Meetings are generally scheduled for 6:30 PM on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of the month unless otherwise noted. This schedule is tentative and subject to change at the discretion of the Board of Trustees.

*Please submit agenda items by noon on the deadline date.*

# Village Board Meeting

## Department Reports

## Minutes

- Village Board Regular Meeting, August 2, 2021

# Village Board Meeting

Meeting Items

Agenda Item

44 Rand – SEQR declaration

# Village Board Meeting

Meeting Items

Agenda Item

Setting of public hearing for Marijuana Law

**Local Law \_\_\_\_\_ of 2021**

**Village of Pittsford, County of Monroe**

**A Local Law Adopted Pursuant to Cannabis Law § 131 Opting Out of  
Licensing and Establishing On-Site Cannabis Consumption  
Establishments Within the Village of Pittsford**

**Section 1. Legislative Intent**

It is the intent of this local law to opt the Village of Pittsford out of hosting on-site cannabis consumption establishments within its boundaries.

**Section 2. Authority**

This local law is adopted pursuant to Cannabis Law § 131 which expressly authorizes cities and villages to opt-out of allowing on-site cannabis consumption establishments to locate and operate within their boundaries.

**Section 3. Local Cannabis On-Site Consumption Opt-Out**

The Board of Trustees of the Village of Pittsford, County of Monroe, hereby opts out of allowing on-site cannabis consumption establishments from locating and operating within the boundaries of the Village of Pittsford.

**Section 4. Severability**

If a court determines that any clause, sentence, paragraph, subdivision, or part of this local law or the application thereof to any person, firm or corporation or circumstance is invalid or unconstitutional, the court's order or judgment shall not affect, impair, or invalidate the remainder of this local law, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, or part of this local law or in its application to the person, individual, firm or corporation or circumstance directly involved in the controversy in which such judgment or order shall be rendered.

**Section 5. Effective Date**

This local law shall take effect immediately upon filing with the Secretary of State. Pursuant to Cannabis Law § 131, this local law is subject to a permissive referendum and thus may not be filed with the Secretary of State until the applicable time period has elapsed to file a petition or a referendum has been conducted approving this local law.

**Local Law \_\_\_\_\_ of 2021**

**Village of Pittsford, County of Monroe**

**A Local Law Adopted Pursuant to Cannabis Law § 131 Opting Out of  
Licensing and Establishing Retail Cannabis Dispensaries  
Within the Village of Pittsford**

**Section 1. Legislative Intent**

It is the intent of this local law to opt the Village of Pittsford out of hosting retail cannabis dispensaries within its boundaries.

**Section 2. Authority**

This local law is adopted pursuant to Cannabis Law § 131 which expressly authorizes cities and villages to opt-out of allowing retail cannabis dispensaries to locate and operate within their boundaries.

**Section 3. Local Cannabis Retail Dispensary Opt-Out**

The Board of Trustees of the Village of Pittsford, County of Monroe, hereby opts out of allowing retail cannabis dispensaries from locating and operating within the boundaries of the Village of Pittsford.

**Section 4. Severability**

If a court determines that any clause, sentence, paragraph, subdivision, or part of this local law or the application thereof to any person, firm or corporation or circumstance is invalid or unconstitutional, the court's order or judgment shall not affect, impair, or invalidate the remainder of this local law, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, or part of this local law or in its application to the person, individual, firm or corporation or circumstance directly involved in the controversy in which such judgment or order shall be rendered.

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# Village Board Meeting

Meeting Items  
Agenda Item

Bucket Truck

# Village Board Meeting

Meeting Items

Agenda Item

Hiring of part-time office assistant Susan Lhota

# Village Board Meeting

Meeting Items  
Agenda Item

South Street Financing

# Village Board Meeting

Meeting Items

Agenda Item

Selective Insurance recommendations for Public Safety at  
the DPW Facilities

November 4, 2021

Alysa Plummer, Mayor  
Village of Pittsford  
21 N Main Street  
Pittsford, NY 14534

Policy No.: S1542445  
Agency: Walsh Duffield Companies Inc.  
RE: Safety Management Visit

Dear Madam Mayor,

This letter is a follow up for the jobsite visits completed on October 25, 2021. The purpose of this visit was to assess the DPW garage area to determine what can be done to reduce unauthorized foot traffic through the property.

As a result of the visit, the following suggestions were discussed –

- Additional Signage – big and bold. This could include wording such as private property, authorized vehicles/visitors only, no trespassing, heavy equipment in use, etc. There should also be signage on the trail that directs the hiker to stay on the trail as opposed to cutting through the back section of the DPW area. There should also be additional signage at the other entrance to the hiking trails to direct hikers to that entrance as opposed to cutting through the DPW area.
- Better Definition of the Trail – due to the previous access road to the rear of the property, it appears the trail has a fork which leads to the DPW buildings. Barriers (natural or manmade) and signage should be added alerting the hiker that the trail curves away from the DPW property should be used.
- Additional Fencing - Some fencing to at the edge of the rear parking area can be installed
- Cameras – signage regarding cameras and placement of additional cameras

As always, there are safety materials that may be of assistance to your operations located on our safety management webpage. You can reach this through our public website at [www.selective.com](http://www.selective.com). Just go to the top tool bar and select “Info Center” then “value added services”.

If you have any questions, or if I can be of any additional assistance, please feel free to telephone or email me. I can be reached at (585) 315-6110 or [deborah.morshead@selective.com](mailto:deborah.morshead@selective.com).

Sincerely,

Deborah J. Morshead, ARM, CSP, CPCU  
Senior Safety Management Specialist  
Northeast Region

CC: Gary Wilkins, Walsh Duffield  
Kelly Cubby, Selective Insurance  
Zack Bleier, Village of Pittsford  
Dorothea Ciccarelli, Village of Pittsford

*“Selective Insurance recently conducted a survey of your business as a part of our underwriting process. In conducting this survey, we attempted to identify conditions that appear to be hazardous. It is possible that some hazardous conditions may have been overlooked. In addition, even when reported hazards have been corrected, damages or injuries may still occur. It is our hope that if the hazards identified in this report are eliminated, the premises and operations will be safer for employees and members of the public.”*