

**Business of the Village Board  
Village of Saranac Lake**

SUBJECT: Amendment to HRA Account for PBA Contract

Date: 1/13/2025

DEPT OF ORIGIN: Village Manager

Bill # 4-2025

DATE SUBMITTED: 1/8/2025

EXHIBITS:

APPROVED AS TO FORM:

\_\_\_\_\_  
Village Attorney

\_\_\_\_\_  
Village Administration

EXPENDITURE  
REQUIRED:

AMOUNT  
BUDGETED:

APPROPRIATION  
REQUIRED:

Resolution to approve the amendment of the Village of Saranac Lake Health Reimbursement Account (HRA) for the PBA

MOVED BY: Scollin      SECONDED BY: Ryan

VOTE ON ROLL CALL:

MAYOR WILLIAMS

yes

TRUSTEE BRUNETTE

yes

TRUSTEE RYAN

yes

TRUSTEE SCOLLIN

yes

TRUSTEE WHITE

absent

**VILLAGE OF SARANAC LAKE  
HEALTH REIMBURSEMENT ACCOUNT  
AMENDMENT**

**WHEREAS**, the Village of Saranac (the "Employer") maintains the Village of Saranac Health Reimbursement Account (the "Plan") for the benefit of certain of its employees; and

**WHEREAS**, pursuant to the applicable section of the Plan, the Employer desires to amend the Plan to reflect changes in the funding amounts;

**NOW, THEREFORE**, the Plan is hereby amended as follows, effective as provided therein:

**Effective for Plan Years beginning January 1, 2025:**

**Administration**

Account-Based HRA. The Plan will be administered as an account-based HRA:

a. The Employer will credit an amount to the Participant's HRA for the Period of Coverage as follows:

1.  Discretionary
2.  \_\_\_\_\_% of the Participant's Compensation
3.  \$\_\_\_\_\_ per Participant
4.  Coverage-Based Amounts:
  - A. Participant Only:
  - B. Participant plus 1:
  - C. Participant plus tax dependents:
  - D. Family:
  - E. Other:
5.  Other: Police: \$7,470 (Participant only) or \$14,900 (Family)

**IN WITNESS WHEREOF**, the Employer has caused this Amendment to be executed this 14<sup>th</sup> day of January, 2025.

VILLAGE OF SARANAC LAKE:

Signature: *Dachara J. Schauri*

Print Name: DACHARA J. SCHAURI

Title/Position: Village Manager

**VILLAGE OF SARANAC LAKE  
HEALTH REIMBURSEMENT ACCOUNT  
SUMMARY OF MATERIAL MODIFICATIONS**

The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the Village of Saranac Lake Health Reimbursement Account. This change has affected the information previously provided to you in the Plan's Summary Plan Description (SPD). The Summary Plan Description is modified as described below.

For the Plan Year beginning January 1, 2025:

The Employer will credit the following coverage-based amounts to your HRA account for the Period of Coverage.

Police:

- Participant Only: \$7,470.00.
- Participant plus 1: \$14,900.00.
- Participant plus dependents: \$14,900.00.
- Family: \$14,900.00.

SimplyBlue Plus Bronze 4		
<b>Plan Overview</b>		
Plan ID	78124NY1000169-00 (TC10)	
Plan Name	SimplyBlue Plus Bronze 4	
Aggregation Design	Family Aggregation	
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	
Plan Type	Deductible HSA	
HSA Eligible	Yes	
Quote Effective	01/01/2024 - 03/31/2024	
<b>Plan features</b>		
Primary Care Physician (PCP)	Not Required	
Referrals	Not Required	
Out of network benefits	Covered at 100%, subject to the deductible	
Out of area benefits	Coverage provided worldwide through our BlueCard® Network	
Student/Dependent coverage	Qualified dependents are covered to age 26	
Domestic partner	Covered	
Wellness incentives	New in 2024: ThriveWell, powered by Virgin Pulse, will be embedded in all plans, offering rewards of up to \$200 per subscriber and \$200 per spouse, or domestic partner, for a total rewards payout of up to \$400 per plan year.	
<b>Plan cost-sharing highlights</b>		
<b>Plan cost-sharing highlights</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary Care Office Visit	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible
Specialist Office Visit	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible
Coinsurance	Covered at 100%	Covered at 100%
Deductible	In-Network: \$8,000 Individual / \$16,000 Family	Out-of-Network: \$10,000 Individual / \$20,000 Family
Out of pocket maximum	\$8,000 Individual / \$16,000 Family	\$10,000 Individual / \$20,000 Family
Lifetime maximum	None	None
<b>Plan Benefits</b>		
<b>Preventive Healthcare Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Well child visits	Covered In Full	Covered at 100%, subject to the deductible
Adult routine physical exams	Covered In Full	Covered at 100%, subject to the deductible
+Adult immunizations	Covered In Full	Covered at 100%, subject to the deductible
+Mammography	Covered In Full	Covered at 100%, subject to the deductible
+Pap smear	Covered In Full	Covered at 100%, subject to the deductible
Routine GYN Exam	Covered In Full	Covered at 100%, subject to the deductible
+Prostate cancer screening	Covered In Full	Covered at 100%, subject to the deductible

SimplyBlue Plus Bronze 4		
<b>Plan Overview</b>		
Plan ID	78124NY1000169-00 (TFS0)	
Plan Name	SimplyBlue Plus Bronze 4	
Aggregation Design	Family Aggregation	
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	
Plan Type	Deductible HSA	
HSA Eligible	Yes	
Quote Effective	01/01/2025 - 03/31/2025	
<b>Plan features</b>		
Primary Care Physician (PCP)	Not Required	
Referrals	Not Required	
Out of network benefits	Covered at 100%, subject to the deductible	
Out of area benefits	Coverage provided worldwide through our BlueCard® Network	
Student/Dependent coverage	Qualified dependents are covered to age 26	
Domestic partner	Covered	
Wellness Incentives	ThriveWell, a digital home base dedicated to engaging in health and wellbeing. This digital hub will include rewards of up to \$200 per subscriber and \$200 per spouse, or domestic partner, for a total rewards payout of \$400 per plan year.	
<b>Plan cost-sharing highlights</b>		
<b>Plan cost-sharing highlights</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Primary Care Office Visit	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible
Specialist Office Visit	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible
Coinsurance	Covered at 100%	Covered at 100%
Deductible	In-Network: \$8,300 Individual / \$16,600 Family	Out-of-Network: \$10,000 Individual / \$20,000 Family
Out of pocket maximum	In-Network: \$8,300 Individual / \$16,600 Family	Out-of-Network: \$10,000 Individual / \$20,000 Family
Lifetime maximum	None	None
<b>Plan Benefits</b>		
<b>Preventive Healthcare Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Well child visits	Covered In Full	Covered at 100%, subject to the deductible
Adult routine physical exams	Covered In Full	Covered at 100%, subject to the deductible
+Adult immunizations	Covered In Full	Covered at 100%, subject to the deductible
+Mammography	Covered In Full	Covered at 100%, subject to the deductible
+Pap smear	Covered In Full	Covered at 100%, subject to the deductible
Routine GYN Exam	Covered In Full	Covered at 100%, subject to the deductible
+Prostate cancer	Covered In Full	Covered at 100%, subject to the deductible

thirty (30) calendar days written notice of its intent to change carriers or plans. The PBA, upon written notice to the Village within thirty (30) calendar days, shall be allowed to by-pass the preliminary steps of the Grievance Procedure and submit the issue(s) directly to arbitration under PERB's administration. The Village shall not make any changes in insurance plan or carrier pending the receipt of the Arbitrator's opinion and award. The following criteria shall be considered the Arbitrator in deciding the question submitted: The carrier chosen must be an insurance company licensed to do business in New York State; the plan of insurance must provide at least the same benefits (including prescription drug coverage) in all respects as those in Excellus EPOI or MVP EPO Preferred as described; the geographic areas of acceptability shall be the same in all respects and the participating providers shall be provided when possible. It is recognized that the participating providers may change to some degree if a change in carrier or plan occurs; however, the Village is to make its best efforts to provide an equal number of providers in the same medical specialty as would exist in the Excellus EPOI or MVP Preferred Plan as described. The PBA and Village will set up a committee to look into cost saving measures regarding the health care provider.

Section 1(B):

Effective January 1, 2016, the Village changed the plan to the Excellus BCBS Platinum 2 Plan. Effective January 1, 2020, the Excellus BC/BS Platinum 2 Plan will be replaced with the Excellus BC/BS Bronze 4 Plan. A copy of the plan description is attached to the agreement and incorporated herein. The Excellus BC/BS Bronze 4 Plan has a \$6,550/\$13,100 deductible/out-of-pocket maximum for individual/dependent coverages. The Village will fund a Health Reimbursement Account (HRA) covering 90% of the applicable deductible/out-of-pocket maximums coverages. Each year the HRA will be funded by the Village so that the HRA will begin each year at 90% of the deductible/out-of-pocket maximums coverages. The HRA shall be available to employees and dependents to fund the first 90% used of the deductible/out-of-pocket maximum.

The Village may also offer employees additional or different health insurance plans and/or insurance carriers provided that the benefits and coverage available to employees are at least the same as those provided by the Excellus BC/BS Bronze 4 Plan. If such additional or different health insurance plan(s), other than Excellus BC/BS Bronze 4 Plan, require co-pays or impose other charges or costs upon employees that are higher than those in the Excellus BC/BS Bronze 4 Plan as described in the plan description, the Village shall reimburse employees for those co-pays, charges or costs to the extent that they exceed those under the Excellus BC/BS Bronze 4 Plan. Employees seeking reimbursement must submit documentation monthly to the Village's designated agent establishing the costs they incurred. The Village shall reimburse employees within two (2) weeks of the date of receipt of the documented demand for reimbursement.