

AGREEMENT

between the

WEST HARTFORD BOARD OF EDUCATION

and the

LOCAL 1303-340 Of Council #4

AFSCME

AFL-CIO

Security Union

2022-2026

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AGREEMENT

between the

WEST HARTFORD BOARD OF EDUCATION

and the

LOCAL 1303 - 340 of COUNCIL #4

AFSCME

AFL-CIO

(Security Union)

This Agreement is made and entered into by and between the West Hartford Board of Education (hereinafter referred to as the "Board") and Local 1303 - 340 of Council #4, AFSCME, AFL-CIO, (hereinafter referred to as the "Union").

ARTICLE I

RECOGNITION

- 1.1 The Board recognizes the Union as sole and exclusive representative for the purposes of collective bargaining on matters of wages, hours of employment, and other conditions of employment for security officers employed by the West Hartford Board of Education as certified by the State Board of Labor Relations in Decision 3181 (1994).
- 1.2 Effective upon signing of this Agreement, the employee classifications within the bargaining unit shall be as follows: the employee classification formerly referred to as Security Officer has been changed to Security Officer-1. The employee classification formerly referred to as Security Monitor has been changed to Security Officer-2.

ARTICLE II

BOARD OF EDUCATION RIGHTS

- 2.1 Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Board of Education has and will continue to retain whether exercised or not, all of the rights, powers and authority heretofore had by it and, except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, it shall have the sole and unquestioned right, responsibility and prerogative or management of the affairs of the Board of Education and direction of the working forces, including, but not limited to, the following:

- (a) To determine the care, maintenance and operation of equipment and property used for and on behalf of the purposes of the Board of Education.
- (b) To establish or continue policies, practices and procedures for the conduct of the Board of Education business from time to time to change or abolish such policies, practices or procedures or deviate from procedures, practices or policies in exceptional cases after notice to and discussion with the Union.
- (c) To discontinue processes or operations, or to discontinue their performance by employees.
- (d) To select and to determine the number and type of employees required to perform the operations of the Board of Education.
- (e) To employ, transfer, promote or demote employees, or to lay off, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interests of the Board of Education.
- (f) To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Board of Education, provided such rules and regulations are made known in a reasonable manner to the employees affected by them.
- (g) To insure that incidental duties connected with school operations whether enumerated in job descriptions or not, shall be performed by employees.
- (h) To establish contracts or subcontracts for school operations, provided that this right shall not be used for the purpose or intention of undermining the Union or of discriminating against its members. All work customarily performed by employees of the bargaining unit shall continue to be so performed unless, in the sole judgment of the Board of Education, it can be done more economically or expeditiously otherwise.

The above rights, responsibilities and prerogatives are inherent in the Board of Education and the Superintendent by virtue of statutory and charter provisions and are not subject to delegation in whole or in part. Such rights may not be subject to review or determination in any grievance or arbitration proceeding, but the manner of exercise of such rights may be subject to the grievance procedure described in this Agreement.

ARTICLE III

UNION RIGHTS

3.1 Union Security

- A. During the term of this Agreement, all employees in the bargaining unit, upon completion of twenty (20) workdays actually worked following the date they are hired, shall have the opportunity to become members of the Union.
- B. The Board agrees to deduct from the wages of any employee covered under this unit, who individually and voluntarily so authorizes, membership dues payable to the Union.
- C. The Union shall hold the Board harmless against any and all claims, demands, liabilities, lawsuits, attorney's fees or other costs which may arise out of, or by reason of, actions taken against the Board as a result of the enforcement or administration of 3.1.

3.2 The Board agrees that there will be no lockout of any employee or employees during the life of this Agreement.

3.3 The Union agrees that it will not call or authorize any strike, slowdown, or stoppage of work against the West Hartford Board of Education during the period of this Agreement or any extension thereof.

3.4 Residency shall not be a term or condition of employment for any member of this bargaining unit.

ARTICLE IV

GRIEVANCE PROCEDURE

4.1 Definitions

Grievance is hereby defined to mean:

A dispute between an employee or the Union and the Administration or the Board concerning the interpretation or application of this Agreement.

4.2 Procedure

A. Level One - Principal or Immediate Supervisor

Any employee who feels that he/she has a grievance shall discuss it first with his/her immediate superior in an attempt to resolve the matter informally at that level.

B. Level Two - Superintendent of Schools

- 1) In the event that such employee is not satisfied with the disposition of his/her grievance at Level One, or in the event that no decision has been rendered within five (5) calendar days following the final meeting at Level One, the employee may advance his/her grievance to the Superintendent of Schools. The grievance shall be submitted in writing stating:
 - a. the facts;
 - b. the provision or provisions of this Agreement allegedly misinterpreted or misapplied or the basis for claiming an action taken or refused by an administrator is unfair;
 - c. the remedy sought.

Such written statement must be received by the Superintendent within ten (10) calendar days following the final meeting at Level One.

- 2) The Superintendent or his designee shall meet with the aggrieved employee within ten (10) calendar days following receipt of the written statement of grievance. The Superintendent or his designee shall render a decision--such decision to be received by the grievant within seven (7) calendar days following the final meeting at Level Two.

C. Level Three

- 1) Binding Arbitration
 - a. In the event that such employee is not satisfied with the disposition of his/her grievance at Level Two, such grievance may be presented by the Union to the State Board of Mediation and Arbitration for arbitration in accordance with its Rules and Procedures.
 - b. The Union must notify the Superintendent in writing of its intention to submit a grievance to arbitration within fifteen (15) calendar days following receipt of the decision of the Superintendent at Level Two and must commence the process for arbitration within five (5) calendar days following receipt of such notification by the Superintendent.
 - c. The arbitration panel shall hear and decide only one grievance in each case. The panel shall be bound by and must comply with all the terms of the Agreement. The panel shall have no power to add to, delete from, or modify in any way any of the provisions of this Agreement. The decision of the arbitration panel shall be binding upon both parties and all employees during the life of this Agreement, unless the same is contrary to law.

4.3 Miscellaneous

- A. The Board and the Union agree that:
 - 1) every reasonable effort should be made to resolve grievances at the administrative level most directly involved.
 - 2) nothing herein contained shall be construed as limiting the right of any member of the unit having a grievance to discuss the matter informally with any appropriate member of the administration provided that no settlement is reached that is in violation of any provision of this Agreement.
- B. A grievance that affects a group or class of members in the Unit may be submitted only by the Union and the processing of group or class grievances shall commence at Level Two.
- C. Since it is important that grievances be processed as rapidly as possible, the number of days indicated at any level should be considered as maximum and every effort should be made to expedite the process. The time limits specified at all levels may be extended by the mutual agreement of the Superintendent of Schools and the President of the Union.
- D. Any grievance not presented for disposition through the grievance procedure set forth above within fifteen (15) workdays of the occurrence of the condition giving rise thereto, or within fifteen (15) workdays of the date upon which the employee or the Union knew or reasonably should have known of the alleged violation, shall not thereafter be considered a grievance under this Agreement. Failure at any step of this procedure to communicate a decision within the specified time limits shall permit the aggrieved to proceed immediately to the next step. Failure at any step to appeal the decision of a grievance within the specified time limits shall mean that the grievant accepts the decision and the grievance has been resolved.
- E. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.
- F. No reprisals of any kind shall be taken by either party or by any of the administration against anyone by reason of participation in the grievance procedure.
- G. The Union reserves the right to be present at any step of the grievance procedure.
- H. All costs and expenses of arbitration shall be borne equally by the Board and the Union.

ARTICLE V

WORKING CONDITIONS

5.1 Work Year

- A. The basic work year of Security Officer-1 will be the same as the student school year plus the day before and the day after the student school year.
- B. Extra work time for all security personnel shall be compensated at their regular hourly rate, plus any overtime premiums, where applicable.
- C. Time and one-half shall be paid for all hours actually worked in excess of eight (8) hours in any one day or forty (40) hours in any one week.
- D. All employees who have been employed by the Board for at least one fiscal year and who do not use any of their sick leave during the given fiscal year shall receive a \$200 bonus. The perfect attendance bonus will be provided to eligible employees in the first payroll period of the new fiscal year.

5.2 Annual Work Hours

- A. Security officers shall be informed in writing of the shifts that are scheduled for the year at the beginning of the school year. Such shifts shall be scheduled Monday through Friday for eight consecutive hours. Members of the unit may bid by seniority on such shifts at the beginning of the school year. The Board reserves the right to change hours assigned to particular employees upon two weeks advance notice, provided however that the Board may assign such hours with less than two weeks notice upon the payment of an overtime rate for hours outside of the previously established schedule for such period until such two week notification has been provided
- B. The regular daily schedule shall be set for contiguous hours between 7:00 a.m. and 6:00p.m., provided that unit members may be assigned to work outside these hours for special events.
- C. Security officers who work more than eight hours per day or forty hours per week shall receive compensation at time and one-half for such hours.
- D. Overtime work shall be allocated equitably within classification within each school as is reasonably possible in light of district needs and employee availability.

- 5.3 Security officers who work five (5) hours or more in a workday shall be allowed a paid duty-free period of thirty (30) minutes to eat, during which they shall be on-call. The scheduling of such periods shall be determined by the Superintendent or his/her designee(s).

5.4 All security officers shall be give a written job description when they are hired or transferred. Such job description shall include the provisions of security services on school property, at school activities and/or on school transportation.

5.5 Security officers shall be allowed to sign up for Board CSI and other courses which have available room, provided that such activities do not interfere with the employees' assigned job duties, as determined by the principal or his/her designee. All requests must be approved by her/his supervisor. The security officers will not be paid for any time spent attending said courses that are in addition to his/her normal workday.

5.6 Seniority

- A. All new employees and employees new to this bargaining unit shall serve a probationary period of ninety (90) school days actually worked and shall have no seniority rights during this period but shall be subject to all other provisions of this Agreement, except for Section 6.5.
- B. Employees whom the Board continues under its employ following completion of the probationary period shall be continuing employees.
- C. The Board shall establish a seniority list for each classification, and the list shall be updated during July of each year and a copy shall be delivered to the Union upon request.

5.7 Training

The Board shall provide members of the unit such training as it deems appropriate to position responsibilities. The Board shall consult with the Union when it determines training activities. Employees shall be compensated for any mandatory training outside of regularly scheduled hours. Except in emergencies, the Board shall make every reasonable effort to provide advance notification of training activities to unit members.

5.8 Uniforms

The Board shall provide uniforms to employees in accordance with current practice, i.e. 3 pants; 3 short sleeve shirts, 3 long sleeve shirts, rain coat, winter coat, spring coat; such uniforms to be replaced as needed upon approval of the Director of Security. In addition, the Board shall provide an annual shoe allowance not to exceed \$200, payable upon presentation of appropriate receipt(s) each fiscal year.

ARTICLE VI
EMPLOYMENT STATUS

6.1 Vacancies

- A. A vacancy is a position that is newly established and budgeted or open as a consequence of a person being transferred to another position or leaving the employ of the Board for reasons other than layoff. No vacancy exists if there are employees in the position category that has openings who are eligible for recall or who are without assignment because of reduction in the number of positions. The administration will consider the preferences of such employees in assigning them to open positions for which they qualify.
- B. Any vacancy during the basic work year in a position covered under this Agreement shall be posted in each school. The posting shall state the qualifications and duties of the position.

Outside the basic work year, announcements of vacancies shall be available in the Human Resources Office. A copy of each new announcement will be sent to the President of the Union the day it is issued.

- C. The matter of filling job vacancies shall be an administrative prerogative. Discretion shall be left to the Superintendent of Schools or designee as to whether or not a particular vacancy need or need not be filled. In the event that a vacancy is to be filled, every attempt must be made to fill such vacancy within sixty (60) days of the date that a particular position has been vacated, and ninety (90) days from the date that a new position has been created. Notices of all vacancies must be posted in all schools for a period of five (5) days on a bulletin board made accessible to each employee. The selection of personnel to fill job vacancies is the ultimate responsibility of the Superintendent, who after notice to and discussion with the Union will make the final decision with respect to the filling of job vacancies. The filling of those job vacancies which are included within the scope of this contract is subject to arbitration.
- D. Transfers to vacancies in the same job classification shall be awarded by the Superintendent or designee after notice to and discussion with the Union on the basis of seniority concomitant with qualifications and ability to handle the assignment to which transfer is to be made. Transfers and promotions to vacancies which are included within the scope of this contract shall be subject to arbitration. Promotion to a higher job classification shall be determined by the Superintendent, provided that seniority shall prevail where in the judgment of the Superintendent the ability and qualification of candidates are equal.

6.2 Transfers

- A. Transfers of security personnel between buildings may be initiated by the Superintendent or his/her designee. In making personnel transfers, the needs and interests of affected parties will be given every consideration, but the overall welfare of the school system will be considered as paramount when personnel transfers are deemed to be necessary.
- B. The Superintendent or his designee will confer with the Union prior to deciding whether or not to transfer an employee for disciplinary reasons. Any such transfer shall be subject to Section 6.6.

6.3 Layoff

- A. Layoff because of reduction in the number of positions shall be determined within the following category:

Security Officer 1

- B. Within the category, the sole factor to be considered in determining layoff because of reduction in positions among regular employees shall be length of continuous current employment with the West Hartford Board of Education. Any period of leave granted by the Board during the period current employment shall be recognized to be part of continuous current employment.

6.4 Recall

- A. Recall to employment following layoff because of reduction in number of positions shall be determined within the following category:

Security Officer 1

- B. The name of any regular employee who is laid off because of reduction in number of positions shall be placed on a reemployment list for his/her category and remain on such list until July 31 of the second calendar year following layoff, provided such person applies in writing by registered mail for retention of his/her name on said list on or before July 31 of the calendar year next following layoff.
- C. Within th category, the order of recall shall be reverse the order of layoff.
- D. No person shall be newly employed in a category until all persons on the reemployment list of that category have been re-employed or have declined an offer of reemployment. If a person on the reemployment list declines an offer of reemployment, his/her name shall be removed from the reemployment list.
- E. The length of continuous employment with the West Hartford Board of Education recognized at the time an employee is laid off because of reduction in positions shall be recognized when and if the employee resumes employment through recall.

6.5 General

It is recognized that the Board of Education shall not be bound by the layoff and recall provisions of this Article when it terminates the employment of a bargaining unit member for cause.

6.6 Discipline

- A. Any disciplinary action an administrator may take against an employee shall be for just cause.
- B. Whenever an administrator notifies a security officer to attend a meeting for disciplinary reasons, the administrator shall inform the security officer of his/her right to have a Union representative present at the meeting.
- C. Whenever an administrator notifies a security officer to attend a meeting for disciplinary reasons, he/she shall inform the president of the Union of such notification within two (2) days of its issuance.

ARTICLE VII

LEAVES OF ABSENCE

7.1 Sick Leave

- A. All employees shall be granted a maximum of twelve (12) workday absences without loss of wages annually because of personal illness.
- B. Unused sick leave may be accumulated from year to year of continuous employment to a maximum of one hundred ten (110) workdays. Accumulated unused sick leave shall be determined annually as of August 1.
- C. New employees shall be granted a proportionate number of sick leave days from the date of employment to August 1.
- D. If requested by the Superintendent or his/her designee, an employee shall provide a certificate from his/her physician confirming that his/her absence is or has been due to illness. A request will not be made without reasonable cause.
- E. The Superintendent or his/her designee shall have the right to deny an employee who has been absent because of illness ten (10) or more consecutive workdays or fifteen (15) or more non-consecutive workdays to return to work until his/her physician certifies in writing that he/she is capable of returning to work and resuming his/her duties fully.
- F. An employee shall not lose sick leave days when absent under worker's compensation.

- G. Employees hired prior to June 30, 2010, upon retirement under the Town pension and retirement plan, an employee shall be paid his/her total accumulated sick leave to a maximum of seventy five (75) days provided that this benefit does not conflict with any provisions of the pension and retirement plan of the Town of West Hartford. Such payment shall be based on the employee's then current regular-time daily wage rate. Employees hired after June 30, 2010 shall not be paid out any accumulated sick leave upon retirement.
- H. Upon death, and provided the deceased has been under the employ of the Board at least 180 workdays prior to his/her death, his/her estate shall be paid the equivalent of one-half (1/2) of his/her total accumulated sick leave to a maximum of forty (40) days. Such payment shall be based on the deceased employee's regular-time daily wage rate at the time of his/her death.
- I. On voluntary termination of employment, a security employee who has completed at least ten (10) consecutive years of employment with the Board and is sixty years of age or older shall be paid the equivalent of one half (1/2) of his/her total accumulated sick leave to a maximum of forty (40) days. Such payment shall be based on the employee's then current regular-time daily wage rate.

7.2 Authorized Leave

- A. When absence from work is necessary and unavoidable because of any of the following conditions, employees shall be authorized the maximum number of workday absences indicated without loss of wages in the annual period August 1 through July 31.
 - 1) Bereavement
 - a) a maximum of three (3) workdays for death in the immediate family (spouse, son, daughter, parent, sister, brother, grandparent, grandchild, aunt, uncle, mother-in-law, father-in-law, sister-in-law or brother-in-law or any long-term member of the employee's household); a maximum of one (1) of these days may be taken in the case of death of a close friend.
 - b) The Superintendent or his designee may consider authorizing additional leave in cases in which travel is required and such travel would result in the employee needing more than three (3) workdays.
 - 2) Family Illness

a maximum of three (3) workdays for illness in the immediate family (spouse, son, daughter, parent or any relative by blood or marriage who is a long-term member of the employee's household) - in addition, the employee may use up to two (2) sick leave days if available.

3) Holy Days

a maximum of two (2) workdays for formal religious observance of a holy day.

4) Personal

It is recognized that there can be circumstances when an employee must be absent for very personal and private reasons. In each regular work year, the Superintendent or his/her designee may authorize up to two (2) days leave without loss of salary for such reasons.

5) Jury Duty

A security employee shall be paid his/her regular hourly wage for each work hour of each workday he/she serves jury duty by mandate up to his/her maximum daily wage minus any per diem amount he/she is paid for jury duty.

B. Authorized leave shall be noncumulative from year to year.

C. The employee shall notify the Superintendent or his designee in advance of his/her need to take authorized leave. Except in cases of emergency, the employee shall provide such notice no less than forty-eight (48) hours in advance. In cases of emergency, the employee shall provide such notice as soon as possible. Failure to fulfill either of these requirements shall result in loss of wages for each day of absence.

D. A newly hired employee shall not become eligible for personal leave benefits under this Article until he/she has worked sixty (60) workdays.

7.3 Pregnancy, Childbearing and Childrearing Leave

A. Applicable provisions of the Connecticut General Statutes shall apply concerning leave for disability resulting from pregnancy and childbirth.

B. The Board may grant childrearing leave without wages or premium cost sharing of insurance programs for the balance of a work year following the period of disability for pregnancy and childbearing. The employee shall have the right to continue his/her insurance at his/her own expense.

ARTICLE VIII

COMPENSATION

8.1 Wage Schedules

Salary schedules for members of the unit are set out in Appendix A.

Retroactive to July 1, 2022, all wage rates that were in effect on June 30, 2022 shall be increased by three percent (3%).

Effective July 1, 2023, all wage rates that were in effect on June 30, 2023 shall be increased by three percent (3%).

Effective July 1, 2024, all wage rates that were in effect on June 30, 2024 shall be increased by three percent (3%).

Effective July 1, 2025, all wage rates that were in effect on June 30, 2025 shall be increased by three percent (3%).

Each employee covered by this agreement shall have the option of being paid his/her annual salary in twenty (20) or twenty-four (24) payments. This option shall not be subject to cancellation during any annual salary period and shall continue in effect unless the employee notifies the Payroll Office by June 30 that he/she is canceling the option effective the next annual salary period.

Employees hired after the first pay period during the first year of employment shall be paid his/her annual salary on the twenty (20) payment schedule with the number of such payments prorated according to the percentage of the work year the employee works.

8.2 Step Movement

Each employee, except an employee at the maximum step, shall advance one step on the appropriate wage schedule as of July 1, provided he/she was continuously employed in the school calendar year immediately preceding on a regular (not part-time) basis prior to February 1 through the end of the school calendar year. The period of time an employee is on childrearing leave shall not be recognized for step advancement.

8.3 Longevity

An employee shall receive the applicable annual longevity amount on the first pay day following his/her anniversary date of employment provided he/she fulfills the applicable conditions of longevity.

An employee whose anniversary date of employment follows the last workday of the work year but precedes the first workday of the ensuing work year and whose employment terminates subsequent to the last workday of the work year but prior to the first workday of the ensuing work year shall receive the applicable annual longevity amount within thirty (30) days following termination.

Conditions of Longevity

Longevity Amount

Completion of 5 to 9 years continuous
employment on a regular (not part time)
basis as a unit member

\$650

Completion of 10 to 14 years continuous employment on a regular (not part-time) basis as a unit member	\$850
Completion of 15 to 19 years continuous employment on a regular (not part-time) basis as a unit member	\$900
Completion of 20 or more years continuous employment on a regular (not part-time) basis as a unit member	\$950

8.4 Mileage Reimbursement

A unit member who is required to use his/her auto in his/her work assignment shall be reimbursed for the mileage involved at the prevailing GSA rate.

8.5 Replacement of Damaged/Destroyed Personal Property

The Board of Education agrees to reimburse the Security Officers up to \$300 for any personal property damaged or destroyed during the performance of the employee's duties, payable upon presentation of appropriate receipt(s).

8.6 Summer School Compensation

All summer school assignments shall be compensated at the employee's regular rate of pay.

ARTICLE IX

INSURANCE

9.1

A. Health Insurance Benefits

The following insurance plan shall be provided through the third party administrator Anthem Blue Cross/Blue Shield as shown in Appendix B.

Effective July 1, 2019, the Board shall offer each bargaining unit member the opportunity to participate in the Connecticut State Partnership Plan 2.0 (Appendix B) for medical benefits. The medical benefits shall be as set forth in the SPP effective on July 1, 2019, including any subsequent amendments or modifications made to the SPP by the State and its employee representatives. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, and other provisions shall be as established by the SPP. The premium rates shall be set by the SPP.

- a. Effective July 1, 2022, the Board shall pay for all full-time employees seventy nine percent (79%) of the premium cost and the employee shall pay twenty one percent (21%) of such cost. Effective July 1, 2023, the Board shall pay for all full-time employees seventy eight and three quarter percent (78.75%) of the premium cost and the employee shall pay twenty one and one quarter percent (21.25%) of such cost. Effective July 1, 2024, the Board shall pay for all full-time employees seventy eight and one half percent (78.5%) of the premium cost and the employee shall pay twenty one and one half percent (21.5%) of the premium cost. Effective July 1, 2025, the Board shall pay for all full-time employees seventy eight and one half percent (78.5%) of the premium cost and the employee shall pay twenty one and one half percent (21.5%) of the premium cost.
- b. The SPP contains a Health Enhancement Plan (HEP) component. All employees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose the HEP non-participation or non-compliance \$100 per month premium cost increase or the \$350 per participant to a maximum of \$1400 family annual deductible, those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee. No portion or percentage shall be paid by the Board. The \$100 per month premium cost increase shall be implemented through payroll deduction, and the \$350/\$1400 annual deductible shall be implemented through claims administration.
- c. In the event any of the following occur, the Board or the [Union](#) may reopen negotiations in accordance with the [Municipal Employee Relations Act](#) as to the sole issue of medical benefits, including plan design and plan funding, premium cost share and/or introduction of a replacement medical benefits plan in whole or in part.
 - i) If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical benefits plan offered herein. Reopener negotiations shall be limited to medical benefits plan design and funding, premium cost share and/or introduction of an additional optional medical benefits plan; and/or
 - ii) If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are imposed so as to affect the Board, any of which amendments, changes, fees or charges (individually or collectively) would substantially increase the cost of the medical benefits plan offered herein. Reopener negotiations shall be limited to medical benefits plan design and funding, premium cost share and/or introduction of an additional optional medical benefits plan; and/or
 - iii) If the cost of medical benefits plan offered herein is expected to result in the triggering of an excise tax under The Patient Protection and Affordable Care Act ([ACA; P.L. 111-148], as amended, inter alia, by the Consolidated Appropriations Act of 2016 [P.L. 114-113]) and/or if there is any material amendment to the ACA that would substantially increase the cost of the medical benefits plan offered herein. Reopener negotiations shall be limited to medical benefits plan design and funding,

premium cost share and/or introduction of an additional optional medical benefits plan.

In any negotiations triggered under the conditions above as well as negotiations for a successor to the current collective bargaining agreement, the parties shall consider the plan options in place as of June 30, 2018 (as well as the premium cost-sharing amounts as set forth above, as may be subsequently negotiated between the parties) to be the baseline for such negotiations, and the parties shall consider the following additional factors:

- Trends in medical insurance plan design outside of the SPP;
- The costs of different plan designs, including a high deductible health plan structure and a PPO plan structure.

Should such negotiations be submitted to arbitration for resolution, the arbitration panel shall consider the foregoing in applying the statutory criteria in making its ruling.

B. Dental

The following choice of dental plans shall be provided through the State of Connecticut State Partnership Plan. (See Appendix B).

1. Cigna Premier
The employee shall pay annually twenty five percent (25%) of the premium cost.
The Board shall pay the balance of the premium cost.
2. Cigna Preferred
The employee shall pay annually twenty five percent (25%) of the premium cost.
The Board shall pay the balance of the premium cost.

C. The Board shall make an IRS section 125 plan available to the employee making premium contributions for insurance benefits under Section 9.1 of the Agreement.

D. Employee shall be permitted to change their participation in insurance programs only once annually during the open enrollment period in June, to be effective for September, unless there is a change in status (e.g. marriage, divorce, death).

9.2 Life Insurance

The Board shall provide life insurance to members of the unit in the amount of 2.0 times the annual salary at no cost to the employee.

9.3 Long Term Disability

The Board shall offer Long Term Disability insurance, provided the maximum monthly long term disability benefit shall be 60% of annual salary as of the last day worked, up to a maximum monthly disability payment of \$2,500. Employees shall contribute 10% of the premium cost.

9.4 Pension

Full-time employees hired prior to June 30, 2010 are eligible to participate in the Town of West Hartford Pension Plan and shall contribute the following percentage of their gross earnings to the Plan:

July 1, 2022:	6.0%
July 1, 2023:	6.25%
July 1, 2024:	6.25%
July 1, 2025:	6.5%

In addition, employees hired prior to June 30, 2010 and participants in the Town of West Hartford Pension Plan shall be provided a 1% cost of living increase in their benefits on the first January 1st or July 1st following completion of three full years of retirement with a Normal benefit. Early retirees shall be provided a 1% cost of living increase in their benefits on the first January 1st following three full years from the date of Normal eligibility had they remained employed. Additional 1% increases shall apply annually after the first increase becomes effective.

All employees hired after June 30, 2010 are excluded from the Town of West Hartford Pension Plan. However, employees hired after July 1, 2010 are eligible to participate in a Defined Contribution Plan (457 or 403b Plan). The Board of Education will match 100% of employee's contribution up to 6% of employee's base wages.

For bargaining unit employees who are Part B members of the Pension Plan, Section 30-12 of the Pension Ordinance shall be modified, effective upon the date of signing this Agreement, to reflect the following:

1. Any member who is hired by the Board of Education on or after May 1, 2006 and shall have attained the age of 65 years and completed 15 years of credited service or attained the age of 62 years and completed 35 years of credited service shall be eligible for retirement from active service and for a normal unreduced retirement allowance.
2. Any member who is hired by the Board of Education prior to May 1, 2006 and who retires on or after May 1, 2006, and who becomes eligible for a normal retirement by attaining at least the age of 55 and having at least 25 years of credited service or by attaining at least the age of 60 and having at least 10 years of credited service, and does not retire shall earn the following annual pension supplement for each full year beyond their normal retirement date:

<u>Years after Normal Retirement</u>	<u>Supplement Amount</u>
1	\$600
2	\$600
3	\$600
4	\$600
5	\$600
Each full year over 5	\$600

The above supplement will not be a survivor benefit. The supplement shall be made annually in a single payment during the month of July, starting the first of July after the employee's retirement date.

9.5 Retiree Health

All active full-time employees hired prior to July 1, 2013 who retire with a normal and unreduced pension as defined by the Town of West Hartford Pension Ordinance shall be eligible for health insurance as follows:

- a. The Board of Education will pay seventy-five (75%) of medical coverage for each enrolled retired employee and his/her eligible dependent who is under age 65. Such coverage would be the same health plan provided by the Board of Education if the member were a regularly employed and active member.
- b. The Board of Education shall provide and pay for each individual retired employee's membership, who is aged 65 or over, and shall pay fifty percent (50%) of the cost for the retired employee's enrolled dependents membership, who are 65 years of age or over in the Connecticut State Partnership Plan (Medicare Advantage Plan) or any other Medicare Plan offered by the Board of Education. Retirees, who are 65 years of age or over, may purchase major medical insurance for themselves and their spouse and shall pay 100% of the group rate premium cost.

ARTICLE X

HOLIDAYS

10.1 All employees shall be entitled to observe with full pay the following holidays:

- a. New Year's Day
- b. Thanksgiving Day
- c. Christmas Day

10.2 Holidays falling on Saturday shall be celebrated on the preceding Friday. Holidays falling on Sunday shall be celebrated on the following Monday.

ARTICLE XI

DURATION

- 11.1 This Agreement shall be effective upon execution and shall remain in full force and effect through June 30, 2026.

ARTICLE XII

SAVINGS CLAUSE

- 12.1 If any provision or any portion of this Agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and the remainder of the Agreement shall remain in full force and effect.
- 12.2 This Agreement may not be modified in whole or in part by the parties except by an instrument in writing duly authorized and executed by both parties.

In Witness Whereof, the parties hereto have hereunto caused this Agreement to be executed by their duly authorized representatives on this 7th day of October, 2022.

FOR THE EMPLOYER:


Chairperson, Board of Education


Superintendent of Schools

FOR THE UNION:


President, Local 1303-340


Vice President, Local 1303-340



APPENDIX A
SALARY SCHEDULE

SECURITY OFFICER 1

	2022-2023	2023-2024	2024-2025	2025-2026
STEP 1	47,361	48,781	50,245	51,752
STEP 2	48,501	49,956	51,455	52,998
STEP 3	49,662	51,152	52,686	54,267
STEP 4	50,844	52,369	53,940	55,558
STEP 5	52,065	53,627	55,236	56,893
STEP 6	53,328	54,928	56,575	58,273

APPENDIX B



A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same POS plan currently offered to State of Connecticut employees.

You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150*), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of-network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 5, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and visit www.anthem.com/statect to find out if your doctor, hospital or other medical provider is in Anthem's network. Information about the dental plan offered where you work, and the amount you'll pay for healthcare and dental coverage, will be provided by your employer.

*Source: Healthcare Bluebook: healthcarebluebook.com

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) <i>Waived for HEP-compliant members</i>	Individual: \$300 Family: \$900
Coinsurance (the percentage of a covered expense you pay <i>after</i> you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs and X-Rays ¹ ** High Cost Testing (MRI, CAT, etc.)	\$0 copay (<i>your doctor</i> will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (<i>you</i> will need to get prior authorization for high-cost testing)
Durable Medical Equipment	\$0 (<i>your doctor</i> may need to get prior authorization)	20% of allowable UCR* charges (<i>you</i> may need to get prior authorization)

¹ IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility.
Outside your carrier's immediate service area: no co-pay.

¹ OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance.
Outside of carrier's immediate service area: deductible plus 20% coinsurance.

(continued on next page)



BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

Be the picture of health

Check out these programs and services to be your healthy best

Need a doctor? Choose a State of Connecticut preferred doctor and save

When you see a Primary Care Physician (PCP) or specialist in your State of Connecticut preferred network (also referred to as Tier 1 in your health plan), there's no office visit copay. These doctors cost less than doctors outside of your plan.

- Visit anthem.com/statect and choose **Find a Doctor**.
- Call the Enhanced Member Service Unit at 1-800-922-2232, for more information or to find out if your doctor is in Tier 1.

Use Site-of-Service providers to get 100% coverage for lab tests, X-rays, and high-cost imaging

Site-of-Service (SOS) providers give you 100% coverage with a \$0 copay. Your plan will cover only 80% of the cost when you get these services from other providers.

- Call the Enhanced Member Service Unit at 1-800-922-2232 to learn more.

Find support for mental health issues

If you or a family member needs mental health or substance use care or treatment, we have specialists and designated programs that can help and/or direct you to the type of care that you need.

- Call an Anthem Behavioral Health Care Manager at 1-888-605-0580.
- Visit anthem.com/statect.

See a doctor, psychologist or therapist from home or work with LiveHealth Online

With LiveHealth Online you can see a board-certified doctor on your smartphone, tablet or computer with a webcam. Doctors can assess your health, provide treatment options and send a prescription to the pharmacy of your choice, if needed.² If you're feeling stressed, worried or having a tough time, you can see a licensed psychologist or therapist through LiveHealth Online Psychology. It's private and in most cases you can see a therapist within 4 days or less.³

- Learn more and enroll at livehealthonline.com or use the free mobile app.

How to find care right away when it's not an emergency

The emergency room shouldn't be your first stop — unless it's a true emergency (then, call 911 or go to the ER). Depending on the situation, there are different types of providers you can see if your doctor isn't available.

- Visit a walk-in doctor's office, retail health clinic or urgent care center.
- Have a video visit with a doctor through LiveHealth Online.
- Call 24/7 NurseLine at 1-800-711-5947 to speak with a nurse about symptoms or get help finding the right care.

Get access to care wherever you go

If you travel out of Connecticut, but are in the U.S., you have access to doctors and hospitals across the country with the BlueCard® program. If you travel out of the U.S., you have access to providers in nearly 200 countries with the Blue Cross and Blue Shield Global Core® program.

- Call 1-800-810-BLUE (2583) to learn more about both programs. If you're outside the U.S., call collect at 1-804-673-1177.³

It's easy to manage your benefits online and on the go

- Find a doctor, check your claims and compare costs for care near you at anthem.com/statect.
- Use our free mobile app (search "Anthem Blue Cross and Blue Shield" at the App Store® or Google Play™) for benefit information and to show your ID card, get directions to a doctor or urgent care center and much more

Customer service helps you get answers and much more

The State of Connecticut Enhanced Member Service Unit can give you information on benefits, wellness programs and services and everything mentioned in this flier.

- Call them at 1-800-922-2232.
- Visit anthem.com/statect.



¹ Designated as Tier 1 in our Find a Doctor tool. Eligible specialties include allergy and immunology, cardiology, endocrinology, ear nose and throat (ENT), gastroenterology, OB/GYN, ophthalmology, orthopedic surgery, rheumatology and urology.

² Prescription availability is defined by physician judgment and state regulations.

³ Appointments subject to availability of therapist.

⁴ Blue Cross Blue Shield Association website: Coverage Home and Away (accessed March 2019):

bcbs.com/already-a-member/coverage-home-and-away.html.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf

of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent

licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 59142CTMENABS Rev. 03/19



PRESCRIPTION DRUGS	Maintenance* (31-to-90-day supply)	Non-Maintenance (up to 30-day supply)	HEP Chronic Conditions
Generic (preferred/non-preferred)**	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

+ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

++ Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/ctpartner) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It is not enough for your doctor to note "dispense as written" on your prescription; a separate

form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on the Comptroller's website at www.osc.ct.gov).



The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2022 HEP Requirements:

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49	As recommended by physician
Cervical Cancer Screening	N/A	N/A	Pap smear every 3 years (21+)	Pap smear every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	40-44: N/A 45+: Colonoscopy every 10 years, Annual FIT/FGBT to age 75 or Cologuard screening every 3 years	



The Health Enhancement Program features an easy-to-use website to keep you up to date on your requirements.

Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1,400 per family) in-network medical deductible.

Care Management Solutions, an affiliate of ConnectiCare, is the administrator for the Health Enhancement Program (HEP). The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. You can visit www.cthep.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Access a library of health information and articles
- Set and track personal health goals
- Exchange messages with HEP Nurse Case Managers and professionals

You can also call Care Management Solutions to speak with a representative.

Care Management Solutions

(877) 687-1448 Monday – Thursday, 8:00 a.m. – 6:00 p.m. Friday, 8:00 a.m. – 5:00 p.m.



Office of the State Comptroller, Healthcare Policy & Benefit Services Division

www.osc.ct.gov/ctpartner
860-702-3560

Anthem Blue Cross and Blue Shield

www.anthem.com/statect
Enhanced Dedicated Member Services: **1-800-922-2232**

Caremark (Prescription drug benefits)

www.caremark.com
1-800-318-2572

CIGNA (Dental and Vision Rider benefits)

www.cigna.com/stateofct
1-800-244-6224

*Health Enhancement Program (HEP) Care Management Solutions
(an affiliate of ConnectiCare)*

www.cthep.com
1-877-687-1448

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

Cigna Dental Benefit Summary
West Hartford Public Schools - Preferred
Plan Renewal Date: 07/01/2022



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Cigna Dental PPO				
Network Options	In-Network: State of Connecticut Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Allowable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, III & V expenses	Unlimited		\$500	
Calendar Year Deductible Individual Family	\$0 \$0		\$100 \$300	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	50% No Deductible	50% No Deductible
Class II: Basic Restorative Sealants: per tooth Restorative: fillings (amalgam & composite) Periodontics: minor and major Endodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	80% No Deductible	20% No Deductible	50% After Deductible	50% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	60% No Deductible	40% No Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$3,000	50% No Deductible	50% No Deductible	Not Covered	Not Covered
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Allowable Charge. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
Late Entrant Limitation Provision	No coverage outside of the designated open enrollment period. This provision does not apply to new hires.			
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			

Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings.
Oral Health Integration Program*	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	2 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> Procedures and services not included in the list of covered dental expenses; Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet; Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Periodontics: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments; Implants: implants or implant related services; Procedures, appliances or restorations, except full dentures, whose main purpose is to change the vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion; Athletic mouth guards; Services performed primarily for cosmetic reasons; Personalization or decoration of any dental device or dental work; Replacement of an appliance per benefit guidelines; Services that are deemed to be medical in nature; Services and supplies received from a hospital; Drugs: prescription drugs; Charges in excess of the Maximum Allowable Charge.. 	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

Cigna Dental Benefit Summary
West Hartford Public Schools - Premier
Plan Renewal Date: 07/01/2022



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

Cigna Dental PPO				
Network Options	In-Network: State of Connecticut Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Based on Billed Charges	
Calendar Year Benefits Maximum Applies to: Class I, II, III & V expenses	\$1,500		\$1,500	
Calendar Year Deductible Individual Family	\$50 \$150		\$50 \$150	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings (amalgam & composite) Endodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	100% After Deductible	No Charge	100% After Deductible	No Charge
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$600	60% No Deductible	40% No Deductible	60% No Deductible	40% No Deductible
Class V: TMJ Occlusal orthotic device and adjustment	60% After Deductible	40% After Deductible	60% After Deductible	40% After Deductible
Class VI: Periodontics Periodontics: minor and major Calendar Year Maximum: \$500	100% After Deductible	No Charge	100% After Deductible	No Charge
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Billed Charge.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			

Late Entrant Limitation Provision	No coverage outside of the designated open enrollment period. This provision does not apply to new hires.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings.
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mvcigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	2 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Benefit Exclusions:	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> • Procedures and services not included in the list of covered dental expenses; • Diagnostic: cone beam imaging; • Preventive Services: instruction for plaque control, oral hygiene and diet; • Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; • Periodontics: bite registrations; splinting; • Prosthodontic: precision or semi-precision attachments; • Implants: implants or implant related services; • Athletic mouth guards; • Services performed primarily for cosmetic reasons; • Personalization or decoration of any dental device or dental work; • Replacement of an appliance per benefit guidelines; • Services that are deemed to be medical in nature; • Services and supplies received from a hospital; • Drugs: prescription drugs; • Charges in excess of the Billed Charge. 	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.
Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.
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