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PO Box 712  
East Aurora, NY 14052  
November 17, 2021

Town of Aurora Supervisor and Town Board  
575 Oakwood Avenue  
East Aurora, NY 14052

SUBJECT: REQUEST FOR APPROVAL TO SOLICIT FUNDING FOR PROJECT AT COMMUNITY POOL PARK

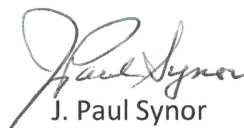
Dear Supervisor Bach and Town Board:

The East Aurora Aktion Club Baseball Program and East Aurora Baseball and Softball, Inc. (EA Baseball) have been playing on the two dirt baseball diamonds at the Community Pool Park at Olean Street and South Street for many years. Each year, the Aktion Club Program has had to cancel at least one third of its games in July/August due to inclement weather. While EA Baseball has had fewer cancellations with their May to July season, both groups desire to improve these diamonds. Several Aktion Club athletes also use wheelchairs and others have gait problems which effect their ability to run the bases.

The East Aurora Kiwanis Foundation Baseball Committee has been established with concerned citizens including members of the East Aurora Aktion Club, athletes' family members and representatives from EA Baseball to pursue replacing the dirt baseball diamonds with artificial, grass-like turf to improve the safety for players and to lessen the number of game cancellations. The Committee wishes to begin soliciting grants/donations from various organizations and the community in general to obtain necessary funding for this project. These donations will be made to the East Aurora Kiwanis Foundation in a dedicated 501(c)(3) account.

On behalf of the Committee, we would like to request that the Board provide approval to solicit funding for this project.

Sincerely,

  
J. Paul Synor

  
Tim Stroth

East Aurora Kiwanis Foundation  
Baseball Committee Co-Chairs

Cc: Robert Ruffner, President  
East Aurora Kiwanis Foundation



## EAST AURORA KIWANIS FOUNDATION BASEBALL FIELDS IMPROVEMENT PROJECT

- Community Pool Park at Olean Street and South Street in East Aurora
- Conversion of existing clay infield to grass-like turf
- Current clay infield can be a safety issue due to unevenness
- Current clay infield is effected by rain resulting in several cancelled games
- Current fields have been used by EA Baseball and EA Aktion Club for many years
- EA Baseball is operated privately and serves 75 children ages 12-14 from May to July
- EA Aktion Club is operated privately and serves 60 adults with developmental and other disabilities during July and August
- Annual EA Tee Ball and Girls Softball games under the lights and other events
- Turf field will be safer and reduce rainouts
- Turf fields will improve playing surface and playing conditions for all
- Turf fields will be unique to the East Aurora community
- Town of Aurora will continue to maintain the fields and surroundings
- A Committee of volunteers is committed to raising necessary funds to improve the fields
- Donations will be received and distributed by the East Aurora Kiwanis Foundation, Inc., a 501(c)(3) designee.
- The tentative goal is to start improvements in Fall 2023
- This TURF FIELD FOR ALL will become a FIELD OF DREAMS!!

FOR MORE INFORMATION CONTACT:

Don Bach (716) 655-0195, Paul Synor (716) 352-3763, Tim Stroth (716) 652-4776

## EXAMPLE OF TURF PRODUCT ALTERNATIVE

**TITAN 12-YEAR WARRANTY**

A-Turf® Titan is the industry's ultimate synthetic turf surfacing system, featuring the best combination of aesthetics and durability. A-Turf is the originator of the blended Mono & XP fiber design. Titan is an amazingly plush, natural looking surface with outstanding performance and durability attributes. In addition, Titan has the industry's best safety rating. We have so much confidence in Titan that it's backed by an industry-leading 12-year warranty. In person or on television, watch the Buffalo Bills play home games at New Era Field and see the stunning A-Turf Titan 50 System in action.

Dual fiber system features premium Mono (left) and XP (right, shown after fibrillation) fibers in the same stitch.

Typical 2.25" fiber height.

Shown with rubber & sand infill mixture.

Optional porous rubber ShockPad.

Crushed stone base.



## EAST AURORA KIWANIS FOUNDATION BASEBALL FIELDS IMPROVEMENT PROJECT PLAN

### FIRST 6 MONTHS: Begin Fall 2021

- Identify Committee
- Identify volunteers for fundraising
- Confirm procedures for receipt
- Confirm tentative Improvements Scope of Work
- Develop solicitation materials
- Identify potential major donors
- Identify major relevant grant possibilities
- Begin approaching major donors and grants
- Send out/post solicitation materials
- GOAL: raise \$75,000 during this period

### SECOND 6 MONTHS:

- Develop architectural renderings for meetings and presentations
- Continue to pursue major donors and relevant grants
- Connect with media (newspapers, radio, TV, etc.)
- Make presentations to various potential supporters (Chamber of Commerce, voluntary agencies serving Developmentally Disabled, Service and Youth organizations, etc.) to educate and solicit donations
- GOAL: raise \$75,000 during this period (\$150,000 TOTAL)



### THIRD 6 MONTHS:

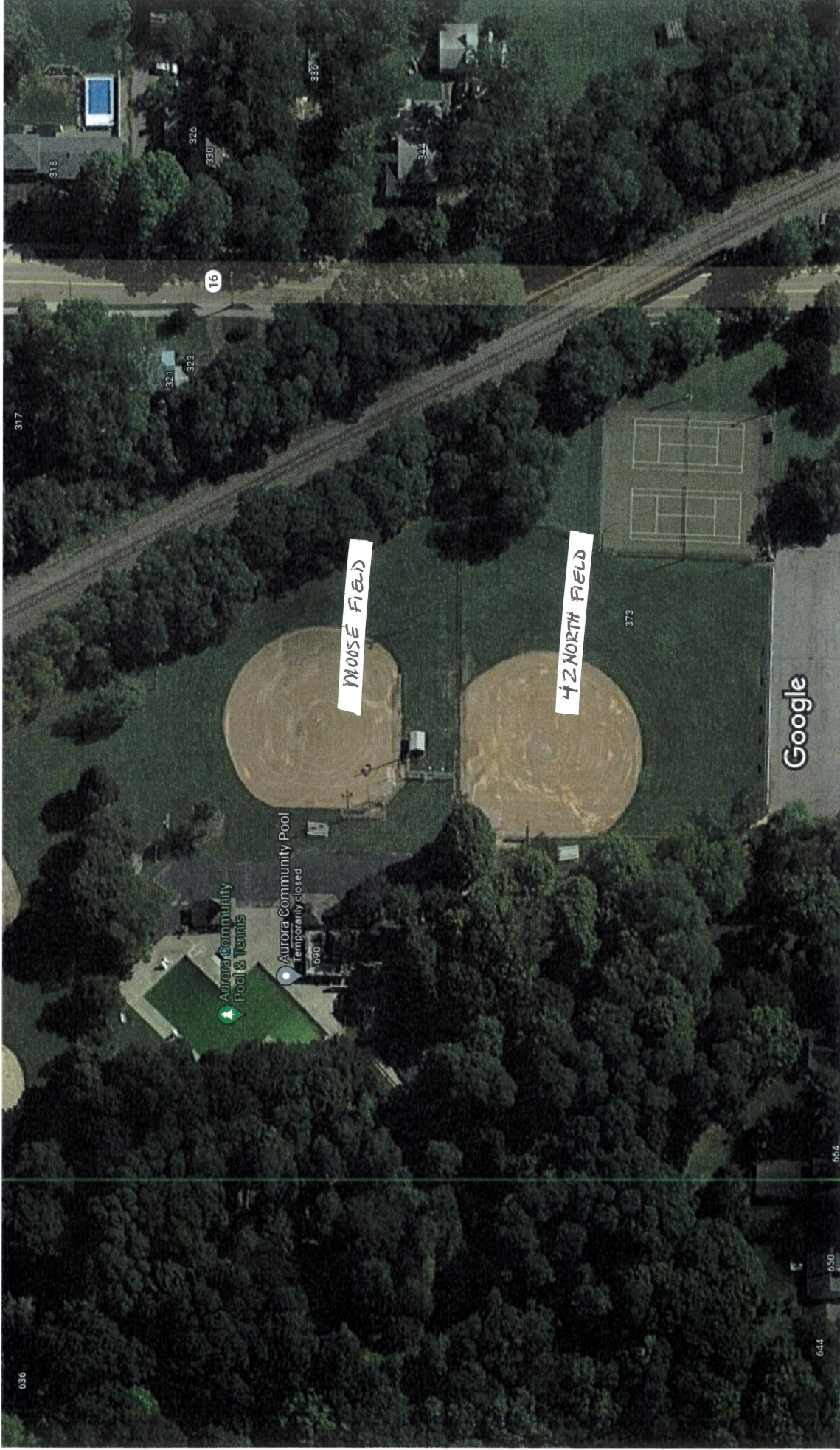
- Develop scope of project for first diamond
- Continue to pursue major donors and relevant grants
- Coordinate contracting procedures for improvements
- Engage families/ friends of EA Baseball and EA Aktion Club in fundraising
- Work with Community Pool Park representative(s) to coordinate recognition of contributors' plan
- Identify potential Town Highway Department's role for the project
- GOAL: raise \$75,000 during this period (\$225,000 TOTAL)

### FOURTH 6 MONTHS

- Hire contractor and begin project work
- Coordinate contractor and Town Highway Department work tasks
- Continue fundraising for large gifts, grants and other efforts
- GOAL: raise \$75,000 during this period (\$300,000 TOTAL)









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**MEMO**

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TO: Aurora Town Board  
FROM: Kathleen Moffat  
RE: Abuse Prevention Policy  
DATE: 11/22/21

Attached is the Abuse Prevention Policy that was tabled at the 11/8/21 Town Board meeting due to a request for more information. Some points to consider:

- In order to renew our Abuse & Molestation coverage in March of 2022, Selective is requiring several items:
  - Regular background checks on employees 18 and over who have regular interaction with children
  - Abuse & Molestation policy
  - Anti-Bullying policy
  - Electronic communications/social media policy
  - Training that addresses the prevention and detection of abuse or molestation
- Selective Insurance advises the Town to perform our own background checks and not accept from outside parties or the employee/applicant directly. This is the best way to avoid outdated or misrepresented information.
- The Recreation Department currently submits Hamlin Park day camp employee names to the NY State Division of Criminal Justice Services (DCJS) to determine whether an employee or volunteer at the camp is listed on the DCJS Sex Offender Registry. This is required as per section 7-2.5(1) of the NY State Sanitary Code and Article 13-B of the Public Health Law. However, I recommend performing background checks on these employees since these checks reach multi state data bases.

As a Selective insured, the Town can purchase background checks through a third party, Praesidium, at a low cost. The basic option will cost \$16/person. (See attached.) Upon review of active summer associates in 2021, 40 employees aged 18 and over would require a background check, for a total of \$640. (\$1,000 is budgeted in 2022.) Background checks would be conducted as per the policy.

Praesidium also offers training to prevent and detect abuse or molestation at no charge.

I respectfully request approval of the Abuse Prevention Policy and the Abuse Prevention Policy Employee Agreement. I further request approval to use Praesidium for the Town's background screening services.





## **TOWN OF AURORA ABUSE PREVENTION POLICY**

### **PURPOSE**

This policy establishes how the Town of Aurora will work to prevent the physical, emotional and sexual abuse of children and youth by its employees. The Town of Aurora seeks to create a welcoming and nurturing environment and has zero tolerance for those whose actions may jeopardize the safety, health or innocence of a minor.

### **DEFINITIONS**

Abuse: Because it takes many forms, abuse can be broken down into the following subtypes, all of which are prohibited within the scope of this policy:

- Physical abuse: Injury inflicted on a child or youth
- Sexual abuse: Contact or activity of a sexual nature between an adult and a child or youth
- Emotional abuse: Mental or emotional injury inflicted on a child or youth by the actions of an adult
- Neglect: Failure to provide adequate care for a child or youth
- Economic abuse: Deliberate misuse of the money or belongings of a child or youth

Child: A child is defined as anyone under the age of 12.

Youth: A youth is defined as anyone at least 12 years of age but less than 18 years of age.

### **POLICY GUIDELINES**

#### **Personnel Screenings**

Safeguards in the hiring process will be used to eliminate from consideration any candidates who display characteristics that could classify them at a high risk for violating this policy. The required screenings and background information will depend on the positions and its level of involvement with children and youth.

#### **For those aged 18 and up who regularly work with or around children or youth**

Candidates for positions that involve regular interaction with children or youth will be screened and selected using the following:

- Standard Town of Aurora employment application that includes signed authorization to perform necessary background checks
- Criminal background checks in any and all states where the candidate has lived in the past seven years
- Sexual offender registry checks in any and all states where the candidate has lived for the last seven years
- Driving records and any applicable certification if the position requires the transportation of children
- In-person interview of the candidate
- If hired, criminal and sexual offender registry checks will be conducted every five years for those who regularly work with children or youth.

### **For those who occasionally work with children or youth:**

Candidates for positions that involve occasional contact with children or youth will be screened and selected using the following:

Standard Town of Aurora employment application that includes signed authorization to perform necessary background checks

In-person interview of the candidate

Driving records and any applicable certification if the position requires the transportation of children

All information collected about a candidate will be reviewed and used to determine if they are appropriate for the respective position. If hired, all information collected during the hiring process will be included in the employee's permanent file, which will be maintained over the course of their employment with the Town of Aurora.

Personnel screenings are required regardless of current employment status with the Town of Aurora. Town of Aurora employees seeking to transfer into a position that involves working with children or youth must undergo the same review process as new hires.

If hired, criminal and sexual offender registry checks will be conducted every five years for those who regularly work with children or youth.

### **Structural Guidelines for Programs**

All Town of Aurora programs are designed to encourage safe interaction between employees and children or youth. The following guidelines are meant to keep established safeguards effective:

Programs for children and youth must have an established adult to child ratio.

Employees are restricted from being alone with a child or youth where they cannot be easily observed by others.

Employees are not allowed to implement new activities or programs for children without Town of Aurora consent. Request for new activities or programs should be submitted in writing to management.

Written permission must be obtained from a parent or guardian before any employee transports a child or youth in the name of the Town of Aurora.

Children under the age of six placed in the care of the Town of Aurora will only be released to a parent, legal guardian or a person designated by a parent or legal guardian.

### **General Conduct**

In an effort to provide a safe and healthy environment for both mind and body, the following guidelines are meant to guide Town of Aurora employees during their interactions with children and youth. These guidelines do not and cannot outline every situation that may be encountered while on the job, requiring employees to act with a certain degree of personal discretion. Because a certain action is not prohibited in this section does not mean it is acceptable behavior. Town of Aurora reserves the right to take disciplinary action against employees whose actions are found to be inappropriate regardless of whether they appear in this section:

Employees will treat all children and youth with respect and consideration. Treatment must be fair and equal, and must not be based on sex, race, religion, sexual orientation or economic or social status. All effort must be made to avoid favoritism, or the appearance of favoritism.

While representing the Town of Aurora, employees must not possess, distribute, use or allow others to use any alcohol or drugs.

Employees must not use harsh or inappropriate language, degrading punishment or any type of restraining device in the name of behavior management.

Employees must not participate in or allow others to engage in any form of hazing.

Employees must not have sexual contact with children or youth.

Employees must not dress, undress, shower or bathe with or in the presence of children or youth.

Employees must not use physical punishment in any form. The only time physical force is allowed to be used against a child or youth is when their actions are placing others at an immediate risk for serious harm.

Employees are prohibited from sharing sleeping locations with children or youth. This includes beds, tents, hotel rooms and other similar areas. Employees can sleep in open areas with children or youth as long as the area is large enough for the employee to have their own defined sleeping areas and other employees are also present.

Employees must not discuss their own sexual history, preferences or fantasies nor their use of illicit or pornographic materials while in the company of children or youth.

Employees are not allowed to possess any sexually oriented materials (books, magazines, videos, clothing) when conducting business in the name of the Town of Aurora.

When one-on-one discussion or counseling is warranted, employee interaction with a child or youth will take place in an area that allows for private conversation while remaining in the view of others.

If, for any reason, an employee feels there is a need to make an exception to these guidelines, they must submit to their supervisor a written description of the incident and why their actions were necessary. Their report will be reviewed for wrongdoing. A copy of the original report along with any additional findings made by the reviewer will be included in the employee's permanent file.



**TOWN OF AURORA  
ABUSE PREVENTION POLICY  
EMPLOYEE AGREEMENT**

If you have any uncertainty or questions regarding the content of this policy, you are required to consult your supervisor. This should be done prior to signing and agreeing to the Town of Aurora Abuse Prevention Policy.

I have read and understand Town of Aurora's Abuse Prevention Policy and agree to abide by its terms and conditions throughout the course of my employment. I understand that my failure to follow the terms of this policy could result in disciplinary action up to and including termination.

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Employee Name & Signature

Date

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Supervisor Name & Signature

Date



## BACKGROUND SCREENING

### WHAT YOU DON'T KNOW CAN HURT THOSE IN YOUR CARE AND YOUR ORGANIZATION.

Adopting a solid screening and selection process is your first line of defense in creating a safe environment. A thorough, consistent screening process may also discourage would-be offenders from targeting your organization. Failure to discover a known offender can affect those in your care and the organization's reputation, financial stability, and trust within the community. Who you should screen can depend on many factors, such as if the person is a new full-time hire, a season hire, or even a current employee. In determining the types of checks to utilize, organizations should follow all state, federal, and licensing regulations and consider an individual's level of access. Level of access may be influenced by:

- **Frequency:** How frequently does the individual work around or interact with consumers? Is it a one-time event or every day?
- **Duration:** What is the duration of the individual's interactions? Is it a one-time, one-hour event or an entire summer?
- **Level of Supervision:** Are the individual's interactions always supervised by another adult or are they one-on-one with consumers?
- **Nature of the Relationship:** What is the nature of the relationship between the individual and the consumers in the program? Does the individual merely supervise an area during an event that has consumers, or are they getting to know individual consumers and families while counseling, tutoring, or providing personal care services?

### WHO IS PRAESIDIUM?

Praesidium is the national leader in abuse risk management. With more than two decades of experience, and serving thousands of clients, our dedicated team of researchers, psychologists, attorneys, social workers, and human resource professionals have analyzed thousands of cases of abuse in organizations and synthesized the latest scientific research. We know how abuse happens in organizations...and how to prevent it.

Selective Insurance has partnered with Praesidium to offer you discounted background screening services for your organization.



# PRAESIDIUM

## FOUR ELEMENTS FOR A THOROUGH BUT COST EFFECTIVE BACKGROUND CHECK:

- **Check Facts:** Aliases, DOBs, and address history all drive research and help to paint a complete picture.
- **Search Wide:** Multi State criminal and national sex offender databases will identify the unexpected.
- **Search Deep:** Targeted county level searches will give real-time information where records are most likely to be found.
- **Ask Questions:** References can provide insights on behavior and clues to non-criminal boundary issues.

## WHO SHOULD YOU SCREEN, AND HOW OFTEN?

- **New Hires/Volunteers:** A thorough, consistently applied background screening process at the time of hire is your first and best opportunity to identify the problem.
- **Seasonal Hires/Volunteers:** Seasonal staff present a unique risk because you don't see them for months at a time, but it's often not practical to complete a full new hire process each season. An annual check-in plan is key.
- **Re-Screening:** Conducting targeted checks on your full-time employees at least every 3 years helps you identify issues before they impact your organization.

## BACKGROUND SCREENING FOR SELECTIVE INSURED

Praesidium offers a selection of background screening packages plus a la carte services to empower your organization to conduct right-sized research. Praesidium's team can help contextualize the screening process as part of an overall culture of safety and discuss how screening works in hand with other abuse prevention efforts. Praesidium's team can also help you understand who to screen, how often, and the importance of re-screening.

In addition to Background Screening - you can now access Praesidium's Armatus Learn to Protect System® to add further training on abuse prevention. The Armatus Learn to Protect System® includes supporting tools that enhance both the short and long term effectiveness of the training experience and produce sustainable changes in employee and volunteer behavior. Access to this system is free to Selective Insureds.

	LOW ACCESS VOLUNTEERS	HIGH ACCESS VOLUNTEERS	EMPLOYEES	FINANCIAL ACCESS	A LA CARTE
	STARTING AT \$16	STARTING AT \$16	STARTING AT \$16	STARTING AT \$37	INDIVIDUAL COST PER SERVICE
Employment Credit (\$60 one-time set up fee required)				✓	\$10.00
Confidence Multi State Criminal & Sex Offender Database w/Alias**	✓	✓	✓	✓	\$9.00
7 Yr County Criminal Records Search: Current County of Residence*	✓	✓	✓	✓	\$7.00
Add'l Counties Added As Needed Based on 7yr Address History*		✓	✓	✓	\$5.50
County Civil Records Search (upper): 1 County*				✓	\$11.00
Motor Vehicle Records Search*					\$5.00
Employment Verification: 1 Position*					\$8.00
Education Verification: 1 Degree*					\$7.00
Personal Reference: 1 Reference					\$11.00
Professional Reference: 1 Reference					\$12.00
International Criminal Search 1 Jurisdiction*					\$50.00

\*3<sup>rd</sup> Party keeper fees may apply and will be passed on at cost when incurred.

\*\* Criminal records found in the Multi State database check are subject to verification at the source and additional costs may apply.

For more information go to: [selective.com/praesidium](https://selective.com/praesidium) | 800.743.6354 | [selective@praesidiuminc.com](mailto:selective@praesidiuminc.com)  
In order to receive this exclusive benefit please identify yourself as a Selective Insurance agent or insured.

SUPERVISOR  
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[jbach@townofaurora.com](mailto:jbach@townofaurora.com)



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**TOWN OF AURORA**  
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[www.townofaurora.com](http://www.townofaurora.com)

## MEMO

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TO: Aurora Town Board  
FROM: Kathleen Moffat  
RE: 2022 Health Insurance Renewal  
DATE: 11/22/21

Elizabeth Wilber and I recently met with representatives from Hartloff Benefits, the Town's new insurance broker, to discuss the Town of Aurora's health insurance renewal for 1/1/22. They reviewed our accounts and had several recommendations for both medical coverage and dental/vision coverage. In regards to health insurance:

- 1) They recommend offering a few extra plans, as per the spreadsheet attached. Originally, the suggestion was to drop the Silver POS 8100 (a current offering) in exchange for offering the Silver POS 7100. However, I explained the cost of the former is covered in full by the Town's contribution amount, which is a plus to choosing the plan. It was agreed upon to offer both. An offering can be removed if no employee chooses it
  - a. The Platinum PPO Plus will be offered only to retired employees that live out of the coverage area (we currently have 2 that meet this requirement)
  - b. The Gold Classic is offered as a middle of the road offering. Again, it can be removed if no employee chooses the plan
- 2) As you may be aware, Highmark and HealthNow New York have merged into Highmark Blue Cross Blue Shield of Western New York. We are told to expect some bumps in the road as new software systems are put into place. All members will receive new ID cards to reflect new group numbers.

In regards to dental:

- 1) It is recommended to change the plan year (currently a 7/1 renewal) to coordinate with the calendar year, as is the case with health insurance
- 2) It is recommended to drop Guardian for 2 reasons. They will not allow for a change to a calendar plan year this January, and they are expensive.
- 3) It is recommended to offer 2 dental plans through 2 different carriers, Delta Dental and BCBS. This is based on a census of current dental providers and allows for a greater number of employees to keep their current provider. The comparisons of the plans are attached.

In regards to vision:

- 1) It is recommended to change the plan year (currently a 7/1 renewal) to coordinate with the calendar year, as is the case with health insurance
- 2) It is recommended to drop Guardian for 2 reasons. They will not allow for a change to a calendar plan year this January, and they are expensive
- 3) It is recommended to offer vision coverage through VSP, a Davis provider. The recommended plan is a bit more expensive for the single and family tiers, but the coverage is richer. The cost is a bit less expensive for the employee+spouse tier. Rates would be locked in for 2 years. The plan document is attached.

Overall recommendation:

- 1) It is also recommended to offer a Health Savings Account (HSA) through Hartloff Benefits. This would be funded by employee deductions and the Town would simply serve as the payroll administrator for the payroll deductions. The benefit to this is the tax savings. Deductions are made on a pretax basis, which allows for tax savings for the employees as well as tax savings for the Town of Aurora. Employees would be able to use the funds for medical related costs. (Only the silver level plans are HSA qualified)



These plans are for illustration only and subject to change. They are not a contract and in all cases the contract language will prevail.

Town of Aurora Health Ins Options January 2022 Highmark BCBS of WNY		Platinum POS Plus Renewal \$250 Wellness Visa \$0	Platinum PPO Plus \$250 Wellness Visa \$0	Gold Classic \$250 Wellness Visa \$600/\$1,200	Silver POS 7100 (HSA Qualified) \$250 Wellness Visa \$1,900/\$3,800	Silver POS 8100 (HSA Qualified) Renewal \$250 Wellness Visa \$2,900/\$5,800
In - Network	Wellness Deductible (single/family) Embedded/True Family	\$0	Embedded	Embedded	True Family	True Family
	Coinsurance	0%	0%	0%	0%	40%
Out - of - Network	Out-of-Pocket Maximum (single/family)	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000	\$6,900/\$13,800	\$6,900/\$13,800
	Deductible (single/family) Embedded/True Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Medical Services	Coinsurance	50%	50%	50%	50%	50%
	Out-of-Pocket Maximum (single/family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Maternity Services	PCP/Specialist	\$5/\$25	\$5/\$25	\$25/\$40 after Deductible	\$25/\$50 after Deductible	40% after Deductible
	Radiology	\$25	\$25	\$40 after Deductible	\$50 after Deductible	40% after Deductible
Hospital Care	Laboratory Testing	\$0	\$0	\$40 after Deductible	\$50 after Deductible	40% after Deductible
	Chiropractic Care	\$5	\$5	\$40 after Deductible	\$25 after Deductible	40% after Deductible
Emergency & Urgent Care	Physician Services - Prenatal and One Postpartum Visit	\$5	\$5	\$25 after Deductible	\$25 after Deductible	40% after Deductible
	Inpatient Maternity	\$500 per admission	\$500 per admission	\$1,000 per admission after Deductible	\$750 per admission after Deductible	40% after Deductible
Mental Health & Substance Abuse	Inpatient Hospital	\$500 per admission	\$500 per admission	\$1,000 per admission after Deductible	\$750 per admission after Deductible	40% after Deductible
	Outpatient Surgery	\$150	\$150	\$100 after Deductible	\$150 after Deductible	40% after Deductible
Other Services	Emergency Room Visit	\$150	\$150	\$150 after Deductible	\$250 after Deductible	40% after Deductible
	Urgent Care	\$40	\$40	\$60 after Deductible	\$75 after Deductible	40% after Deductible
Prescription Drugs*	Outpatient	\$5	\$5	\$25 after Deductible	\$25 after Deductible	40% after Deductible
	Inpatient	\$500 per admission	\$500 per admission	\$1,000 per admission after Deductible	\$750 per admission after Deductible	40% after Deductible
Monthly Rates	Durable Medical Equipment & Prosthetic Devices	50%	50%	20% after Deductible	50% after Deductible	40% after Deductible
	Physical, Speech, Occupational Therapy ***Limits May Apply	\$5	\$5	\$25 after Deductible, 60 combined visits/condition/PY	\$25 after Deductible, 60 combined visits/PY	40% after Deductible, 60 combined visits/PY
Pediatric Dental	Diabetic drugs, insulin, and supplies (monitor, test strips, syringes, etc)	\$5	\$5	\$25 after Deductible	\$25 after Deductible	40% after Deductible
	Generic /Formulary/Non- Formulary	\$5/\$25/50%	\$5/\$25/50%	\$10/\$35/\$70	\$5/\$30/50% after Deductible	\$5/\$30/50% after Deductible
Monthly Rates	Employee Only	\$665.91	\$849.81	\$609.01	\$506.86	\$451.77
	Employee & Child(ren)	\$1,132.05	\$1,444.68	\$1,035.32	\$861.66	\$768.01
Prescription Drugs*	Employee & Spouse	\$1,331.82	\$1,699.62	\$1,218.02	\$1,013.72	\$903.54
	Family per child	\$1,897.84	\$2,421.96	\$1,735.68	\$1,444.55	\$1,287.54
Monthly Rates	Incl.	Incl.	Incl.	Incl.	Incl.	Incl.

**Town of Aurora**  
**Health Insurance Renewal**  
**Effective: January 2022**  
**Presented by: Hartloff Benefits**

Health Insurance	<i>Highmark BCBS of WNY</i>	<i>Highmark BCBS of WNY</i>
	Current	Renewal
	Platinum Plus POS	Platinum Plus POS
RX	\$5/\$25/50%	\$5/\$25/50%
Employee Only	<b>\$613.05</b>	<b>\$665.91</b>
Employee & Child(ren)	<b>\$1,042.19</b>	<b>\$1,132.05</b>
Employee & Spouse	<b>\$1,226.10</b>	<b>\$1,331.82</b>
Family	<b>\$1,747.19</b>	<b>\$1,897.84</b>
<b>% of Change</b>		<b>9%</b>
PCP / Specialist Copay	\$5/\$25	\$5/\$25
Deductible	<b>N/A In-Network</b>	<b>N/A In-Network</b>
Max Out of Pocket	\$3500/\$7000	\$3500/\$7000

Health Insurance	<i>Highmark BCBS of WNY</i>	<i>Highmark BCBS of WNY</i>
	Current	Renewal
	Silver POS 8100	Silver POS 8100
	HSA Qualified	HSA Qualified
RX	\$5/\$30/50% after deductible	\$5/\$30/50% after deductible
Employee Only	<b>\$425.21</b>	<b>\$451.77</b>
Employee & Child(ren)	<b>\$722.86</b>	<b>\$768.01</b>
Employee & Spouse	<b>\$850.42</b>	<b>\$903.54</b>
Family	<b>\$1,211.85</b>	<b>\$1,287.54</b>
<b>% of Change</b>		<b>6%</b>
Deductible	<b>\$2900/\$5800</b>	<b>\$2900/\$5800</b>
After Deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Max Out of Pocket	\$6900/\$13800	\$6900/\$13800

<b>HSA Contribution Limits</b>	
<b>Tax Year: 2021</b>	<b>Tax Year: 2022</b>
Individual: \$3,600	Individual: \$3,650
Family: \$7,200	Family: \$7,300
<i>Health Savings catch-up contributions age 55 or older = \$1,000</i>	





**Town of Aurora**  
**Dental Insurance Proposal Eff: January 2022**  
**Presented by: April Hartloff & Marissa Freedman - Hartloff Benefits**

GUARDIAN

Monthly Rates	<del>Dental Pay</del>	Delta Dental	BCBS
	Current Rates (7/1/21)	Proposed (1/1/22)	Proposed (1/1/22)
	Dental Guard 2	PPO Premier Plan 3	Blue Value Dental 3
Single	\$57.08	\$39.81	\$27.22
Single with Child(ren)	\$154.86	\$96.04	\$66.09
Employee + Spouse	\$154.86	\$96.04	\$54.44
Family	\$154.86	\$96.04	\$102.97
<b>In-Network</b>			
Type I - Preventative	100%	100%	100%
Type II - Basic	90%	80%	80%
Type III - Major	60%	50%	50%
Type IV - Orthodontia	50%	50%	50%
Ortho Lifetime Benefits	\$1,000	\$1,000	\$1,000
<b>Out-of-Network</b>			
Type I - Preventative	100%	100%	100%
Type II - Basic	80%	80%	80%
Type III - Major	50%	50%	50%
Type IV - Orthodontia	50%	50%	50%
Deductible	\$50/\$150	\$50/\$150	\$50/\$150
<b>Maximum Benefit</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$2,000</b>





# Delta Dental PPO<sup>SM</sup> plus Premier Plan 3

Delta Dental PPO plus Premier is a hybrid of the PPO and Delta Dental Premier<sup>®</sup> networks. PPO dentists accept reduced fees for covered procedures when treating PPO patients. Premier is Delta Dental's top-of-the-line fee-for-service program. Enrollees can choose a dentist from the larger Delta Dental Premier network or they can visit a dentist from the smaller PPO network and save more money. This cost-saving, two-tier network is rarely available in the industry. It provides access to the most dentists while offering significant value for enrollees. Network dentists are paid their respective allowances.

**HOW ENROLLEES CAN SAVE MONEY**

They likely will save:

- Most if they go to Delta Dental PPO dentists.
- Moderately if they go to Delta Dental Premier dentists.
- Least if they go to non-participating dentists.

The following table illustrates the coinsurance percentages for covered procedures in accordance with Delta Dental's payout level.\*

Service	Examples of Procedures	PPO Dentist		Delta Dental Premier Dentist or Non-Participating Dentist*	
		— Percent Paid Based On Delta Dental Allowed Amount—			
		Delta Dental	Patient	Delta Dental	Patient
Diagnostic**	exam & x-rays	100%	0%	100%	0%
Preventive**	fluoride treatments to age 19, teeth cleaning, sealants to age 14	100%	0%	100%	0%
Basic Restorative	fillings; posterior composites	80%	20%	80%	20%
Major Restorative	crowns	50%	50%	50%	50%
Oral Surgery	extractions	80%	20%	80%	20%
Endodontics	root canal therapy	80%	20%	80%	20%
Periodontics**	treatment of gum disorders	80%	20%	80%	20%
Prosthodontics	dentures, bridgework	50%	50%	50%	50%
TMJ	temporomandibular joint dysfunction treatment	50%	50%	50%	50%
Orthodontics	straightening of teeth	50%	50%	50%	50%

Orthodontics is a covered benefit for dependent children to age 19 with a lifetime maximum benefit of \$1,000 per person. Lifetime maximum includes payments made by previous carriers for previous orthodontic-related treatment.

\* Benefits are administered on a calendar year basis regardless of the group's contract year.

\*\*Pregnancy Enhancement - Includes an additional oral exam and choice of an additional cleaning, or additional periodontal scaling/root planning or additional periodontal maintenance procedure for pregnant women.

### Monthly Rates Valid for Effective Dates of January 1, 2022 through December 31, 2023

Annual Deductible Per Person	Annual Deductible Per Family	Services Exempt From Annual Deductible	Annual Maximum Per Person	Orthodontic Lifetime Maximum Per Patient
\$50	\$150	Diagnostic, Preventive, and Orthodontic	\$1,000	\$1,000

	Two-Tier	Three-Tier
Employee Only	\$39.81	\$39.81
Employee + One	\$96.04	\$73.67
Employee & Family	\$96.04	\$110.94

Rates are valid for employer groups with up to 99 eligible employees. A minimum of 5 employees or 50 percent of all eligible employees, whichever is fewer, must be enrolled. Rates are available to groups with headquarters in the following New York counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming. There will be a six-month waiting period on Major Restorative and Prosthodontic services for groups with no prior coverage.

The plan designs and rates shown are available only through Independent Health.



## **STANDARD LIMITATIONS AND EXCLUSIONS**

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### ***Limitations***

- Full mouth x-rays and panorex x-rays accompanied by bitewing x-rays are limited to once in any 3-year period.
- Bitewing x-rays are limited to twice in any calendar year.
- Periodic examinations of the full mouth are limited to twice in any calendar year.
- Prophylaxis and fluoride application may be performed either together or separately.
- Prophylaxes are limited to twice in any calendar year.
- Fluoride applications as a benefit are limited to twice in any calendar year up to age 19.
- Sealants are a benefit limited to age 14 once in any 36-month period on unfilled permanent first and second molars.
- Space maintainers are a benefit up to age 14.
- Replacement of restorative crowns, inlays and onlays is a benefit once only in any 5-year period irrespective of who provided previous restoration or paid benefits therefore.
- Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Services which are necessary to make such appliances fit will be provided in accordance with the Group Dental Service Contract.
- Prosthodontic appliances and abutment crowns will be replaced only after 5 years have elapsed following any prior provision of such appliances and abutment crowns under any plan procedure.
- Benefits for specific oral surgery procedures, such as the reduction of fractures, removal of tumors, and removal of impacted teeth, which are benefited under a medical insurance contract or a medical or hospital service contract for which premiums are paid by the Plan Administrator by which the enrollees are covered shall be determined first under that contract. Delta Dental's obligation for these oral surgery services shall be limited to the difference between benefits paid under the other contracts up to the Allowed Amount for the procedure less the applicable deductible and patient copayment. When coverage is not paid for by the Plan Administrator or there is no medical or hospital coverage, Delta Dental's obligation shall be subject to coordination of benefits or limited to the Allowed Amount for the procedure less the applicable deductible and patient copayment.
- Benefits for periodontal surgery in the same quadrant are limited to once in any 5-year period. The 5-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this Contract, under any prior dental contract, or by the enrollee.
- Orthodontic benefits are limited to devices and procedures for the correction of malposed teeth of Dependents up to age 19, through the completion of the procedures or to the date eligibility terminates or the Group's contract terminates, whichever occurs first.
- Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

### ***Exclusions***

- Services or supplies which are provided to patient by any federal or state government agency or by any municipality, county, or other political subdivision.
- Charges for which benefits or services are provided to the patient by any hospital, medical or dental service corporation, any group insurance, franchise, or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions (unless the coordination of benefit provisions provide otherwise).
- Charges for dental practice administrative services including but not limited to preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton, swabs, gauze, bibs, masks or relaxation techniques such as music.
- General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontal surgeries.
- Procedures to correct congenital or developmental malformations except for dependent children or newborn children eligible at birth.
- Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by attrition or erosion, or otherwise.
- Treatments or supplies primarily for cosmetic purposes.
- Services provided or supplies furnished or devices started prior to the effective eligibility date of a patient.
- Preventive plaque control programs, including oral hygiene programs.
- Periodontal splinting, equilibration and gnathological recordings.
- Myofunctional therapy.
- Implants.
- Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
- Prescription drugs, pre-medication, analgesias, and general anesthesia, unless covered under the group contract.
- Treatment or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.
- Adult orthodontics.
- Experimental procedures which have not been accepted by the American Dental Association.

## **HOW DENTISTS ARE PAID**

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Delta Dental's payments are based on the applicable Delta Dental Maximum Plan Allowance or the dentist's actual fee, whichever is less. This is the Allowed Amount. The PPO Allowed Amount is accepted by PPO dentists as payment in full. Delta Dental Premier dentists accept the higher Premier Allowed Amount as payment in full.

- For services provided by PPO dentists, an enrollee is responsible for paying that portion of the PPO Allowed Amount not paid by Delta Dental.
- For services provided by Delta Dental Premier dentists, an enrollee is responsible for paying that portion of the Premier Allowed Amount not paid by Delta Dental.
- For services provided by non-participating dentists, an enrollee is responsible for paying the difference between the amount paid by Delta Dental (based on the Premier Allowed Amount) and the dentist's total charge.

Participating dentists are paid directly by Delta Dental and cannot bill enrollees more than the applicable coinsurance, deductible or charges where maximums have been exceeded for covered services. Delta Dental sends its benefit payment directly to participating dentists. Enrollees are responsible for paying non-participating dentists' total fee and submitting claims to Delta Dental for reimbursement of covered services. Delta Dental then sends its benefit payment directly to the enrollee.

## **ELIGIBILITY**

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Employees, spouses and dependent children to age 26, regardless of full-time student or marital status.

## **PREDETERMINATION (PRE-TREATMENT ESTIMATE)**

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Predetermination of benefits is a free service for enrollees that provides a pretreatment estimate of costs. Predetermination is recommended if treatment is expected to exceed \$300. Predetermination indicates whether planned services are covered, how much of the treatment costs will be paid by Delta Dental and how much is the enrollee's responsibility. Predetermination is useful in planning a course of treatment.





**HIGHMARK.**  
WESTERN NEW YORK

1-800-544-2583

bcbswny.com

**Benefit Summary:**

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

	Blue Value Dental 3 (2022)		
	In-Network	Out-of-Network	Additional Information
<b>General Information</b>			
Provider Network	Dental PPO		Members can receive dental services from a non-participating provider in the BlueCross BlueShield contracted network of providers. Non-participating dental providers are permitted to balance bill the member.
<b>Pediatric Benefits - 18 years and under</b>			
Out of Pocket Maximum	\$350 - 1 Child/\$700 - 2 or more Children (embedded)	Not covered	
Preventive / Diagnostic Care (exam, cleaning, x-rays)	\$25 copayment	Not covered	
Basic Restorative (fillings, extractions, periodontics, endodontics)	50% coinsurance	Not covered	
Major Dental (bridges, crowns, dentures)	50% coinsurance	Not covered	
Orthodontia (medically necessary)	50% coinsurance	Not covered	

	Blue Value Dental 3 (2022)		
	In-Network	Out-of-Network	Additional Information
<b>Adult Benefits - 19 years and older</b>			
Annual Benefit Maximum	\$2,000 per member (All covered services - in and out-of-network - accumulate to the annual maximum) per plan year	\$2,000 per member (All covered services - in and out-of-network - accumulate to the annual maximum) per plan year	
Deductible	\$50 per member / \$150 per family maximum, applies to Basic Restorative and Major Dental	\$50 per member / \$150 per family maximum, applies to Basic Restorative and Major Dental	
Preventive / Diagnostic Care (exam, cleaning, x-rays)	Covered in full (combined in & out of network)	Covered in full (combined in & out of network)	
Basic Restorative (fillings, extractions, periodontics, endodontics)	20% coinsurance after deductible (combined in & out of network)	20% coinsurance after deductible (combined in & out of network)	
Major Dental (bridges, crowns, dentures)	50% coinsurance after deductible (combined in & out of network)	50% coinsurance after deductible (combined in & out of network)	
<b>Pediatric &amp; Adult Benefits</b>			
Domestic Partner and Children	Covered		
Benefit Administration Date	Calendar year		

\*This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan.





**VSP SIGNATURE PLAN<sup>SM</sup>**  
**POLITICAL SUBDIVISION RATES**  
**2-9 Enrolled Employees**  
**For Clients Headquartered in New York**  
**Valid Until January 1, 2022**

Created by April Hartloff at Hartloff Benefits for Town of Aurora

The base rates quoted reflect VSP's standard in-network retail allowances of \$130 for frames and \$130 for elective contact lenses.

<u>Plan B</u>	
Eye Exam	12 Months
Lenses	12 Months
Frames	24 Months

MONTHLY RATES

\$20/\$20 CO-PAY

Rate Type	Employee Only	Employee + One	Employee + Children	Employee + Family
Base Rate	\$8.11	\$12.98	\$13.25	\$21.36
Anti-Reflective Coating	\$0.90	\$1.44	\$1.47	\$2.36
Premium Progressive Lenses	\$1.25	\$2.00	\$2.04	\$3.29
Scratch Resistant Coating	\$0.10	\$0.16	\$0.16	\$0.28
Contact Lens Allowance \$250	\$1.08	\$1.73	\$1.77	\$2.85
Frame Allowance \$250	\$1.11	\$1.77	\$1.81	\$2.91
Total	<b>\$12.55</b>	<b>\$20.08</b>	<b>\$20.50</b>	<b>\$33.05</b>

CURRENT GUARDIAN PREMIUM:

S: \$9.93

F: \$21.39

**Plan Guidelines**

- These rates assume 100% participation of all eligible employees and dependents. If employee contributions are involved, VSP requires 100% participation of those enrolled in the medical or dental plan.
- The first copay applies to the eye examination and the second copay applies to materials.
- Two Year Rate Guarantee.
- Contracts will be issued for two years unless other arrangements are made with VSP in advance.
- Rates are based on the agreement that VSP will receive these amounts over the full plan term.
- Other participation requirements must be discussed with your VSP Representative before quoting rates. Please contact your VSP Representative for voluntary rates or rates for clients that are political subdivisions (e.g., cities, counties, public school districts, etc.).
- Individual Experience is not available for Pooled Groups.
- Rates include all applicable taxes and health assessment fees known as of the date of the proposal.
- Platform participation and associated fees are not included.



## VSP 2-9 Employee Program

Clients with 2-9 employees can enjoy affordable eye care through the VSP 2-9 Employee Program under a two-year contract. Plus, we provide the online tools you need to help you easily administer your plan.

## Convenient Online Eligibility Management and Billing

The VSP 2-9 Employee Program requires the use of our online Eligibility Management and Billing tools. Manage membership, view bills, and make payments on the Clients & Benefit Managers Resource Center at [vsp.com](http://vsp.com), day or night, 365 days a year.

- **Eligibility Management:** Quickly add, edit, or terminate eligibility for single or multiple employees using our online eligibility management tool.
- **Billing:** Instead of a paper bill, we'll notify you when your bill is ready to view and pay online. Or you can make billing even simpler by setting up automatic payments.

## Contribution Options

Here are the options for you to structure your plan contribution levels.

Employer-Paid Options for Signature Plan

- **Option 1:** Employer contributes 100% for employees and dependents.
- **Option 2:** Employee contributes some level of premium. VSP is packaged with medical coverage on a joint enrollment basis and you determine your employees' contribution level(s).

Please refer to the rate page for additional participation guidelines.

## Personalize Your Plan

Make your eye care plan unique by adding covered-in-full lens enhancements. Here are a few of the most popular:

- **Premium Progressive Lenses:** Unlike traditional bifocal and trifocal lenses that have lines, progressive lenses are line-free. Also, the power gradually changes with distance.
- **Scratch-Resistant Coating:** Scratch-resistant coatings can be applied to plastic lenses to increase their resistance to normal scratching and pitting. The result? Longer lasting, clearer lenses.
- **Anti-Reflective Coating:** Anti-reflective (AR) coatings reduce "ghost" images, glare from lights at night, light reflecting off of the backside of a lens, and eyestrain caused by overhead lighting.

Give your employees more buying power. Upgrade your materials allowances for an additional minimal cost.

- **Frame Allowance Upgrade:** Increase the standard \$130 retail frame allowance to \$140, \$150, \$180, \$200, \$225 or \$250.
- **Contact Lens Allowance Upgrade:** Increase the standard \$130 contact lens allowance to \$140, \$150, \$180, \$200, \$225 or \$250.

## Why VSP Vision Care?

Did you know that only about 20% of Americans receive annual physicals each year, while up to 60% of Americans with vision care receive an annual eye exam? Eye care is about more than just getting glasses or contacts. Eye exams can catch early warning signs of serious health conditions, like diabetes, high blood pressure, and high cholesterol. In fact, your eyes are the only places on your body that provide a clear view of your blood vessels. This can tell a lot about your overall health and allow for early treatment of symptoms before costly complications arise. A study conducted by Human Capital Management Services found that for every \$1 invested in a VSP eye exam, clients can expect on average, a four-year total return on investment of \$1.45 in avoided medical costs and improved employee productivity.



## VSP Signature Plan® Proposal

The VSP Signature Plan includes a WellVision® Exam and quality prescription eyewear.

BENEFIT	VSP NETWORK PROVIDER <sup>1</sup>	OUT-OF-NETWORK PROVIDER <sup>1</sup>
WellVision Exam	Covered-in-full after copay	Reimbursed up to \$ 50
Contact Lens Exam – Fitting and Evaluation (when choosing contacts)	<b>Standard</b> and <b>premium fit</b> : covered-in-full after copay – 15% off contact lens exam services <sup>2</sup> ; copay will never exceed \$60	See elective contact lenses
Single Vision Lenses	Covered-in-full after copay	Reimbursed up to \$ 50
Lined Bifocal Lenses	Covered-in-full after copay	Reimbursed up to \$ 75
Lined Trifocal Lenses	Covered-in-full after copay	Reimbursed up to \$100
Lenticular Lenses	Covered-in-full after copay	Reimbursed up to \$125
Frame	Covered-in-full after copay up to \$130 allowance (\$50 wholesale) 20% off any amount exceeding retail allowance <sup>2</sup> Members selecting featured frame brands including bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more will receive an extra \$20 toward their frame allowance. <sup>3</sup>	Reimbursed up to \$ 70
Elective Contact Lenses	Covered up to \$130 (instead of lenses and frames) Mail-in savings <sup>4</sup> on eligible contacts	Reimbursed up to \$105 (includes contact lens exam and materials)
Necessary Contact Lenses <sup>5</sup>	Covered-in-full after copay (instead of lenses and frames)	Reimbursed up to \$210

BENEFIT	BENEFIT HIGHLIGHTS
	Covered after a copay – the following are some of our most popular enhancements:
	Standard Progressives Plastic Covered-in-full
	Premium Progressives Plastic \$80-90 copay
	Custom Progressives Plastic \$120-160 copay
	Solid Tints & Dyes (Pink I&II) Covered-in-full
	Solid Plastic Dye (except Pink I & II) \$13 copay
Lens Enhancements	Plastic Gradient Dye \$15 copay
	UV Protection \$14 copay
	Factory Applied Scratch-Resistant Coating \$15 copay
	Polycarbonate Lenses Covered-in-full for dependent children \$23 single vision or \$28 multi-focal copay
	Standard Anti-Reflective Coating \$37 copay
	Photochromic Lenses Plastic \$70 single vision or \$70 multi-focal copay
Primary EyeCare Plan <sup>SM</sup>	Supplemental medical coverage for specialty eye care services and conditions \$20 copay <sup>6</sup> per visit
Low Vision	Supplemental testing covered every two years 75% of the cost for approved low vision aids, \$1,000 maximum (less any amount paid for testing)
Additional Glasses	30% off <sup>2</sup> unlimited additional complete pairs of prescription and non-prescription glasses (includes sunglasses) <sup>7</sup>
Laser VisionCare Program	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK <sup>8</sup> Members who've had LVC surgery can use their frame benefit for non-prescription sunglasses
Retinal Screening	Guaranteed pricing on a routine retinal screening – \$39 maximum <sup>2</sup>
Exclusions and Limitations <sup>9</sup>	There may be some materials and services with either limited or no coverage under this plan Please contact your VSP representative for more information

<sup>1</sup> When covered-in-full services are obtained from a VSP network provider, the patient will have no out-of-pocket expense other than any applicable copays. Services and eyewear obtained through out-of-network providers are subject to the same copayments and limitations. Please refer to rate page.

<sup>2</sup> Based on applicable laws, benefits may vary by location.

<sup>3</sup> Reflects current promotion, evaluated annually. Promotion/featured frame brands are subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

<sup>4</sup> Rebates subject to change.

<sup>5</sup> Necessary contact lenses and fitting and evaluation are covered-in-full for members who have specific conditions for which contact lenses provide better visual correction.

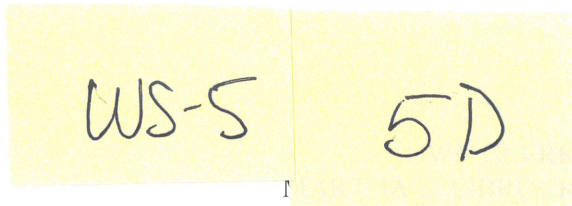
<sup>6</sup> The VSP Primary EyeCare Plan pays secondary to other medical eye insurance coverage.

<sup>7</sup> 30% off applies to glasses purchased the same day as the member's eye exam from the same VSP network provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP network provider within 12 months of the last covered eye exam.

<sup>8</sup> LaserVision Care discounts are only available from VSP-contracted facilities. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member.

<sup>9</sup> Coverage shall be governed solely by the terms of your VSP contract.

SUPERVISOR  
JAMES J. BACH  
(716) 652-7590  
[jbach@townofaurora.com](mailto:jbach@townofaurora.com)



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**TOWN OF AURORA**  
575 Oakwood Avenue, East Aurora, NY 14052  
[www.townofaurora.com](http://www.townofaurora.com)

## MEMO

---

TO: Aurora Town Board  
FROM: Kathleen Moffat  
RE: Part Time Assistant Code Enforcement Officer  
DATE: 11/22/21

A handwritten signature in black ink, appearing to be 'Liz Cassidy'.

On behalf of Code Enforcement Officer Liz Cassidy, I respectfully request approval to appoint James Kittner, 7 Victoria Heights, East Aurora, NY, as the second Part Time Code Enforcement Officer, effective 11/29/21. His rate of pay will be \$20.60/hour.

Jim is a current employee in our Highway Department and is looking for a new challenge. He retired from the Town of West Seneca after serving in a variety of positions and brings a wealth of knowledge and experience with him.





WS-7

5F

**TOWN OF AURORA**  
Aurora Municipal Center

To: Aurora Town Board  
From: Martha Librock, Town Clerk  
Date: November 18, 2021  
Re: Copier Lease

The lease on our four copiers (Town Clerk, Senior Center, Recreation and Building Dept.) is up in mid-December. Sharp Electronics Corp. has copiers on the SourceWell contract that fit the needs of these departments. The lease is for five years. I'm requesting approval to lease four Sharp copiers through Eagle Systems, 2421 Harlem Road, Buffalo, NY 14225, at a cost of \$388/mo. The current lease we are in was established five years ago at \$268.97/mo. Eagle Systems will provide maintenance and supplies (excluding paper and staples) for \$920.00 annually for all four copiers, plus color overages at \$.0547.

Copier Fax Business Technologies (Konica Minolta) and United Business Systems (Canon) also submitted proposals that were comparable (costwise) to the Eagle System proposal. Since we currently lease Sharp Copiers and have been pleased with the performance and ease of use of the machines and the service provided by Eagle Systems, I would like to continue with Sharp copiers and Eagle Systems. The SourceWell contract number is 03021-SEC.

CANON/UBS

# OLUTION DETAILS



	Manufacturer	Model	Description
	Canon	imageRUNNER ADVANCE DX C3835i	imageRUNNER ADVANCE DX C3835i Cassette Feeding Unit-AW1 Inner Finisher-L1 Super G3 FAX Board-BH1 Surge #150; 120V 15 amp
1	Canon	imageRUNNER ADVANCE DX C3835i	imageRUNNER ADVANCE DX C3835i Cabinet Type-W Inner Finisher-L1 Surge #150; 120V 15 amp
2	Canon	imageRUNNER ADVANCE DX 4735i	Monochromatic Digital Multifunction Imaging Copier Up To 35 ppm Single Pass DADF-C1 Cabinet Type-Q

### Customer Care Service Agreement

The Customer Care Service Agreement includes 8,300 B/W images monthly with overages to be billed at \$.008 per image and 5,300 Color images monthly with overages to be billed at \$.06000 per image.

This Customer Care Service Agreement includes all Toner, Parts, Labor, travel and guaranteed same day service response. In addition this agreement provides UBS Help Desk for remote resolutions. We include remote diagnostic, auto meter reading and auto toner replenishment. Delivery, Installation, training and Networking are included and done by a technical support representative. Pricing does not include sales tax.

	<u>60 Month</u>
Monthly Lease Investment	\$406.79
Customer Care Service Agreement	\$384.40

### Program Notes:

This program includes delivery, set up and training on the new systems. We will also network the systems to be able to print/copy/scan and fax.

We will remove the SHARP Systems, clear the hard drives and ship the systems back to the current leasing company.

This program is using Government pricing that was developed by Canon.

SHARP / EAGLE SYST

Service and Supply Agreement for 25,000 black pages per quarter billed at \$230.00. Overages billed quarterly at \$.0087. Color pages will be billed quarterly at \$.0547 per page based on actual usage. Excludes paper and staples.

**CURRENT MONTHLY EXPENSE**

Monthly Lease Payment	\$ 268.97
Monthly Black Cost	\$ 111.83
Monthly Color Cost	\$ 128.04
<b>Total Expense</b>	<b>\$ 508.84</b>

**PROPOSED MONTHLY EXPENSE**

Monthly Lease Payment	\$ 388.06
Monthly Black Cost	\$ 76.66
Monthly Color Cost	\$ 79.58
<b>Total Expense</b>	<b>\$ 544.30</b>

ESTIMATE  
BASED ON  
PRIOR USE

**Benefit Summary**

- ✓ Scan to Email, folder, file, FTP, and flash drive
- ✓ EagleAudit for meter readings and supply orders
- ✓ Data security
- ✓ ProMaster's Service Award for 26 years
- ✓ Average tenure of Service Technicians is 15 years
- ✓ All Service Technicians are trained directly by manufacturer
- ✓ World class equipment from a top 10 electronics manufacturer
- ✓ Fully committed independent dealership will provide top quality service, support, and advice from HQ location

Lease payment excludes one time documentation fee, tax and insurance.

Pricing valid till December 23<sup>rd</sup>, 2021.



KONICA MINOLTA / COPIER  
FAX

## Financial Recommendations

Term	Monthly Payment
36	\$460.08
48	\$366.74
60	\$304.87

*\*Locked in for term of the lease*

### Included in the lease pricing:

- 4 NEW bizhubs backed by Customer One Guarantee and serviced by CFBT - a 14 consecutive year certified ProTech dealer.
- Stapling and faxing on MFPs for Clerk's Office.
- SSD Drives for enhanced security, faster response time & noise reduction.
- Removal, wipe hard drive, storage and return of existing machines to leasing company at no charge.
- Installation and delivery.
- Training sessions for each department and machine.
- Toner tracking of all devices and will auto ship toner when toner level reaches 20% threshold.

### Service:

#### Included each year (Base):

- \$200 per quarter includes 25,000 mono copies.

#### Overages:

Mono copies billed at **\$0.007 per Mono copy**.

Color copies billed at **\$0.05 per Color copy**.

Our service includes all shipping, parts, labor, toner, and service calls excluding paper and staples.

For more features of Service, see Service & Support section.

Overage rate subject to escalation after year 1, to not exceed 10%.

WS-8

Dear Mr Supervisor:

I would like to introduce myself to you and submit my candidacy for one of the vacant alternate positions on the Town of Aurora Open Space Committee.

I have been a full time resident of the Town of Aurora for the last 4 years. Prior to moving back to East Aurora, I lived and worked in California, however I lived in the village of East Aurora for 3 months each year during the summers. I also grew up in East Aurora until I was 21 years old, having been educated at Parkdale Elementary, East Aurora Middle School and graduating from East Aurora High School.

My parents Susan and James Brazill have been active members of the East Aurora Community for the last 60 years. They both also graduated from East Aurora High School as well as my sister Kelly Brazill Shanahan. My two nieces and my nephew also graduated from the East Aurora school systems. My family is deeply rooted and active in the East Aurora community.

My mother was a teacher at BOCES/Ormsby and the field hockey coach at EA High School for more than 35 years. She has served as President of the Aurora Adult Day Services, an active member of the Rural Outreach Center programs, the Aktion Club and she was elected Grand Marshall of the East Aurora 4th of July Parade.

My father Jim Brazill was President of the local Kiwanis Club for more than ten years and both my parents are active members and supporters with the Boys and Girls Club of East Aurora, Moose Club, Legion, Aktion Club and

I have been an active board member of the West Falls Center for the Arts for the last three years, and a member of the East Aurora Boys and Girls Club Alumni Program.

I own and produce the Borderland Music Festival which has contributed almost \$60,000 to Knox Farm State Park over the last three years as well as supporting many local businesses, restaurants, hotels and community programs. Borderland Festival has a dedicated focus on sustainability and environmental protection. We boast an 87% waste diversion rate as well as a plastic free festival. We support many local environmental non profits including the Friends of Knox and Buffalo Niagara Waterkeeper. I also own a consulting business called Ginger Root Productions which helps other events and small businesses implement more sustainable practices. I am very passionate about the community that I grew up in and want to become more involved, in particular with the open spaces and land protection.

Thank you so much for your consideration for joining the committee and I look forward to hearing back from you!

All the best,

Jennifer Brazill