

**TOWN OF BRIGHTON TOWN BOARD
FINANCE AND ADMINISTRATIVE SERVICES COMMITTEE
MEETING AGENDA**

Meeting Date: Wednesday, October 15, 2025 (8:30 a.m.)

Location: Empire State University Room #159

1. Approval of Minutes – Receive and file minutes from October 1, 2025.
2. Request for Town Board to authorize the Town Supervisor to sign a change order with Ravi Engineering for the in order to complete the final inspection services for the French Road Bridge Project which would exceed the approved 10% authorization by \$2,755 (DPW) – Request from Ken Hurley for the Town Board to authorize the Town Supervisor to sign a change order with Ravi Engineering in order to complete the final inspection services for the French Road Bridge Project which would exceed the approved 10% authorization to exceed the base bid (\$120,000) by \$2,755 at a total of \$134,755 (see letter from K. Hurley).
3. Request for the Town Board to approve a budget amendment transferring \$15,280 from the General Fund to the Capital Project Fund to finance the final portion of the French Road Bridge Repair (DPW) – Request from Ken Hurley for the Town Board to approve a budget amendment transferring \$15,280 from the General Fund (A.UNDST.9.10) to the Capital Project Fund (H.BRIDGE.FRNC.5010) to finance the final portion of the French Road Bridge Repair (see letter from K Hurley).
4. Request for the Town Board to approve a purchase from Magniflood three (3) harp style luminaires in the amount of \$7,155.00 to repair lights damaged along Elmwood Avenue near I-590 (DPW) – Request from Glen Layton for Town Board action to approve a purchase from Magniflood three (3) harp style luminaires in the amount of \$7,155.00 to repair lights damaged along Elmwood Avenue near I-590 after they were the lowest bidder to respond to an RFP (see letter from G Layton).
5. Request for Town Board to authorize the Town Supervisor to sign a change order with Landry Mechanical in order to complete additional plumbing work (PCO #18,19, & 20) which would exceed the approved 10% authorization (DPW) – Request from Glen Layton for the Town Board to authorize the Town Supervisor to sign a change orders with Landry Mechanical in the amount of \$19,536.34 in order to complete additional plumbing work (PCO #18,19 & 20) which would exceed the approved 10% authorization to exceed the base bid (see letter from G. Layton).

6. Request for Town Board to authorize the Town Supervisor to sign a change order with Milestone Construction Partners in order to complete additional general construction work (PCO #40 & 42) which would exceed the approved 10% authorization (DPW) – Request from Glen Layton for the Town Board to authorize the Town Supervisor to sign a change orders with Milestone Construction Partners in the amount of \$10,120.00 in order to complete additional general construction work (PCO #40 & 42) which would exceed the approved 10% authorization to exceed the base bid (see letter from G. Layton).
7. Request for the Town Board to approve MVP health plan rates for 2026 and authorize the Town Supervisor to execute related contracts (Personnel) – Request from Tricia VanPutte for Town Board action to approve the renewal of the current health insurance plans for both active employees and pre-65 retirees as related to MVP for 2026 with rates as provided in addition to approving the Health Savings Account contributions for employees selecting the HDHP option at the same rate of \$800.00 single, \$1,600.00 2-person and \$2,000.00 family coverages with 50% of the total contribution being contributed in January and the remaining balance being distributed over the payroll period with exceptions, as policy allows, for demonstrated hardship cases and authorize the Town Supervisor to execute any agreements as needed (see letter from T VanPutte).
8. Request for the Town Board to approve Dental 2026 rates and authorize related contracts (Personnel) – Request from Tricia VanPutte for Town Board action to approve the dental insurance rates for both active employees and retirees as related to dental benefits for 2026 and authorize the Town Supervisor to execute any agreements as needed for this benefit plan. For 2026 our Town rates will increase \$0 monthly for each plan type (Single options increasing by \$0 monthly and Family options increasing by \$0 monthly) and an increase of \$.19 in the administrative fee (\$5.05 from \$4.86) charged by Excellus. (see letter from T VanPutte).
9. Request for the Town Board to approve Flexible Spending Administration participant monthly rate – Lifetime Benefit Solutions, Inc. for 2026 and authorize related contracts (Personnel) – Request from Tricia VanPutte for Town Board action to approve the per participant monthly rate of \$3.15 (no change from the 2025 rate) and a compliance service rate of \$325 annually (no change from the 2025 rate) and authorize the Town Supervisor to execute the contract and any related documents (see letter from T VanPutte).
10. Request for the Town Board to approve EyeMed Vision/Eyewear Benefit for 2026 and authorize related contracts (Personnel) – Request from Tricia VanPutte for Town Board action to approve the EyeMed Vision/Eyewear Benefit rates for 2026 from this FLMHIT program began in 2018 that is a benefit with no premium cost to the town and whose rates remain unchanged from January 2022 and authorize the Town Supervisor to execute any agreements as needed for this benefit plan (see letter from T VanPutte).

11. Request for the Town Board to approve Excellus Medicare Supplemental plan rates for 2026 for post-65 retirees and authorize related contracts (Personnel)
– Request from Tricia VanPutte for Town Board action to approve the Excellus Medicare Supplemental insurance plan for the post-65 retirees for 2026 with rates as provided and authorize the Town Supervisor to execute any agreements as needed for this benefit plan (see letter from T VanPutte).
12. Request for the Town Board to approve Teamsters' Health Plan rates for 2026 and authorize related contracts (Personnel) – Request from Tricia VanPutte for Town Board action to approve the health insurance 2026 rates related to the Teamsters' health plan for the Teamster Local 118 members with rates as provided and authorize the Town Supervisor to execute any agreements as needed for this benefit plan (see letter from T VanPutte).
13. Presentation of the Supervisor's 2024 Town Budget Report for the Nine-month Period Ended September 30, 2024 (E Johnson, Director of Finance).
14. Town Hall Renovation progress update (ongoing when necessary).

EXECUTIVE SESSION – Discuss employment of a particular person

**The next regularly scheduled meeting of the FASC will be held on
WEDNESDAY, November 5, 2025, at 8:30 a.m.
in ROOM #159 at Empire State University, 680 Westfall Road.
All members of the public are invited to attend FASC meetings.**

****AS PER THE REGULAR SCHEDULE****



Town of
Brighton

Public Works Department

Commissioner of Public Works – Glen Layton

Ken Hurley, P.E.
Town Engineer

October 7, 2025

The Honorable Finance and Administrative Services Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, New York 14618

Re: French Road Bridge- Ravi Engineering Inspection Contract

Dear Councilperson Salzman and Committee Members:

At the April 16, 2025, Town Board meeting, the Board approved awarding of the Construction Inspection contract for the French Road Bridge project to Ravi Engineering for \$120,000. The Board further approved the Supervisor to be authorized to execute necessary change orders up to 10% of the contract, for a total project cost of \$132,000.

The French Road Bridge project has been completed, and the final construction invoice has been submitted to the Town by Ravi Engineers. The final construction inspection cost was \$134,755. This amount exceeds the contract amount by 12% (\$14,755) and the approved 10% contingency amount by \$ 2,755.

Construction Inspection contracts are based on anticipated costs that can vary depending on Prime Contractor work hours and schedule, field testing requirements, unanticipated site conditions, and design changes. These factors had all contributed to the minor increase in inspection services that created the overage of anticipated costs. I recommend that the Supervisor be authorized to sign a change order to Ravi Engineering for this work that exceeded the previously authorized project amount by \$ 2,755, for a total approved project cost of \$134,755.

As always, thank you for your consideration. A member of the DPW will be in attendance at your regularly scheduled October 15, 2025, meeting in the event that you have any questions regarding this matter. As always, your consideration of matters such as this is greatly appreciated.

Sincerely,

Ken Hurley, P.E.
Department of Public Works

Cc: Glenn Layton



Town of
Brighton

Public Works Department

Commissioner of Public Works – Glen Layton

Ken Hurley, P.E.
Town Engineer

October 7, 2025

The Honorable Town Board
Town of Brighton
2300 Elmwood Avenue
Rochester, New York 14618

RE: Final Budget Amendment - French Road Bridge Repair Project

Dear Town Board Members:

In November 2024 the Town Board approved a new budget because the difference between the updated projected total project cost and the available funding was \$144,837. Therefore, \$100,000 was transferred from the General Fund (Transfer to Capital Project Fund A.UNDST.9.10), and \$45,000 was transferred from the Highway Fund (Transfer to Capital Project Fund D.HWY.5120.9.10) to the Capital Fund (Transfer from General Fund H.BRIDG.FRNC.5010 and Transfer from Highway Fund H.BRIDG.FRNC.5015) so that this project was fully funded in 2025. Final costs were slightly higher so this a request to fully fund the completed project. The reason for most of this budget amendment and additional funding is that the actual inspection services came in about \$15,000 higher than originally expected.

November 2024 French Road Bridge Rehabilitation Budget:

Construction/Repair/Inspection	\$670,590
Inspection Services	\$120,000
<u>Engineering Fees</u>	\$150,000
Expenses	\$940,590

Final Budget Need:

Construction/Repair/Inspection	\$671,795
Inspection Services	\$134,755
<u>Engineering Fees</u>	\$149,515
Expenses	\$956,065

The new difference between the current projected total project cost and the current available funding is \$15,475 less \$195 in interest totaling \$15,280. I am requesting that \$15,280 be transferred from the General Fund (Transfer to Capital Project Fund A.UNDST.9.10) to the Capital Fund (Transfer from General Fund H.BRIDG.FRNC.5010) so that this project will be fully funded.

Thank you for your consideration.

Sincerely,

Ken Hurley, P.E.
Department of Public Works



Town of
Brighton

Public Works Department

Glen Layton
Commissioner of Public Works

October 12, 2025

Honorable Finance and Administrative Services
Committee Town of Brighton
2300 Elmwood Ave.
Rochester, NY 14618

Re: Purchase of Three (3) Harp Luminaires – Magniflood Inc.

The Department of Public Works (DPW) is seeking authorization to purchase three (3) harp style luminaires to repair luminaires that were damaged along Elmwood Avenue near I-590. The Town of Brighton DPW solicited proposals from light vendors on 8/22/2025, seeking pricing for LED harp style luminaires. Five vendors were sent the RFP, and only two vendors provided a response (MagniFlood and Lightspec).

Both of the vendors that responded to the RFP provided specification sheets that meet the Town's requirements. The immediate need for the Town is to procure only three (3) harp style luminaires at this time. It is my recommendation to award this procurement to MagniFlood Inc. who had the lowest price quote which was \$7,155.00.

As always, thank you for your consideration. I will be in attendance at your regularly scheduled October 15, 2025, meeting in the event that you have any questions regarding this matter.

Sincerely,

Glen Layton
Commissioner of Public Works

MAGNIFLOOD INC.

Sept. 2, 2025

Town of Brighton
Attn: Brendan Ryan, Supt.
680 Westfall Road
Rochester, NY 14618

RE: Response to RFP for LED Harp Streetlight Luminaire Sourcing

Dear Mr. Ryan,

Thank you for the opportunity to offer a proposal for the (3) HARP fixtures you are interested in purchasing. This proposal is valid for a period of 90 days but may be extended at the discretion of MagniFlood Inc.

The unit cost of the HARP-LED40-4K-T3-EXT-RAL9007 luminaire is \$2385.00 each. The total cost of (3) luminaires, as proposed, is \$7155.00, delivered. The lead time for this material would be 45 days after receipt of a written purchase order.

Respectfully,

Anita Greene

Anita Greene, MagniFlood Inc.
MagniFlood Inc.
7200 New Horizons Blvd.
Amityville NY 11701
631-226-1000
anita@magniflood.com



Town of
Brighton

Public Works Department

Glen Layton
Commissioner of Public Works

October 12, 2025

Honorable Finance and Administrative Services
Committee Town of Brighton
2300 Elmwood Ave.
Rochester, NY 14618

Re: Town Hall Renovation -Landry Mechanical (Contract #3)

At the November 13, 2024 Town Board Meeting, the Board approved awarding of the Town Hall Renovation Contract #3 (Plumbing) to Landry Mechanical for the bid amount of \$396,482.00. The Board further approved the Supervisor to be authorized to execute necessary change orders up to 10% of the base bid (\$39,648.20). Currently the Supervisor has approved change orders in the amount of \$142,184.63.

Landry Mechanical has submitted Change Orders (CO) for the Plumbing work being done as part of the Town Hall Renovation. Below is a description of the work to be done for each CO.

1. PCO#18 is \$6,366.11, which reflects additional work associated with repairing a leaking roof drain assembly which was identified in the finance office during construction.
2. PCO#19 is \$4,499.41, which reflects additional work to change the vestibule drain lines in the rear of the building to copper from cast iron to provide proper overhead clearance at the entryway.
3. PCO#20 is \$8,670.82, which reflects additional work to insulate existing piping in building that was removed as part of asbestos abatement.

This proposal would increase the total change order amount over the authorized 10% of the base general construction contract amount. I recommend that the Supervisor be Authorized to sign a change order for this work in the amount of \$19,536.34.

As always, thank you for your consideration. I will be in attendance at your regularly scheduled October 15, 2025, meeting in the event that you have any questions regarding this matter.

Sincerely,

Glen Layton
Commissioner of Public Works



Town of
Brighton

Public Works Department

Glen Layton
Commissioner of Public Works

October 12, 2025

The Honorable Finance and Administrative Services Committee
2300 Elmwood Ave.
Rochester, NY 14618

Re: Town Hall Renovation – Milestone (Contract #1)

Dear Board Members:

At the November 13, 2024 Town Board Meeting, the Board approved awarding of the Town Hall Renovation Contract #1 (General Construction) to Milestone Construction Partners Inc. for the bid amount of \$3,860,000.00. The Board further approved the Supervisor to be authorized to execute necessary change orders up to 10% of the base bid (\$386,000). Currently the Supervisor has approved change orders in the amount of \$543,641.02.

Milestone has submitted Potential Change Orders (PCO) for the General Construction work being done as part of the Town Hall Renovation. Below is a description of the work to be done for each of the PCOs.

1. PCO#40 is \$6,957.00, which reflects additional work associated with installing W3 windows at two locations in the basement (IT wing) which were not included in the final construction drawings approved.
2. PCO#42 is \$3,163.00, which reflects additional work associated with painting the facility mechanical room and garage.

The total cost for the PCO's is \$10,120.00. This proposal would increase the total change order amount over the authorized 10% of the base general construction contract amount. I recommend that the Supervisor be Authorized to sign a change order for this work in the amount of \$10,120.00.

As always, thank you for your consideration. I will be in attendance at your regularly scheduled October 15, 2025, meeting in the event that you have any questions regarding this matter.

Sincerely,

Glen Layton
Commissioner of Public Works



Town of
Brighton

Personnel Department

Tricia Van Putte
Director of Personnel

October 4, 2025

Honorable Town Board
Finance and Administrative Services Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, NY 14618

Re: Health Plan Renewals for 2026

Dear Board Members:

Attached are the proposed renewal rates and plan summaries for 2026 for the health plans that are currently being offered through the Town to eligible employees and retirees (under 65).

I am recommending that the Town Board authorize the renewal of the current health plans, including the \$3,000/\$6,000 High-Deductible Health Plan along with a Health Savings Account contribution to eligible active non-represented Town employees and authorize the Supervisor to sign any related documents with MVP. Regarding the Health Savings Account contributions, I am recommending that the contributions for 2026 remain as is: \$800.00 single, \$1,600.00 2-person and \$2,000.00 family with 50% of the amount being contributed in January and the remaining balance distributed equally over the remaining payroll pay periods with the exceptions, as policy allows, for demonstrated hardship cases.

I will be happy to respond to any questions that members of the Committee or other members of the Town Board may have regarding this matter.

Sincerely,

Tricia Van Putte
Director of Personnel

CC: E Johnson

MVP Health Insurance Rates 2025 & 2026

Current 2025 Monthly Rates

2025 Active Employees & Pre-65 Retiree Rates			
	Mid Plan	Core Plan	HDHP 3000
Single	\$1,243.92	\$1,193.00	\$786.32
2 Person	\$2,798.91	\$2,684.32	\$1,769.28
Family	\$3,274.27	\$3,140.22	\$2,069.77

NEW 2026 Monthly Rates

2026 Active Employees & Pre-65 Retiree Rates			
	Mid Plan	Core Plan	HDHP 3000
Single	\$1,416.83	\$1,358.78	\$895.62
2 Person	\$3,187.99	\$3,057.35	\$2,015.21
Family	\$3,729.42	\$3,576.60	\$2,357.46
Compared to 2025	13.90%	13.90%	13.90%



Medical Renewal History

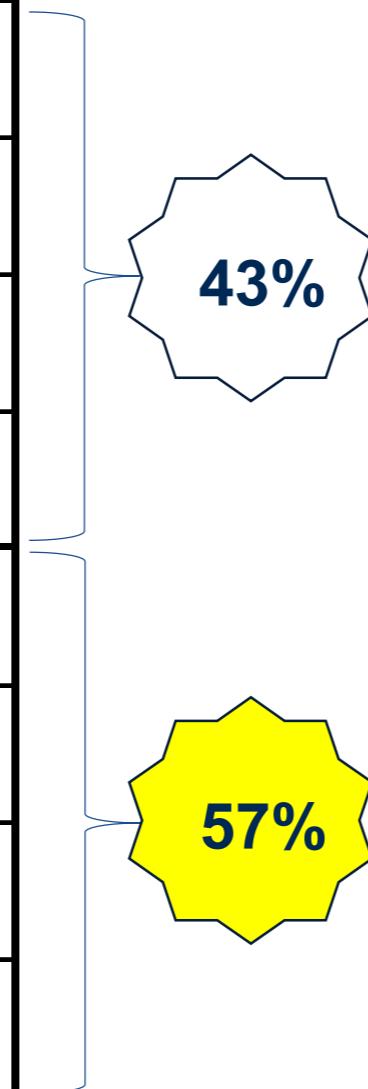
2026 FLMHIT Employee/Pre-65 Medical Plan Review

Benefit Highlight	2025 Finger Lakes Municipal Health Insurance Trust (FLMHIT) <u>Custom</u> Health Benefit Plans							
	High Plan	Mid Plan	Core Plan	Hybrid Plan	HDHP \$1,700/\$3,400	HDHP \$1,800/\$3,600	HDHP \$3,000/\$6,000	HDHP \$6,000/\$12,000
Primary Care physician	\$5	\$15	\$25	\$30	20% Coinsurance after the deductible	20% Coinsurance after the deductible	Deductible	Deductible
Specialist	\$10	\$20	\$40	\$50	20% Coinsurance after the deductible	20% Coinsurance after the deductible	Deductible	Deductible
Preventive	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Diagnostic Lab	Covered in Full	Covered in Full	Covered in Full	Covered in Full	20% Coinsurance after the deductible	20% Coinsurance after the deductible	Deductible	Deductible
Diagnostic X-Ray	\$10	\$20	\$40	\$50	20% Coinsurance after the deductible	20% Coinsurance after the deductible	Deductible	Deductible
Inpatient Hosp.	Covered in Full	\$100	\$300	20% Coinsurance after the deductible	20% Coinsurance after the deductible	20% Coinsurance after the deductible	Deductible	Deductible
Outpatient Surgery	Covered in Full	Facility: \$50 Physician: \$20	Facility: \$75 Physician: \$40	20% Coinsurance after the deductible	20% Coinsurance after the deductible	20% Coinsurance after the deductible	Deductible	Deductible
Rx- 30-day retail	\$5, \$0 generic for kids to age 26	\$5/\$20/\$35, \$0 generic for kids to age 26	\$5/\$30/\$50, \$0 generic for kids to age 26	\$5/\$35/\$70, \$0 generic for kids to age 26	\$5/\$35/\$70 Copay after the Deductible, Preventive medications not subject to the deductible	10%/30%/50% Coinsurance after the Deductible, Preventive medications not subject to the deductible	Deductible, Preventive medications not subject to the deductible	Deductible, Preventive medications not subject to the deductible
Deductible Individual/Family	N/A	N/A	N/A	S-\$750/ 2P-\$1,500 / F-\$1,875	S- \$1,700 F- \$3,400	S- \$1,800 F- \$3,600	S- \$3,000 F- \$6,000	S- \$6,000 F- \$12,000
Coinsurance	N/A	N/A	N/A	20%	20%	20%	0%	0%
Out-of-Pocket Maximum Individual/Family	S- \$6,600 F- \$13,200	S- \$6,600 F- \$13,200	S- \$6,600 F- \$13,200	S- \$3,000 F- \$6,000	S- \$3,000 F- \$6,000	S- \$3,000 F- \$6,000	S- \$6,000 F- \$12,000	S- \$6,000 F- \$12,000

*This plan design contains only a general description of the coverage and does not constitute a policy contract. For complete information including exclusions, Limitations and conditions, refer to the policy document. Neither the carrier nor Brown & Brown will be held responsible for typographical or clerical errors.

FLM HIT Renewal History

Contracts By Plan	Dec-10	Mar-25
High	11%	0.5%
Mid	40%	7.8%
Core	30%	28.0%
Hybrid	0%	6.9%
\$1,650 HDHP	0%	1.0%
\$1,800 HDHP	19%	28.8%
\$3,000 HDHP	0%	26.9%
\$6,000 HDHP	0%	0.1%
Total	100%	100%



Year	Community	FLM HIT Rate Increase (claims+ACA)
2011*	12.5%	1.10%
2012	12.0%	12.50%
2013	14.2%	12.50%
2014	15.0%	7.00%
2015	12.5%	10.00%
2016	13.0%	9.90%
2017	9.7%	5.70%
2018	11.3%	9.45%
2019	4.7%	4.85%
2020	12.6%	-3.95%
2021	13.5%	4.40%
2022	12.0%	5.00%
2023	13.0%	7.50%
2024	14.5%	11.95%
2025**	16.6%	15.90%
15 Year Avg	12.5%	7.6%

5 Year Average Increase (2021 – 2025): 8.95%

15 Year Average Increase (2011 – 2024): 7.59%

* 2011 net premium increase due to plan migration was -6.4%

** 2025 Community Rated increase average net of plan changes

4-Year FLMHIT Renewal Recap

Over the past four years, FLMHIT has enjoyed ***below market*** increases. Increased global healthcare utilization, national inflation, and provider reimbursement increases have contributed to unprecedeted volatility which has made predictability challenging. All four negotiated renewals (2022-2025) were, in part, intended to mitigate the reaction to the post pandemic healthcare utilization costs in anticipation of a settling trends. During normal periods, trends are approaching “normal” on an annual basis, they’re not down or flat, thus premium needs to “catch up”.

Below are examples of the financial impact of settled premium relative to utilization impacts:

2022 Negotiated “Renewal Rate Cap” (negotiated prior to NYS change but honored by MVP)

- +7.44% Calculated Renewal
- +5.00% Actual Renewal (-2.44% difference)

2023 Marketing (Aggressive Excellus proposal forced premiums lower)

- +12.50% Calculated Renewal
- +7.50% Actual Renewal (-5.0% difference)

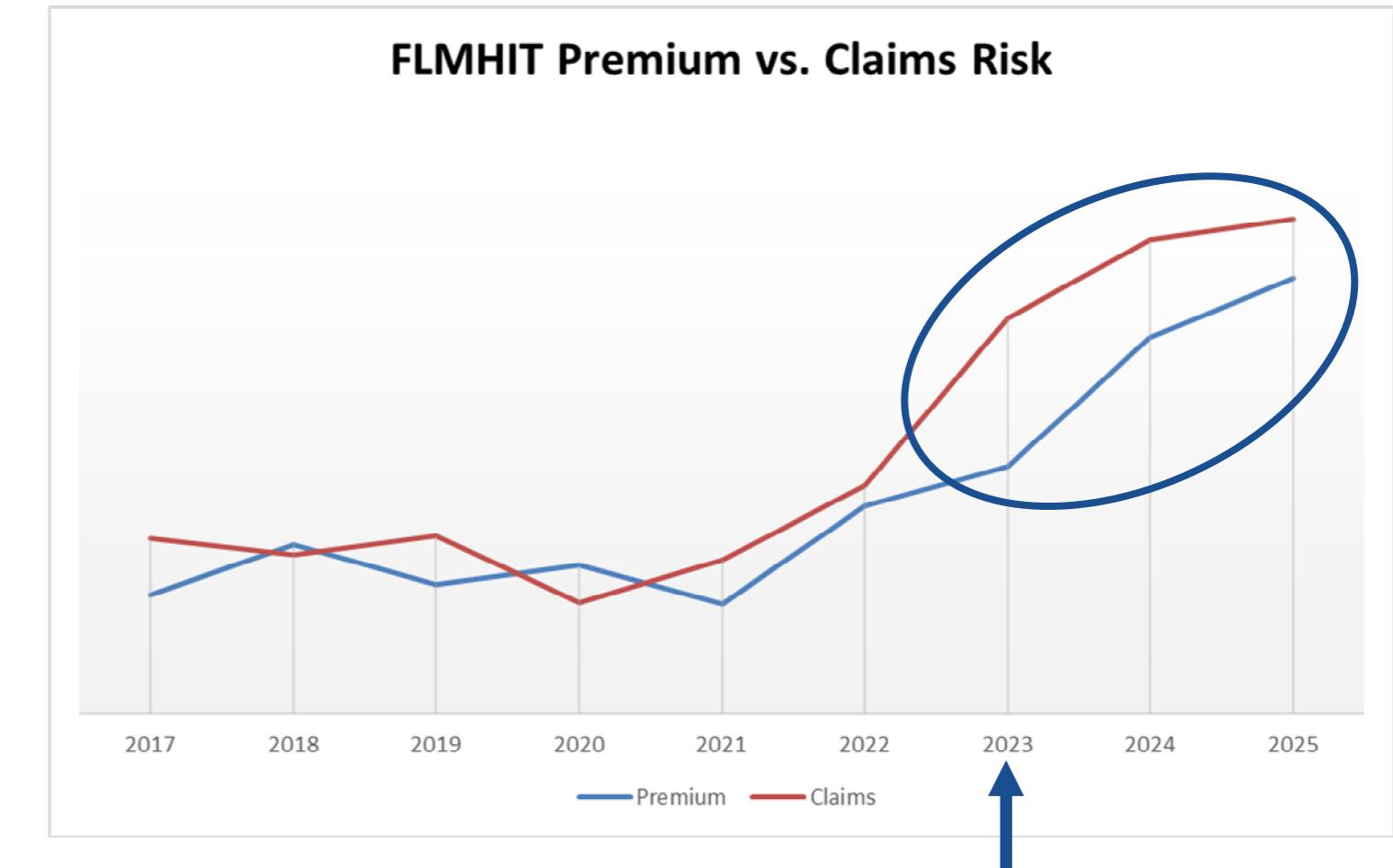
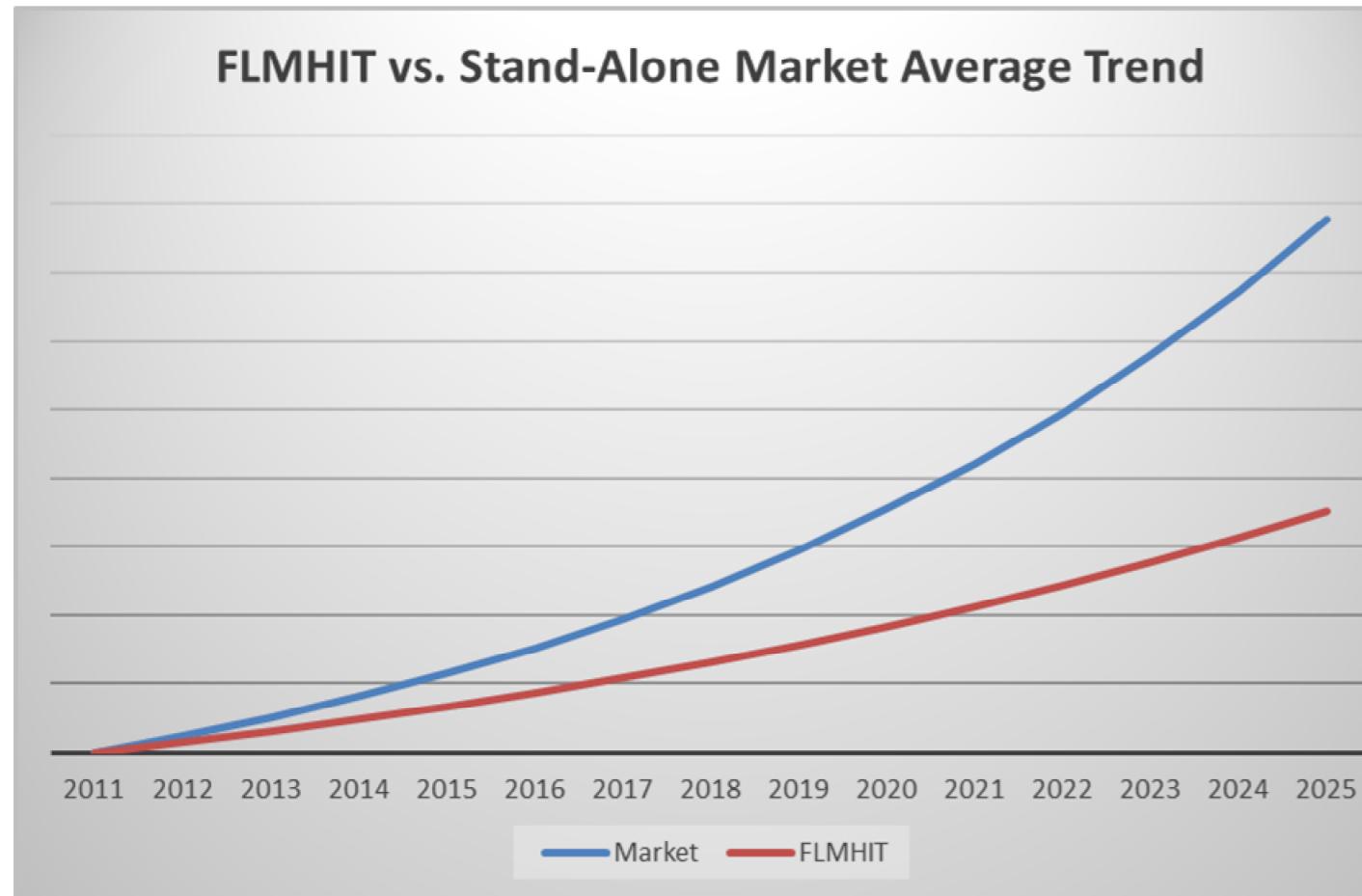
2024 Renewal (First double digit increase renewal in a decade in attempt to right size/stabilize the financials)

- +18.55% Calculated Renewal
- +11.95% Actual Renewal (-6.6% difference)

2025 Renewal

- +27.04% Calculated Renewal
- +15.9% Actual Renewal (-11.14% difference)

FLMHIT Historical Benchmarks



Historical Considerations:

- ~ 4.5% below large group market trends annually (compounded)
- Premium catching up to claims performance
 - Double digit claims trend over last four years
- 57% in HDHPs (lower aggregate premium)
- 2023 marketing artificially lowered premium relative to claims risk
 - Last few renewals are “chasing the claims”

Marketing Year

Historical Carrier Annual Healthcare Trends

Renewal	MVP	Excellus
2017	9.3%	10.9%
2018	6.9%	9.7%
2019	9.6%	7.1%
2020	5.7%	7.8%
2021	5.5%	12.0%
2022	5.5%	9.0%
2023*	N/A	N/A
2024	6.8%	9.6%
2025	7.6%	10.1%
2026	9.3%	10.7%
Average	7.6%	9.6%

* Marketing Year, no formal trend provided

2026 FLMHIT Medical Plan Renewal Rates

CURRENT 2025 Monthly Rates

2025 Active Employees & Pre-65 Retiree Rates								
	High Plan	Mid Plan	Core Plan	Hybrid Plan	HDHP 1600	HDHP 1800	HDHP 3000	HDHP 6000
Single	\$1,505.56	\$1,243.92	\$1,193.00	\$1,055.34	\$906.85	\$816.39	\$786.32	\$695.42
2 Person	\$3,387.61	\$2,798.91	\$2,684.32	\$2,374.58	\$2,040.48	\$1,836.94	\$1,769.28	\$1,564.74
Family	\$3,962.95	\$3,274.27	\$3,140.22	\$2,777.87	\$2,387.03	\$2,148.92	\$2,069.77	\$1,830.49

RENEWAL 2026 Monthly Rates

2026 Active Employees/Pre-65 Retiree Rates								
	High Plan	Mid Plan	Core Plan	Hybrid Plan	HDHP 1700*	HDHP 1800	HDHP 3000	HDHP 6000
Single	\$1,714.82	\$1,416.83	\$1,358.78	\$1,202.04	\$1,032.87	\$929.89	\$895.62	\$792.07
2 Person	\$3,858.47	\$3,187.99	\$3,057.35	\$2,704.68	\$2,324.05	\$2,092.32	\$2,015.21	\$1,782.22
Family	\$4,513.78	\$3,729.42	\$3,576.60	\$3,164.03	\$2,718.75	\$2,447.67	\$2,357.46	\$2,084.91
Variance to 2025	13.9%							

* Includes IRS Required Benefit Changes

*Includes 2% increase attributable to MVP provider negotiations with Rochester Regional Health and U of R Strong

2026 Community Rating	Requested Increase
Excellus	23.7%
MVP	21.5%



Town of
Brighton

Personnel Department

Tricia Van Putte
Director of Personnel

October 4, 2025

Honorable Town Board
Finance and Administrative Services Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, NY 14618

Re: Dental Plan Renewals for 2026

Dear Board Members:

Attached are the proposed renewal rates and plan summaries for 2026 for the self-funded dental plans that are currently being offered through the Town to eligible employees and retirees (under 65).

I am recommending that the Town Board authorize the renewal of the current dental plans, with Excellus, at the attached rates for the Base Plan Custom Benefit Single, Base Plan Custom Benefit Family, Buy Up Custom Benefits IV Single and Buy Up Custom Benefit IV Family plans for 2026 and authorize the Supervisor to sign any related documents with Excellus BCBS. The Police Base plans are the Buy Up plans. In 2026 rates will remain the same with a \$0 increase for each plan type.

Please note that within these rates is an administrative fee that is charged by the third-party administrator, Excellus, who is proposing a 3.9% increase in this fee for 2026 (from \$4.86 per contract per month to \$5.05).

I will be happy to respond to any questions that members of the Committee or other members of the Town Board may have regarding this matter.

Sincerely,

Tricia Van Putte
Director of Personnel

CC: E Johnson

Excellus Dental 2025 rates

Plan	Tier	Claims	Admin	Total Rate
Base Plan Custom Benefit Non-Rep & Teamsters CSEA \$0	Single	\$24.57	\$4.86	\$34.00
Base Plan Custom Benefit Non-Rep & Teamsters CSEA \$0	Family	\$76.64	\$4.86	\$82.00
Buy Up Custom Benefits IV CSEA & Non-Rep BPPA \$0	Single	\$26.97	\$4.86	\$37.00
Buy Up Custom Benefit IV CSEA & Non-Rep buy up BPPA \$0	Family	\$84.11	\$4.86	\$89.00

Excellus Dental 2026 rates

Plan	Tier	Claims	Admin	Total Rate
Base Plan Custom Benefit Non-Rep & Teamsters CSEA \$0	Single	\$24.09	\$5.05	\$34.00
Base Plan Custom Benefit Non-Rep & Teamsters CSEA \$0	Family	\$77.79	\$5.05	\$82.00
Buy Up Custom Benefits IV CSEA, Non-Rep & Teamsters BPPA \$0	Single	\$26.48	\$5.05	\$37.00
Buy Up Custom Benefit IV CSEA, Non-Rep & Teamsters BPPA \$0	Family	\$85.50	\$5.05	\$89.00

Town of Brighton Dental Plan Review

Claims Experience

	2024 Renewal			2025 Renewal			2026 Renewal					
	Employee Months	Incurred Claims	PEPM	Employee Months	Incurred Claims	PEPM	% Increase Over 2024	Employee Months	Incurred Claims	PEPM	% Increase Over 2024	% Increase Over 2025
Low Option	1,016	\$55,490	\$54.62	955	\$51,519	\$53.95	-1.2%	940	\$41,508	\$44.16	-19.1%	-18.1%
High Option	1,252	\$91,585	\$73.15	1,303	\$82,401	\$63.24	-13.5%	1,358	\$86,437	\$63.65	-13.0%	0.6%
Total	2,268	\$147,075	\$64.85	2,258	\$133,920	\$59.31	-8.5%	2,298	\$127,945	\$55.68	-14.1%	-6.1%

	Total (2024-2026)			Average (2024-2026)			Total (2025-2026)					
	Employee Months	Incurred Claims	PEPM	Employee Months	Incurred Claims	PEPM	% Increase Over 2024	Employee Months	Incurred Claims	PEPM	% Increase Over 2024	% Increase Over 2025
Low Option	2,911	\$148,517	\$51.02	970	49,506	\$51.02	-6.6%	1,895	93,027	\$49.09	-10.1%	-9.0%
High Option	3,913	\$260,423	\$66.55	1,304	86,808	\$66.55	-9.0%	2,661	168,838	\$63.45	-13.3%	0.3%
Total	6,824	\$408,940	\$59.93	2,275	\$136,313	\$59.93	-7.6%	4,556	\$261,865	\$57.48	-11.4%	-3.1%

Premium Equivalency Rates

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Low Option Single	\$30.00	\$30.00	\$30.00	\$30.00	\$31.00	\$31.00	\$31.00	\$32.00	\$33.00	\$34.00	\$34.00	\$34.00
Low Option Family	\$74.00	\$74.00	\$74.00	\$74.00	\$77.00	\$77.00	\$77.00	\$79.00	\$80.00	\$82.00	\$82.00	\$82.00
High Option Single	\$33.00	\$33.00	\$33.00	\$33.00	\$34.00	\$34.00	\$34.00	\$35.00	\$36.00	\$37.00	\$37.00	\$37.00
High Option Family	\$81.00	\$81.00	\$81.00	\$81.00	\$84.00	\$84.00	\$84.00	\$86.00	\$87.00	\$89.00	\$89.00	\$89.00
% Increase (Annual)	0.0%	0.0%	0.0%	0.0%	3.8%	0.0%	0.0%	2.6%	1.6%	2.5%	0.0%	0.0%
% Increase (over 2015)												10.4%



Proposal: Renew at Current Benefits
Town of Brighton
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement:
ASC

All Subscribers						
Plan	Tier	Projected Contracts	Claims	Administration	Total Rate	
Custom Benefit	Single	38	\$ 24.09	\$ 5.05	\$ 29.14	
	Family	44	77.79	5.05	82.84	
Custom Dental Benefit IV	Single	38	\$ 26.48	\$ 5.05	\$ 31.53	
	Family	75	85.50	5.05	90.55	

Financial Terms / Assumptions

- Rates shown are good through 12/15/2025. If Group does not accept this rate action prior to the expiration date, Excellus BlueCross BlueShield reserves the right to re-rate the proposal.
- Signature below indicates acceptance of all rates and terms for this proposal and its accompanying benefit sheet.
- Terms and assumptions used in this rate sheet are superceded by the group contract.
- Rates are for self-funded financial arrangement.
- This financial arrangement requires a minimum of 100 contracts enrolled.
- Enrollment variations greater than +/-10% require a rate review which may cause a rate adjustment.
- Above Rates Assume Employer Is Contributing To The Plan.
- Changes in federal or state benefit mandates or tax policies will require a rate review which may cause a rate adjustment.
- The Consolidated Appropriations Act, 2021 ("CAA") requires certain service providers to provide a compensation disclosure notice pursuant to ERISA §408(b)(2) identifying all compensation they may potentially receive in connection with covered services they provide to an ERISA-governed group health plan. To the extent Excellus BlueCross BlueShield is required to provide this disclosure notice to the Employer (as plan sponsor), the terms of this Rate Sheet serves as such disclosure notice.

Cash Advance

Amount Required	\$ 2,700
Current Balance	\$ 2,700
Additional Required	\$ 0

 Proposal Accepted By (Group Representative)

 Date

Title

QFR

Renew at Current Benefits (Continued)
Town of Brighton
Contract Period: January 1, 2026 through December 31, 2026
Funding Arrangement:
ASC

Population:	All Subscribers	
Plan:	Custom Benefit	Custom Dental Benefit IV
Coinsurance:		
Class I:	100%	100%
Class II:	100%	85%
Class III:	\$0	50%
Class IV:	\$0	50%
Fee Schedules:		
In Area:	Blue Shield	Blue Shield
Out of Area:	Blue Shield	Blue Shield
Deductible:	\$0	\$25/\$50
Annual Max:	\$1,000	\$1,000
Benefit Cycle:	Calendar Year Benefits	Calendar Year Benefits
Deductible Classes:	Applies to All Covered Classes	Classes II, III, IV
Max Classes:	Class II	Classes II, III
Ortho Lifetime Max:	\$0	\$750
Riders:	<ul style="list-style-type: none"> • Domestic Partner • Dependent To Age 23 • Student To Age 23 	<ul style="list-style-type: none"> • Domestic Partner • Dependent To Age 23 • Student To Age 23

QFR

Initial to signify approval of benefits for proposal : _____



Personnel Department

Tricia Van Putte
Director of Personnel

October 6, 2025

Honorable Town Board
Finance and Administrative Services Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, NY 14618

Re: Flexible Spending Administration - Lifetime Benefit Solutions, Inc. for 2026

Dear Board Members:

I am requesting that the Town Board authorize the continuation of the services of Lifetime Benefit Solutions Inc. for the administration of employee flexible spending accounts. The 2026 annual compliance service fee will remain the same as 2025 at \$325.00. The per participant monthly fee will also remain unchanged at \$3.15.

I am recommending that the Town Board authorize the continuation of services for 2026 and authorize the Supervisor to sign any related documents with Lifetime Benefit Solutions Inc.

I will be happy to respond to any questions that members of the Committee or other members of the Town Board may have regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Tricia Van Putte".

Tricia Van Putte
Director of Personnel

CC: E Johnson



RE: [EXT] 2026 annual FSA rates - Town of Brighton

From Laura Smith <Laura.Smith@lifetimebenefitsolutions.com>

Date Mon 10/6/2025 6:40 AM

To Earl Johnson <earl.johnson@townofbrighton.org>; Kelley Fitzgerald <Kelley.Fitzgerald@LifetimeBenefitSolutions.com>

Cc Tricia VanPutte <tricia.vanputte@townofbrighton.org>; Marcia Adams <marcia.adams@townofbrighton.org>; Laura Smith <Laura.Smith@lifetimebenefitsolutions.com>

CAUTION: This email originated from an external source. Use caution when replying, clicking links, or opening attachments.

Good morning!

I'm happy to report that there will be no changes for the FSA administration rates for the upcoming 2026 plan year.

Thank you!

Laura

Laura Smith (she/her)

Client Service Consultant

Lifetime Benefit Solutions

Office: 315-448-9226 | Cell: 315-317-0584

Laura.Smith@LifetimeBenefitSolutions.com



Follow Lifetime Benefit Solutions [Facebook](#) | [LinkedIn](#) | [Instagram](#) -

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From: Earl Johnson <earl.johnson@townofbrighton.org>

Sent: Saturday, October 4, 2025 9:54 AM

To: Kelley Fitzgerald <Kelley.Fitzgerald@LifetimeBenefitSolutions.com>; Laura Smith <Laura.Smith@lifetimebenefitsolutions.com>

Cc: Tricia VanPutte <tricia.vanputte@townofbrighton.org>; Marcia Adams <marcia.adams@townofbrighton.org>
Subject: [EXT] 2026 annual FSA rates - Town of Brighton

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Can you please send the rates for 2026 in memo or letter form? We need to go to our Town Board to renew the LBS administration of the FSA for 2026.

Our rates for 2025 were:

Annual compliance service fee \$325.00

Per participant monthly fee \$3.15

Thank you

Last year we received this response and we hope for good news again this year!

From: Kelley Fitzgerald <Kelley.Fitzgerald@LifetimeBenefitSolutions.com>
Sent: Tuesday, October 22, 2024 12:56 PM
To: Tricia VanPutte <tricia.vanputte@townofbrighton.org>
Cc: Laura Smith <Laura.Smith@lifetimebenefitsolutions.com>
Subject: FW: [EXT] 2025 annual FSA rates - Town of Brighton

Good Afternoon Tricia,

There will not be any changes to your rates for the FSA administration for the upcoming 2025 plan year.

Thank you and have a great day,
Kelley



Kelley Fitzgerald Client Service Consultant - I LAH
Cell -(585)471-0977
Kelley.Fitzgerald@Lifetimebenefitsolutions.com
www.LifetimeBenefitSolutions.com

From: LBS Client Support <LBSClientSupport@lifetimebenefitsolutions.com>

Earl Johnson

Town of Brighton

Director of Finance

2300 Elmwood Ave.

Rochester, NY 14618

(585) 784-5211



Town of
Brighton

Personnel Department

Tricia Van Putte
Director of Personnel

October 4, 2025

Honorable Town Board
Finance and Administrative Services Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, NY 14618

Re: Vision Eyewear Plan Renewal for 2026

Dear Board Members:

Attached are rates for 2026 for the EyeMed Vision/Eyewear Benefit that was made available to all members of FLMHIT starting in 2018. Our per participant monthly rates have been unchanged as they were guaranteed with a four-year renewal that began 1/1/2022 and ended 12/31/2025. For 2026 these rates remain unchanged for the Core Plan at \$5.99 for employee coverage only, \$12.01 for two-person and \$15.61 for family coverage (monthly). By offering this Exam & Materials Core Plan coverage to our employees, we have added a great employee paid benefit at no premium cost to the Town.

I am recommending that the Town Board authorize the renewal of the EyeMed Vision/Eyewear Benefit to all eligible active full-time and part time benefit eligible non-represented Town employees and authorize the Supervisor to sign any related documents with EyeMed/Brown & Brown.

I will be happy to respond to any questions that members of the Committee or other members of the Town Board may have regarding this matter.

Sincerely,

Tricia Van Putte
Director of Personnel

CC: E Johnson



Vision & Eyewear Benefits Renewal Review

Current FLMHIT Vision / Eyewear Plan Review

FLMHIT	Vision & Eyewear Benefit Design*	
	In-Network Member Cost	
Member Copay		
Exam		\$10 Copay
Frequency		
Exam		Once/12 Months
Lenses or Contacts		Once/12 Months
Frame		Once/24 Months
Frames		
		\$150 Allowance, 20% discount on overage
Standard Plastic Lenses		
Single Vision		\$25
Bifocal		\$25
Trifocal		\$25
Contact Lenses (In lieu of frame & lenses)		
Conventional or Disposable		\$150 Allowance

*Lower Cost Materials Only plan option also available

Membership:

- City of Canandaigua
- City of Geneva
- Rochester Housing Authority
- Town of Brighton
- Town of Chili
- Town of Greece
- Town of Irondequoit
- Town of Ogden
- Town of Penfield
- Town of Perinton
- Town of Pittsford
- Village of East Rochester
- Village of Fairport

Also participating: Town of Rush, Victor Fire District, Village of Dansville, Village of Newark

YEAR	# Consortium Members	Yr/Yr Enrollment Change	Est.	Yr/Yr Premium Change
			Annual Premium	
2018	10	278	\$28,586	N/A
2019	13	384	\$40,107	40%
2020	15	548	\$58,374	46%
2021	16	540	\$57,223	-2%
2022	17	590	\$68,926	20%
2023	17	643	\$75,201	9%
2024	17	693	\$80,537	7%
2025	17	748	\$86,770	8%
18 vs. 25	70%	169%	N/A	204%
				N/A

*Based on May 2025 EyeMed enrollment report



*This plan design contains only a general description of the coverage and does not constitute a policy contract. For complete information including exclusions, Limitations and conditions, refer to the policy document. Neither the carrier nor Brown & Brown will be held responsible for typographical or clerical errors.

FLMHIT Vision / Eyewear Plans: **NEW** Buy-Up Plan added in 2026

Core Plan No Rate Change

FLMHIT	Vision & Eyewear Standard Plan*	Vision & Eyewear Buy Up Plan
	In-Network Member Cost	In-Network Member Cost
Member Copay		
Exam	\$10 Copay	\$10 Copay
Frequency		
Exam	Once/12 Months	Once/12 Months
Lenses or Contacts	Once/12 Months	Once/12 Months
Frame	Once/24 Months	Once/12 Months
Frames		
	\$150 Allowance 20% discount on overage	\$200 Allowance 20% discount on overage
Standard Plastic Lenses		
Single Vision	\$25	\$25
Bifocal	\$25	\$25
Trifocal	\$25	\$25
Contact Lenses (In lieu of frame & lenses)		
Conventional or Disposable	\$150 Allowance	\$150 Allowance

*Lower Cost Materials Only plan option also available

FLMHIT Vision/Eyewear: <u>Exam & Materials</u> Plan		
Monthly Rates		
Coverage Tier	Core Plan	Buy Up Plan
Employee Only	\$5.99	\$9.56
Two Person	\$12.01	\$19.17
Employee & Family	\$15.61	\$24.91

*Rates are guaranteed to 1/1/2030

FLMHIT Vision/Eyewear: <u>Materials Only</u> Plan		
Monthly Rates		
Coverage Tier	Core Plan	Buy Up Plan
Employee Only	\$4.42	\$7.25
Two Person	\$8.86	\$14.53
Employee & Family	\$11.52	\$18.90

*Rates are guaranteed to 1/1/2030



Town of
Brighton

Personnel Department

Tricia Van Putte
Director of Personnel

October 4, 2025

Honorable Town Board
Finance and Administrative Services Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, NY 14618

Re: Medicare Health Plan Renewals for 2026

Dear Board Members:

Attached are the renewal rates and plan summary for 2026 for the Medicare Health plan that is currently offered through the Town to eligible post-65 retirees and post-65 retiree spouses. If you recall, Excellus won the Brown & Brown RFP last year after major Federally mandated benefit changes were made to these plans as part of the Inflation Reduction Act (IRA). For 2026 the Excellus plan options monthly rates have increased 9.0% over the 2025 rates (we offer Plan 9 to Brighton retirees).

I am recommending that the Town Board authorize continuing this plan option for 2026 and authorize the Supervisor to sign any related documents with the insurance carrier Excellus effective January 1st.

I will be happy to respond to any questions that members of the Committee or other members of the Town Board may have regarding this matter.

Sincerely,

Tricia Van Putte
Director of Personnel

CC: E Johnson



FLMHIT Medicare Advantage Renewal

FLM HIT Medicare Advantage Renewal History

- 2021** Medicare consortium feasibility study
- 2022** Consortium lifted
 - Aetna Chosen as carrier
 - 54% average savings
 - 2023 and 2024 negotiated rates / rate caps
- 2022** Inflation Reduction Act signed
- 2025** Aetna renewal was 146%
 - Marketing
 - Excellus ~102% over current (44% lower than Aetna)
 - Added 6 new, lower-cost plan options
- 2026** Excellus Renewal - 9%
 - Beat average market increases
 - Adding 12th low-cost plan (-3.1% vs. Plan 11 2025 rate)
- 2026+** Growth
 - Average savings for new groups = 30 - 40+%
 - Geneva Housing Authority – New group effective 1/1/26
 - Prospective Growth – CNY & Long Island Schools

New Lower Cost Medicare Advantage Plan Option

Benefit	FLMHIT	Excellus BCBS	Consortium Rated
	Plan 11	Plan 12	
Network	Passive PPO	Passive PPO	
Fitness Program	FitOn Health	FitOn Health	
Primary Care Physician	\$20	\$20	
Specialist Physician	\$40	\$40	
Chiropractor	\$20	\$20	
Ambulance	\$20	\$20	
Emergency Room	\$65	\$65	
Urgent Care Center	\$40	\$40	
Vision Exam	\$40	\$40	
Eyewear Allowance	\$100 per calendar year	\$100 per calendar year	
Hearing Exam	\$0, must use a TruHearing Provider	\$0, must use a TruHearing Provider	
Hearing Aid Allowance	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit 2 per calendar year. Must use TruHearing Provider.	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit 2 per calendar year. Must use TruHearing Provider.	
In-Patient Hospital	\$500	\$500	
Out-Patient Surgery Center	\$50	\$50	
Durable Medical Equipment	20%	20%	
Rx (30-day retail)	\$10/\$45/\$90	\$10/\$45/\$90	
Rx (90-day retail)	\$20/\$90/\$180	\$20/\$90/\$180	
Rx (90-day mail order)	\$20/\$90/\$180	\$20/\$90/\$180	
Rx Out-of-Pocket Max (Part-D Drugs)	\$2,100	\$2,100	
Deductible	None	\$600 (Tier 2 & 3)	
Co-Insurance	None	None	
Medical Out-of-Pocket Max: Combined In & Out of Network (excludes Rx, eyewear & hearing aids)	\$3,900	\$3,900	

2026 FLMHIT Medicare Advantage Plan Renewal Rates

CURRENT 2025 Monthly Rates

	2025 Post-65 Retiree Rates										
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11
Retiree	\$550.62	\$416.44	\$355.20	\$330.38	\$309.90	\$537.48	\$397.95	\$331.66	\$306.76	\$275.44	\$239.59

2026 Monthly Excellus Renewal Rates

	2025 Post-65 Retiree Rates											
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12
Retiree (Final Renewal)	\$600.18	\$453.92	\$387.17	\$360.11	\$337.79	\$585.85	\$433.77	\$361.51	\$334.37	\$300.23	\$261.15	\$232.10
Variance to 2025	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	-3.1%*

*- 3.1% compared to 2025 FLMHIT Medicare Advantage Plan 11



Town of
Brighton

Personnel Department

Tricia Van Putte
Director of Personnel

October 4, 2025

Honorable Town Board
Finance and Administrative Service Committee
Town of Brighton
2300 Elmwood Avenue
Rochester, NY 14618

Re: Renewal Teamster Health Plans 2026

Dear Board Members:

Attached are the renewal rates for 2026 for the Teamsters health plans that are currently offered through the New York State Teamsters Council to Town employees represented by the Teamster Local 118 union.

I am recommending that the Town Board authorize the renewal of the health plans for 2026 and authorize the Supervisor to sign any Benefit Selection Forms for 2026.

I will be happy to respond to any questions that members of the Committee or other members of the Town Board may have regarding this matter.

Sincerely,

A handwritten signature in black ink.

Tricia Van Putte
Director of Personnel

CC: E. Johnson

THE NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND

MONTHLY PARTICIPATION AGREEMENT

1. (a) This Monthly Participation Agreement (hereinafter "Participation Agreement"), executed by the undersigned Teamsters Local Union (hereinafter "Union") and Employer, is the basis for participation in the New York State Teamsters Council Health and Hospital Fund (hereinafter "Fund"). The Employer, its participating employees, and the Union, as a condition of participation in this Fund, are bound by this Participation Agreement, the Trust Agreement, Plan documents and all of the rules and regulations of the Fund now and/or hereafter adopted by the Board of Trustees.

(b) The Employer and Union understand and agree that the Fund contributions shall be made, as set forth herein, on all employees doing bargaining unit work, irrespective of whether said employees are full-time, part-time, casual or seasonal, except as is otherwise provided herein. No agreement between the Employer and the Union shall alter this rule or any other rule or provision of this Participation Agreement.

(c) The Employer agrees to contribute as follows:

Covered Group of Employees (Define) Town of Brighton - Bargaining #8290

	<i>Rates of Contribution:</i>	<i>Monthly</i>	CONTRACT TYPE:
Effective	1/1/2025	See Attached	<input type="checkbox"/> FREIGHT - Area
Effective	1/1/2026	See Attached	<input type="checkbox"/> CONSTRUCTION
Effective	1/1/2027	See Attached	<input checked="" type="checkbox"/> MUNICIPAL
Effective	1/1/2028	See Attached	<input type="checkbox"/> OTHER
Effective			

Covered Employees: Bargaining Non-Bargaining

Contribution rates are effective each January subsequent to the initial date of this Participation Agreement.

Select one in each category below:

(i) Rates: Component Rates - with Addendum/Selection Form Composite Rate – see above

(ii) Benefits: Highest Option - All benefits Alternate Benefit Plans - Per attached selection form

(d) All such payments to be made to the Fund are to be received by the Fund office on or before the twenty-fifth (25th) day of the month preceding the month in which benefits are to be provided, except when otherwise agreed by the Fund.

Benefits shall be effective the first day of the month for which contributions are required to be made for employees covered under this Participation Agreement. Benefits shall terminate on the last day of the month in which contributions are required and paid.

2. Failure on the part of the Employer to timely contribute on any of its employees as specified herein shall make the Employer liable for all employee benefit claims which are incurred during the period of delinquency, damages, reimbursement to the Fund for the Fund's attorneys' fees, auditors' fees, court costs, disbursements and expenses incurred by the Fund in recovering the above. In addition, the Employer must pay all arrears due the Fund together with liquidated damages in the sum of ten percent (10%) of the delinquent amount. The late payment of any delinquency by the Employer shall not in any way relieve it from the obligations set forth above. In addition, when the Employer is notified in writing by the Fund that it is delinquent, the Employer must immediately pay the delinquent amount to the Fund. After said payment, the Employer may appeal the Fund's decision to the Board of Trustees, whose decision shall be final and binding. In the event of failure of the Employer to comply

with any of the rules of the Fund, the Employer and all its participating employees, at the Fund's sole discretion, shall cease to participate in the Fund, and the Employer shall be responsible for all the benefits and all other charges specified herein.

3. The Fund may, at any time, audit the payroll records of any and all employees of the Employer at a time mutually agreed upon at no extra charge to the Employer. In the event it is found that the Employer has not fully complied with the Fund rules and/or provisions of this Participation Agreement, the Employer shall pay the full cost of the audit that has been performed by the Fund. In addition, the Employer shall be responsible as set forth in this Participation Agreement and the Fund's rules, regulations and/or collection policies.

4. The Fund shall be open to participation by any group of members belonging to a participating Union that fully complies with all rules and regulations of the Fund. In addition, the Employer may contribute to the Fund for employees working outside the jurisdiction of the collective bargaining agreement in the amount indicated above. However, if these employees are included, the Employer agrees to make contributions on all employees in this category subject to the same conditions and on the same basis as is provided in this Participation Agreement, and the Employer also agrees to continue to make contributions on all these employees for as long as there shall be a collective bargaining agreement between the Employer and the Union, subject to any and all rules and regulations or decisions covering this group that are issued by the Fund. The Employer must request in writing and receive written approval from the Fund in order to have these non-covered employees included. Such request must specifically define the category or categories involved.

5. Should any of the provisions of this Participation Agreement be declared to be in violation of the Labor-Management Relations Act of 1947, as amended, or any other State or Federal statute or regulation, such declaration shall in no way impair the effectiveness or continuity of the rest of the provisions of this Participation Agreement and such provisions are hereby expressly declared to be saved from such illegality.

6. Payments to the Fund must be made by the Employer for all compensable vacation and holiday time up to a maximum of one full calendar year.

7. If an employee is granted a leave of absence, the Employer shall collect from said employee, prior to the leave of absence being effective, sufficient monies to pay the required contributions during the period of absence and such monies shall thereafter be promptly forwarded to the Fund in accordance with the rules of the Fund. In the event the Employer grants a leave and does not so comply, the Employer must pay the contributions subject to all other requirements in paragraph 2 herein.

8. The Employer agrees to furnish such information as may be necessary to enable the Fund to carry out its duties.

9. If a regular employee is absent because of illness or off-the-job injury and notifies the Employer of such absence, the Employer shall continue to make the required contributions for a period of [] weeks. If a regular employee is injured on the job, the Employer shall continue to pay the required contributions until such employee returns to work. However, such contributions shall not be paid for a period of more than [] weeks.

10. All actions and proceedings commenced or initiated by any claimant, applicant, employee, participant, the Union or the Employer, or their agents, successors or assigns, against the Fund, the Trustees thereof or any employee, service provider, representative or agent thereof, and all actions and proceedings commenced by or on behalf of said Trustees against any claimant, applicant, employee, participant, the Union or the Employer pertaining to the Fund in any manner, shall be brought in the appropriate court in the County of Onondaga, New York or other applicable tribunal located therein except where otherwise provided herein. In regard to federal district court actions, all such actions shall be commenced and heard in the United States District Court for the Northern District of New York. The Fund shall not be subject to any grievance/arbitration procedure set forth in any collective bargaining agreement. It is specifically agreed that any action or proceeding commenced or initiated in any other jurisdiction or venue shall be transferred to the appropriate court or tribunal specified herein.

11. This Participation Agreement shall become effective as of the date of execution hereof and the payments above provided shall be payable from and after 1/1/2025 and continue until expiration of the collective bargaining agreement on 12/31/2028. After expiration of the collective bargaining agreement, this Participation Agreement shall continue in full force and effect until a successor collective bargaining agreement is executed by the Employer and Union, unless the Employer gives the Fund at least sixty (60) days written notice of its intent to terminate participation subject, however, to the REV. 201407

discretion of the Trustees. The Employer shall pay any contribution rate increases in effect during negotiations with the Union and such payments shall be made in accordance with the rules and regulations of the Fund. A new Participation Agreement must be signed and submitted for each successor collective bargaining agreement.

Effective date of collective bargaining agreement: 1/1/2025

Expiration date of collective bargaining agreement: 12/31/2028

12. The Employer and its employees shall not be entitled to participate in this Fund unless the Employer and the Union are signatory to a current Participation Agreement.

13. This Participation Agreement represents the entire agreement and understanding of the parties and supersedes all prior or contemporaneous agreements or understandings, whether oral or written. As such, this Participation Agreement may not be modified except by a writing signed by all parties. To the extent there exist any conflict between any provisions of this Participation Agreement and any provisions of the collective bargaining agreement, this Participation Agreement shall control.

The parties hereto have caused this Participation Agreement to be executed on the date shown by each of their signatures below.

LOCAL UNION# 118

EMPLOYER: Town of Brighton

ADDRESS: 130 Metro Park

ADDRESS: 2300 Elmwood Ave

Rochester, NY 14623

Rochester, NY 14618

SIGNATURE: _____

SIGNATURE: _____

PRINT NAME: Sean Walsh

PRINT NAME: _____

PRINT TITLE: Business Agent

PRINT TITLE: Town Supervisor

DATE: _____

DATE: _____

NEW YORK STATE TEAMSTERS COUNCIL HEALTH AND HOSPITAL FUND

151 NORTHERN CONCOURSE, SYRACUSE, NY 13212

MAILING ADDRESS: P.O. BOX 4928, SYRACUSE, NY 13221-4928

SIGNATURE: _____
EXECUTIVE ADMINISTRATOR

DATE: _____

Rate Amendment to the Existing Participation Agreement

ADDENDUM TO SECTION 1.(C)

Effective	Single	2 Person	Family
	Monthly	Monthly	Monthly
1/1/2025	802.62	1603.60	2204.63
1/1/2026	832.30	1662.96	2286.22
1/1/2027	870.61	1739.45	2391.39
1/1/2028	TBD	TBD	TBD

After the initial effective date, all subsequent rate changes are effective
January 1st of each year.

Name of Company: **Town of Brighton**

Address: **2300 Elmwood Ave**

City: **Rochester** State: **NY** Zip Code: **14618**

Signature: _____

Title: **Town Supervisor** Date Signed: _____

Teamsters Local # **118**

Signature: _____

Title: **Business Agent** Date Signed: _____

Approved for the Board of Trustees by: _____
Executive Administrator

Date Signed _____

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH AND HOSPITAL FUND**

BENEFIT SELECTION FORM

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1st of each year during the term of the collective bargaining agreement.

For period beginning 1/1/2025

Benefit Type	Benefit Description or Option Selected	Monthly Rate		
		Single	2-Person	Family
Medical and RX Plan – Required	Select	787.28	1575.95	2166.28
Dental – Optional	No	-	-	-
Vision – Optional	Yes	15.34	27.65	38.35
Disability – Optional	No	-	-	-
Death/AD&D – Optional	No	-	-	-
Legal - Optional	No	-	-	-
<i>Total Monthly Rate</i>		802.62	1603.60	2204.63

HRA Monthly Contribution	-	-	-
---------------------------------	---	---	---

By signature below the parties signify their agreement to the Benefit Options selected.

Employer Name:

Local Union No. 118

Town of Brighton

Signature

Signature

Title Business Agent Date _____

Town Supervisor

Date _____

Approved by: _____, Executive Administrator Date _____

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH AND HOSPITAL FUND**

BENEFIT SELECTION FORM

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1st of each year during the term of the collective bargaining agreement.

For period beginning 1/1/2026

Benefit Type	Benefit Description or Option Selected	Monthly Rate		
		Single	2-Person	Family
Medical and RX Plan – Required	Select	816.40	1634.27	2246.44
Dental – Optional	No	-	-	-
Vision – Optional	Yes	15.90	28.69	39.78
Disability – Optional	No	-	-	-
Death/AD&D – Optional	No	-	-	-
Legal - Optional	No	-	-	-
<i>Total Monthly Rate</i>		832.30	1662.96	2286.22

HRA Monthly Contribution	-	-	-
---------------------------------	---	---	---

By signature below the parties signify their agreement to the Benefit Options selected.

Employer Name:

Local Union No. 118

Town of Brighton

Signature

Signature

Title Business Agent Date

Town Supervisor

Date

Approved by: _____ Executive Administrator _____ Date _____

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH AND HOSPITAL FUND**

BENEFIT SELECTION FORM

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1st of each year during the term of the collective bargaining agreement.

For period beginning 1/1/2027

Benefit Type	Benefit Description or Option Selected	Monthly Rate		
		Single	2-Person	Family
Medical and RX Plan – Required	Select	853.97	1709.46	2349.79
Dental – Optional	No	-	-	-
Vision – Optional	Yes	16.64	29.99	41.60
Disability – Optional	No	-	-	-
Death/AD&D – Optional	No	-	-	-
Legal - Optional	No	-	-	-
<i>Total Monthly Rate</i>		870.61	1739.45	2391.39

HRA Monthly Contribution	-	-	-
---------------------------------	---	---	---

By signature below the parties signify their agreement to the Benefit Options selected.

Employer Name:

Local Union No. 118

Town of Brighton

Signature

Signature

Title Business Agent Date _____

Town Supervisor

Date _____

Approved by: _____, Executive Administrator Date _____

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH AND HOSPITAL FUND**

BENEFIT SELECTION FORM

The Benefit Plan Options selected below are subject to the rules, regulations, and rates described in the Participation Agreement executed by the undersigned parties concurrent with the execution of this form. After the initial effective date, all subsequent rate changes are effective January 1st of each year during the term of the collective bargaining agreement.

For period beginning 1/1/2028

Benefit Type	Benefit Description or Option Selected	Monthly Rate		
		Single	2-Person	Family
Medical and RX Plan – Required	Select	TBD	TBD	TBD
Dental – Optional	No	-	-	-
Vision – Optional	Yes	TBD	TBD	TBD
Disability – Optional	No	-	-	-
Death/AD&D – Optional	No	-	-	-
Legal - Optional	No	-	-	-
Total Monthly Rate		TBD	TBD	TBD

HRA Monthly Contribution	-	-	-
---------------------------------	---	---	---

By signature below the parties signify their agreement to the Benefit Options selected.

Employer Name:

Local Union No. 118

Town of Brighton

Signature

Signature

Title Business Agent Date _____

Town Supervisor

Date _____

Approved by: _____, Executive Administrator Date _____

Supervisor's Report 2025 Town Budget

For the nine-month period
ending 9-30-2025



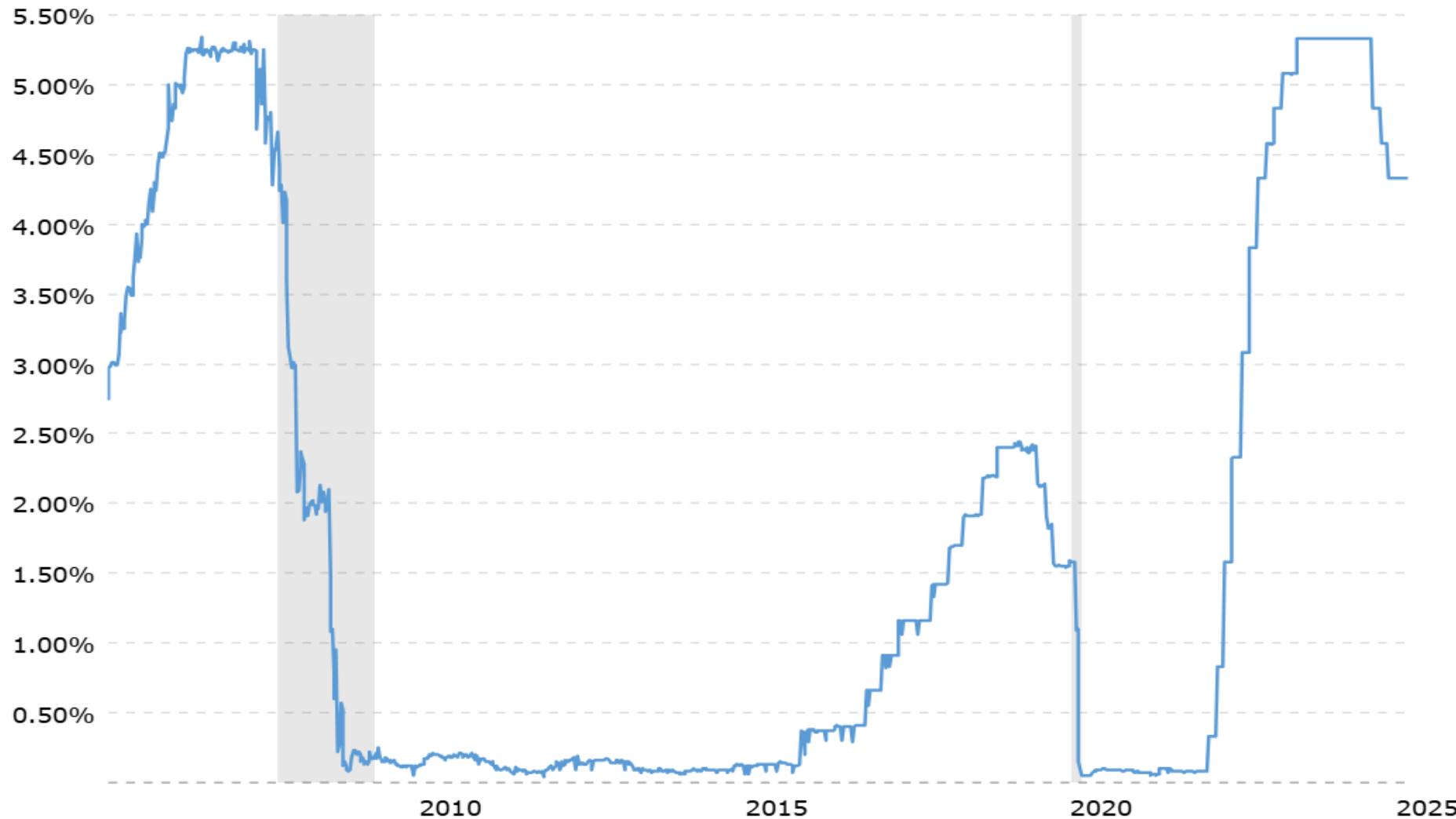
TOWN OF BRIGHTON

2025 ADOPTED TOWN LEVY (11/13/2024)

SUMMARY OF TOWN BUDGET, "NET" BUDGETED SPENDING, AND PROPERTY TAX LEVY

Town Fund	Authorized Appropriations	Estimated Revenues	Appropriated Fund Balance	Appropriated Reserved Fund Balance*	Amount to be Raised in Taxes
A - General Fund	\$23,138,390	\$10,392,780	\$1,900,000	\$132,630	\$10,712,980
D - Highway Fund	\$6,999,895	\$1,584,015	\$375,000	\$33,000	\$5,007,880
L - Library Fund	\$2,580,320	\$87,370	\$90,000	\$0	\$2,402,950
V - Debt Service Fund	\$93,935	\$0	\$93,935	\$0	\$0
Total All Town Funds	\$32,812,540	\$12,064,165	\$2,458,935	\$165,630	\$18,123,810
<u>Less Interfund Transfers to/from:</u>					
- Highway Fund	(\$118,530)	(\$118,530)	\$0	\$0	\$0
- Debt Service Fund	(\$93,935)	\$0	(\$93,935)	\$0	\$0
Net Town Funds Budget	\$32,600,075	\$11,945,635	\$2,365,000	\$165,630	\$18,123,810
"NET" BUDGETED SPENDING	\$32,600,075	\$29,778,005	7.25% Appropriated Fund Balance		

Fed Funds Rate Historical Chart 2005 - 2025



Revenue and Expenditure Comparisons

Revenue	2025 Budget	2025 %	2024 %
		of Budget	of Budget
Sales Tax^	\$ 5,550,000	53.8%	57.6%
Mortgage Tax*	\$ 1,000,000	45.9%	68.3%
PILOT	\$ 596,695	100.0%	100.0%
Use of Money	\$ 663,405	130.4%	159.4%
Dept Income	\$ 707,085	91.9%	94.4%
Total Rev	\$ 30,187,975	88.8%	90.5%

^A Next Payment Nov 2025

^{*} Next Payment Feb 2026

Expenditures	2025 Budget	2025 %	2024 %
		of Budget	of Budget
Wages	\$ 15,145,920	67.2%	66.1%
Overtime	\$ 528,135	82.7%	70.5%
Benefits	\$ 8,690,135	58.5%	58.8%
Equipment	\$ 968,665	116.7%	135.3%
Contractual Exp	\$ 5,246,225	66.9%	59.6%
Principal & Int	\$ 1,141,215	85.2%	73.9%
Utilities	\$ 540,690	60.2%	50.8%
Commercial Ins	\$ 457,620	97.4%	95.9%
Total Exp	\$ 32,718,605	67.5%	65.4%

3rd Quarter Summary

Inflation and Revenue Uncertainties continue as
Town of Brighton's Financial Concerns

In addition to the usual inflationary impacts, we are expected slowing revenues:

- Highest inflationary impacts on employee benefits
- Higher costs for large capital projects and many goods & services
- Continued pressure on wages
- Lower interest earnings as rates fall
- Stagnating sales revenue as predicted by NYS Comptroller's Office
(mortgage tax revenues fell compared to last year's first bi-annual payment)

3rd Quarter Conclusions

Town of Brighton

1. As compared to the end of 3rd quarter 2024, revenues collection, as a percentage of budget has fallen from 90.5% to 88.8%
2. Concurrently, expenditures as compared to the end of 3rd quarter 2024 has increased from 67.5% to 65.4% as a percentage of budget
3. As interest rates fall, finance continues to maximize earned interest, offsetting increased costs for as long as possible and still exceeding budgeted income
4. All of these trends have been expected; 2025 is expected not to use budgeted fund balances but will not significantly increase fund balances either
5. Managing large grants and projects as well as possible to ensure they track budgets to limit assistance needed from fund balances