AGREEMENT

between the

WEST HARTFORD BOARD OF EDUCATION

And

LOCAL 818, AFSCME, COUNCIL 4, AFL-CIO

CAFETERIA MANAGERS

July 1, 2022 – June 30, 2026

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AGREEMENT

This Agreement has been entered into between the West Hartford Board of Education hereinafter referred to as the "Board" and Local 818 ofCounci14 of the American Federation of State, County, and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union".

ARTICLE I
RECOGNITION

Section 1.0

The Board of Education recognizes the Union as the sole and exclusive bargaining agent for the purposes of collective bargaining on matters of wages, hours of employment, and other conditions of employment for all supervisory employees of the West Hartford Public Schools Nutrition Services, excluding the Nutrition Services Operations Manager.

ARTICLE II
UNION SECURITY

Section 2.0

During the term of this Agreement, all employees in the bargaining unit, who are members of the Union, shall tender periodic dues to the Union.

The Union shall certify in writing to the Board the annual rate of membership dues within ten (10) days following any change in said annual rates.

Section 2.1

All employees will be offered an opportunity to join the Union. Employees who elect to join the Union shall sign and deliver to the Union an authorization for the payroll deduction of membership dues of the Union. Such authorization shall be delivered to the Board. Upon receipt of a signed authorization card, the Board agrees to deduct from the wages of the employee such Union dues/fees. Such deductions shall continue in effect until revoked by the employee by written notice to the Union and the Union has notified the Board by written notice that the employee no longer desires to be a member of the Union.

Section 2.2

A listing of the names and addresses of employees from whose wages dues have been deducted will be sent to the Financial Officer of the Union no later than the last day of the month.

Section 2.3

The dues deduction for each month will be made from each payroll check during the first payroll period of each month and will be remitted to the Financial Officer of the Union not later than the last day of each month.

Section 2.4

The Union shall hold the Board harmless against any and all claims, demands, liabilities, lawsuits, attorneys' 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 this Article

Section 2.5

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

Section 2.6

All new hires which are represented by the bargaining unit, within fifteen (15) days of their start date, shall be released from work, for one (1) hour without loss of pay, to attend a Union orientation, Management shall not be present during the Union's orientation.

Section 2.7

Every 120 days the Employer will submit information on employees represented by the bargaining unit in the format of an excel spreadsheet to the Union via a secure upload site to be provided by the Union. The spreadsheet will contain the following information for all employees represented by bargaining unit: last name, first name, middle initial, hire date, rate of pay, total hours worked in the reporting period, dues paid, employment status, job hours, Employee ID, job title, shift, worksite, home address, home phone, cell phone, work email, and home email.

ARTICLE III
SENIORITY

Section 3.0

The Employer shall prepare a list of all employees in the bargaining unit showing their seniority, date of hire and length of service with the Board and shall deliver the same in duplicate to the Council 4 office on or before October 1, of each year.

Section 3.1

New employees shall serve a probationary period of sixty (60) working days, which can be extended an additional thirty (30) working days if management determines additional time is needed to evaluate the probationary employee. Employees shall have no seniority rights during their probationary period, but shall be subject to all other provisions of this Agreement. All employees who have completed their probationary period shall be regular employees and shall acquire length of service records, included as those used for accrual of benefits, as of the date of their initial employment.

Section 3.2

If vacancies occur within the unit, the Board shall post the vacancies in all schools for a period of ten (10) days on a bulletin board made accessible to each employee and notify the Union of such

posting. Qualified applicants within the bargaining unit shall be given first consideration for such vacancy in order of seniority.
If no Bargaining Unit employees apply for the vacancy, the Board can then fill the position from outside the bargaining unit. The filling of job vacancies, which are included within the scope of this contract, is subject to arbitration.

Vacancies shall be filled within a reasonable time after a particular Position has been vacated, and/or within a reasonable time from the date that a new position has been created.

When an employee fills a vacancy which is considered a lateral transfer, he/she shall serve a thirty (30) calendar day probationary period in the new position. When an employee fills a vacancy which is considered a promotional transfer, he/she shall serve a ninety (90) calendar day probationary period in the new promoted position. When an employee is retained in a vacancy or new position for the period of probation, he/she shall be considered as qualified to hold the position to which he/she has been assigned. In any event, the employee filling the vacancy shall have the right to return to their former position.

Section 3.3

The term "layoff" shall mean termination of employment due to the reduction in the number of positions. In the case of layoff, Employees shall be laid off in inverse order of seniority within classification, last hired, first fired.

For the purposes of this Article there shall be two (2) classifications:

Classification I	Conard High School Manager and;
Classification II	Hall High School Manager
	Middle School Manager
	Area Manager

Seniority for purposes layoff and recall under this Article shall be defined as length of service within the bargaining unit.

Section 3.4

The order of layoff within classification, first to last, shall be:

1st - New hire probationary full time employees
2nd - Regular full time employees

Section 3.5

When a position is eliminated and the number of employees within the bargaining unit exceeds the number of positions in the bargaining unit, the employee directly affected shall bump the employee with least seniority within their classification, if any.

Section 3.6

For a period of two (2) years following layoff, laid off employees with the most seniority shall be recalled first and no new employees shall be hired into the bargaining unit until all laid off employees in the bargaining unit have been given the opportunity to return to work via certified mail sent to the employee's last known address. A laid off employee shall have recall rights to their former position or any other position in their classification.

Section 3.7

Individuals who are recalled must contact the West Hartford Board of Education with their decision to accept or decline the recall position being offered via certified mail. If the employee accepts the position, then the employee shall assume their duties within fourteen (14) working days following the certified written notice of recall or it shall be considered that they have declined the recall. The Nutrition Services Operations Manager may grant an extension to the time for reporting back to work. The recalled individual will return to work at the appropriate contractual pay rate.

Section 3.8

All bargaining unit work will be performed by bargaining unit employees

ARTICLE IV
HOURS OF WORK

Section 4.0

The normal working hours for the bargaining unit shall be as follows:

a.	Conard High School Manager	Eight (8) hours per day with one-half (1/2) hour unpaid lunch
b.	Hall High School Manager Middle School Managers Area Managers	Seven and one-half (7.5) hours per day with one-half (1/2) hour unpaid lunch

In general, the schedule and/or number of hours may be changed prior to the beginning of a new school year with up to four (4) weeks prior notice to the Union. Under emergency circumstances, the Board may alter the schedule and/or number of hours during the school year with four (4) weeks notice to the Union.

Section 4.1

Any hours worked in excess of forty (40) hours per week shall be paid at time and one-half the employee's regular hourly rate.

Any hours worked for "catering" in excess of the employee's regular working hours, shall be paid at time and one-half the employee's regular hourly rate.

Any employee called in to work after regular working hours, who works two (2) or more hours after being called in, shall be paid for four (4) hours, or the actual number of hours worked, whichever is greater, at the applicable rate.

ARTICLE V
HOLIDAYS

Section 5.0

Employees shall be granted a total often (10) paid holidays during each year as follows:

New Year's Day	Labor Day
Martin Luther King Day	Indigenous People's Day
President's Day	Thanksgiving Day
Good Friday	Day After Thanksgiving
Memorial Day	Christmas Day

Should any employee work during the summer, said employee shall receive the July 4th holiday as a paid holiday.

Section 5.1

Holidays occurring on Saturday will be observed on the preceding Friday if there is no school on said Friday.

Holidays occurring on Sunday will be observed on the following day if there is no school on said Monday.

Section 5.2

Whenever any of these holidays shall occur while an employee is out on sick leave, the employee shall receive said holiday pay and will not have leave charged to sick leave.

Section 5.3

In order to be eligible for a holiday off with pay (holiday pay), an employee must be at work or on approved sick leave per the sick leave call in practice, or other leave with pay on the days immediately preceding and following the day on which the holiday is observed.

ARTICLE VI
INSURANCE

All "employees" who are paid at least fifty percent of the rate of any category shown in Appendix A shall be eligible for any of the insurance programs listed within this Article. Dependent coverage may include bona fide domestic partners, provided that such status is established by affidavit as shown in Appendix D.

Section 6.0 Benefits

Effective July 1, 2022, the Board shall pay for all full-time employees eighty percent (80%) of the premium cost and the employee shall pay twenty percent (20%) of such cost. Effective July 1, 2023 the Board shall pay for all full-time employees seventy nine and one half percent (79.5%) of the premium cost and the employee shall pay twenty and one half percent (20.5%) of such cost. Effective July 1, 2024 the Board shall pay for the 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, 2025 the Board shall pay for the all full-time employees seventy nine percent (79%) of the premium cost and the employee shall pay twenty one percent (21%) of such cost.

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.

In the event any of the following occur, the Board or the Federation 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

3. Dental

a. CIGNAPremier Dental Plan

The Board shall make available for the duration of this Agreement and at a level of service no-less-than that in effect June 30, 1998 the CIGNAPremier plan as described in Appendix C.

b. CIGNAPreferred Dental Plan

The Board shall make available as a second dental option the CIGNAPreferred Dental Plan. Described in Appendix C.

The Board may substitute a comparable plan if agreed to by the Union. Such consent shall not be withheld except for just cause. The issue of just cause shall be subject to review through the grievance arbitration provision of this Agreement. No change shall be implemented prior to the completion of arbitration, if required.

4. Other

Long term disability and group life insurances shall be provided. The maximum monthly long term disability benefit shall be $2,500 and the maximum life insurance benefit shall be $50,000.

There is a twenty-four month limitation for disabilities due to mental illness unless the employee is confined to a hospital or institution. The Board may substitute a comparable plan if agreed to by the Union. Such consent shall not be withheld except for just cause. The issue of just cause shall be subject to review through the grievance arbitration provision of this Agreement. No change shall be implemented prior to the completion of arbitration, if required.

Section 6.1 Premium Cost Sharing

1. Long Term Disability

The employee shall pay ten percent (10%) of the premium cost for the coverage for which he/she is eligible and which he/she selects. The Board shall pay the balance of the cost.

2. Group Life

For coverage up to two times (2X) the annual salary, not to exceed $50,000, the employee shall pay ten percent (10%) of the premium cost. The Board shall pay the balance of the cost.

For any coverage available to the employee and that he/she chooses to purchase beyond the maximum coverage applicable for him/her, the .employee shall pay one hundred percent (100%) of the premium cost.

3. Dental

The employee shall pay twenty percent (20%) of premium costs for the DeltaPremier plan or the DeltaPreferred Dental Plan. The Board shall pay the balance of the cost.

Section 6.3

The Board shall make an IRS Section 125 plan available to the employee making premium contributions for insurance benefits under Section 6.2·ofthe Agreement.

The Board shall make available on an optional basis a Section 125 Flexible Spending Account for Accident and Health Insurance (IRC Sections 105 and 106) and Dependent Care Assistance (IRC Section 129). Those employees who utilize this option will assume the actual administrative costs for these Accounts.

Section 6.4

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

Section 6.5

The Board shall provide prompt notification to the Union of any change(s) or intended change(s) in existing conditions of employment under this Article after the Board or the Administration have become aware of such change(s) or intended change(s).

This section shall not be construed to waive the Union's right to negotiate changes the Board proposes concerning mandatory subjects of negotiation.

Section 6.6

Upon retirement or resignation at age fifty-five (55) or greater with at least ten (10) years of service, the employee may continue medical coverage in the Board of Education sponsored plan for self and dependents.

The Board of Education will pay 100% of individual medical coverage for each enrolled retired or resigned employee who is under age 65. The Board of Education will pay for each enrolled retired or resigned employee under age 65, 100% of the cost of the employee's enrolled dependents who are under age 65, and shall provide the same medical insurance coverage that would be provided by the Board of Education if the member were a regularly employed and active employee. This benefit section shall be for current employees as of 01.01.2010.

ARTICLE VII
LEAVE PROVISIONS

Section 7.0 Sick Leave

Sick leave of twelve (12) days annually, not including absence covered by Workers' Compensation, cumulative to one hundred fifty (150) days, shall be granted to the members of the bargaining unit. Each employee shall be notified of his/her accumulated sick leave by letter annually.

Section 7.1

Sick leave may be used in the following cases.

a. Personal illness or physical incapacity.

b. Enforced quarantine of the employee in accordance with community health regulations.

c. To meet dental or medical appointments or other sickness prevention measures, provided that it is not possible to arrange for a dental or medical appointment at a time other than when the employee is to be on duty. Except in emergency situations, the employee shall inform the Department Head in advance of the date and time of such appointment.

d. Up to three (3) days per year for illness of physical incapacity of a member of the employee's household, after personal leave has been exhausted.

Section 7.2

A medical certificate acceptable to the Board may be required for any absence of five (5) consecutive working days or more or in the event of frequent or habitual absences as determined by the Executive Director of Human Resources.

Section 7.3 - Payment for Unused Sick Leave

a. Upon retirement under the Town pension and retirement plan, an employee shall receive, on the basis of his /her current regular-time wage rate, payment for up to sixty (60) days of accrued sick leave. This provision shall not apply to employees hired by the Board after 01.01.2011.

b. In the event of an employee's death, his/her spouse and/or minor children or estate shall receive, on the basis of the employee's current regular-time wage rate, payment for up to sixty (60) days of accrued sick leave.

c. If an employee is at the maximum permitted accumulation of sick leave and does not use any sick leave in the calendar year (January through December), then the employee shall receive, in January of the year following the qualifying time period, an incentive payment of three hundred fifty dollars ($350).

Section 7.4 - Union Leave

a. The Union Executive Board members shall be allowed time off without loss of pay to conduct Union business up to a maximum of three (3) days per year. No more than two (2) employees may be on Union Leave at any one time.

b. A maximum of one (1) Officer and/or Steward of the Union, designated by the Union, shall be afforded the necessary amount of time without loss of wages to adjust grievances actually filed.

Section 7.5 - Other Leave with Pay

Employees shall be granted leave with pay for the following reasons:

a. Jury duty. Fees realized from jury service, however, must be turned over to the Board of Education.

b. Any other appearance of the employee before a court or other public body to which the employee is legally summoned. Proof of required appearance will be provided as a condition of payment for the date(s) of absence.

c. Participation in short term military training in Federal Reserve or National Guard. The difference between military pay, plus allowances and the employee's scheduled pay, shall be paid to the employee upon submission by the latter of a form certifying the amount of money which he/she has been paid during his/her period of absence, upon approval of the Superintendent or his/her designee, in his/her sale discretion.

d. Participation in conferences or official meetings as approved by the Superintendent or his/her designee or the Operations Manager.

e. Participation in education or training courses as approved by the Superintendent or his/her designee, which enhance the employee's value to the school system. In the event that the employee receives a scholarship or fellowship, his/her normal salary shall be reduced by that amount for the duration of the leave.

Section 7.6 - Personal Leave

Employees shall be granted five (5) personal days per year, non-cumulative. Personal Leave shall be granted for reasons such as, but not limited to;

1. Non-illness emergencies
2. Events which are beyond the employee's control
3. Graduations
4. Weddings
5. Business that cannot be conducted during non-work hours
6. Legal business
7. Holy Days
8. Bereavement
9. Illness of a family member

Generally, employees shall not be required to provide any additional information for personal leave other than the reason, or related to reason, listed above, but employees may be required to produce documentation when it is requested by the Superintendent or his/her designee.

ARTICLE VIII
GRIEVANCE PROCEDURE

Section 8.0

Grievances arising out of matters covered· by this Agreement and past practice will be processed in the following manner.

GRIEVANCE PROCEDURE

Section 8.1 - Purpose The purpose of the grievance procedure shall be to settle employee grievances on as low an administrative level as possible to insure efficiency and employee morale.

Section 8.2 - Definition A grievance for purposes of this procedure shall be considered to be an employee or Union complaint concerned with:

A. Disciplinary action.

B. Matters relating to the interpretation and application of the Articles and Sections in this Agreement.

C. Interpretation and application of rules and regulations and policies of the Employer.

Section 8.3 -Procedure

A. Any employee may use this grievance procedure with or without Union assistance, although the Union shall have the right to be present. Should an employee process a grievance through one or more of the steps provided herein prior to seeking Union aid, the Union may, at its discretion, process the grievance anew from the first step or from the next succeeding step following that which the employee has utilized.

B. No grievance settlement made as a result of an individually processed grievance shall be in conflict With the Union.

STEP ONE - Any employee who has a grievance shall reduce the grievance to writing and submit it within thirty (30) calendar days to the Budget and Business Administrator, who shall use his/her best efforts to settle the dispute. The Budget and Business Administrator's decision shall be submitted in writing to the aggrieved employee and the Union, within seven (7) calendar days of receipt of the grievance.

STEP TWO - If the complainant or the Union, are not satisfied with the decision rendered by the Budget and Business Administrator, the complainant or the Union shall submit the grievance in writing to the Deputy Superintendent within fifteen (15) working days. The Deputy Superintendent shall, within seven (7) working days of receipt of the grievance, submit their decision to the complainant and the Union.

STEP THREE - If the complainant or the Union are not satisfied with the decision rendered by the Deputy Superintendent, the Union shall submit the grievance, in writing, to the Connecticut State Board of Mediation & Arbitration (CSBMA) within thirty (30) calendar days with notice to the Board. If mutually agreed, the parties may submit the grievance to AAA in lieu of the CSBMA, unless the Board elects to have the grievance heard before AAA, in which case the Board shall assume all costs associated with AAA arbitration except for the Union's cost for their representative. Only the Union, not the individual grievant, can take a grievance to arbitration. For the purposes of this article, section 8.2.c. can only be processed to the step two level and can not be processed to arbitration.

The decision rendered by the arbitrator(s) shall be final and binding upon the parties. The arbitrator(s) shall not add to, delete from or modify this Agreement in any way. The arbitrator's decision shall be in writing and in accordance with the rules and regulations of the State Board of Mediation & Arbitration. The arbitrator(s) shall arbitrate only one grievance at a time unless grievances arise directly out of the same incident.

Section 8.4 - Meetings If either party related to the grievance process desires to meet for the purpose of an informal discussion, a meeting shall be requested and scheduled not later than ten (10) days after receipt of the request.

Section 8.5 - Union as a Complainant The Union shall be entitled to submit grievances in the name of the Union in the same manner as is provided herein for employees.

Section 8.6 - Time Extensions Time extensions beyond those stipulated in this grievance procedure may be arrived at by mutual agreement of the parties concerned.

Section 8.7- Representation Employees and the Union shall have the right and choice of Union representation whenever Union representation is desired by either individual employees or the Union. The Board shall not be allowed representation from within the bargaining unit.

Section 8.8 A grievance which arises as a result of disciplinary action taken by the Board may be filed in accordance with this Agreement at the step next above where such action was taken.

Section 8.9 Any disciplinary action or discharge may be grieved.

Section 8.10 Failure of the employer to respond within the required time frames will result in the grievance being resolved in favor of the grievant. If a grievance is not processed by the Union in accordance with the required time frames, it shall be deemed settled on the basis of the answer provided at the last step to which the grievance was processed.

ARTICLE IX
DISCIPLINE AND PERSONNEL FILE

Section 9.0

a. No employee shall be disciplined, without just cause.

b. All discipline must be in writing with reason given, and a copy of the discipline shall be given or mailed to the Employee and the Union within five (5) days of the discipline.

c. Employees shall have the right to see and review their personnel file by prior appointment with the appropriate office. Employees may request that the Employer correct or amend material in the file. Failing mutual agreement, the employees shall have the right to respond in writing to all items in their personnel file. Such responses shall be made part of the file.

ARTICLE X
WAGES

Section 10.0

Employee wages shall be included in Appendix A.

Section 10.1

- Retroactive to July 1, 2022 step movement and steps 1-6 will receive a general wage increase of 2.5% and step 7 will receive a 3% general wage increase.
- Effective July 1, 2023 step movement and steps 1-6 will receive a general wage increase of 2.5% and step 7 will receive a 3% general wage increase.
- Effective July 1, 2024 step movement and steps 1-6 will receive a general wage increase of 2.5% and step 7 will receive a 3% general wage increase.
- Effective July 1, 2025 step movement and steps 1-6 will receive a general wage increase of 2.5% and step 7 will receive a 3% general wage increase.

The Conard manager will receive a $7,500 stipend.

Employees not at top step, shall advance one (1) step on the wage scale on July 1 of each year.

Section 10.2 - Longevity Program

Employees shall receive the following longevity payments for their years of service with the West Hartford Public Schools;

5 to 9 years of service	$525
10 to 14 years of service	$725
15 to 19 years of service	$900
20 to 24 years of service	$975
25 or more years of service	$1,075

Longevity payments shall be made by June 30th.

Section 10.3

When an employee takes normal retirement under the pension plan between anniversary dates, an employee who is eligible for longevity shall receive a pro-rated payment as follows:

a. Less than three (3) months of service following the anniversary date -no payment.

b. Three (3) months service but less than six (6) months service following the anniversary date - one quarter (1I4) payment.

c. Six (6) months service but less than nine (9) months service following the anniversary date one half (112) payment.

d. Nine (9) month's service but less than twelve (12) months' service following the anniversary date - three quarters (3/4) payment.

ARTICLE XI
PENSION

Section 11.0

Employees who are eligible to participate in the Pension Plan and do participate in the Pension Plan shall contribute a percentage of their gross income as outlined in Section 11.2.

Section 11.1

The Board shall establish and maintain a 457k retirement savings plan for the members of the bargaining unit.

Section 11.2

For bargaining unit employees who are Part B members of the Pension Plan, Section 3012 of the Pension Ordinance shall be modified, effective July 1, 2004, to reflect the following:

Any member who is hired by the Board of Education on or after July 1, 2004 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.

Any member who is hired by the Board before July 1, 2004 and who retires on or after July 1, 2004 and who becomes eligible for a normal retirement 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 of reach full year beyond their normal retirement date:

Years after Normal Retirement	Supplement Amount
1	$ 600
2	$1,200
3	$1,800
4	$2,400
5	$3,000
Each full year over 5	$3,600

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.

Pension contributions will remain at 7% for the duration of the contract through June 30, 2026.

Employees hired after July 1, 2014 will become members of a Hybrid Plan which will become part of the Town of West Hartford Pension Ordinance (Part E of amended Pension Ordinance). Summary of the plan is as follows:

Defined Benefit Pension Plan Design:

1. Member contributes 3% of base wages
2. Member is eligible for a retirement allowance payable during the member's lifetime of an annual amount equal to one percent (1%) of the member's final average compensation multiplied by the member's years of credited service up to a maximum of 35 years.

Defined Contribution Plan Design:

- Adopt a Defined Contribution Plan proposed by the Town with the matching employer contribution being 2.25% of base salary and employee contribution being 2.25%.

ARTICLE XII
MANAGEMENT RIGHTS

Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Board 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 of management of the affairs of the Board 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;

b. To establish or continue policies, practices and procedures for the conduct of Board business and, from time to time, to change or abolish such policies, practices or procedures;

c. To select and to determine the number of types of employees required to perform the Board's operations;

To employ, transfer, promote or demote employees, or to layoff, discipline, suspend, terminate, or otherwise relieve employees from duty for lack of work or other legitimate reasons;

d. To prescribe and enforce reasonable rules and regulations provided such rules and regulations are made known to employees affected by them, including but not limited to prescribing rules for the maintenance of discipline and for the performance of work in accordance with the requirements of the Board;

e. To create job specifications and revise existing job specifications as deemed necessary and to ensure that related duties connected with departmental operations, whether enumerated in job descriptions or not, shall be performed by employees provided that, upon request, the Board agrees to negotiate with the Union regarding any significant impact which any such change may have on employee's wages, hours or other terms of employment;

f. To take any action which the Board reasonably believes is necessary to comply with any legal requirement.

ARTICLE XIII
GENERAL PROVISIONS

Section 13.0 The Board shall distribute signed copies of the Agreement as follows:

a. Six (6) copies to the Union upon the signing of the Agreement.

b. A copy to each employee within thirty (30) days after the signing of this contract.

c. A copy to each new employee within thirty (30) days after the date on which he/she has been hired.

Section 13.1

Any employee required to use his/her personal vehicle in connection with his/her work assignment will be reimbursed for the mileage involved at the prevailing IRS rate.

Section 13.2

The Union and the Employer agree not to violate any Federal and State Laws or Statutes. The provisions of this section shall not be the subject to the grievance procedure.

Section 13.3

The Employer and the Union shall continue their practice of non-discrimination with respect to race, religion, sex, sexual orientation, age, national origin, marital status, disability, or membership in or participation in the activities of any employee organization. The provisions of this section shall not be the subject to the grievance procedure.

Section 13.4

Upon request, the employee shall receive an updated list of all leave (Vacation, Personal, Sick, Holiday) which the employee has available including leave which as been accrued or earned and not yet utilized. This list shall include the previous anniversary dates numbers, leave used throughout the year and the updated, current year leave availability.

Section 13.5

The Union shall establish a committee which shall meet with the Operations Manager quarterly to review and recommend safety and health conditions in all Nutrition Services departments and work areas.

Section 13.6

The Board agrees to hold harmless and indemnify all employees acting in official capacity of the Board or the Food Service.

Section 13.7

The annual shoe allowance shall be two hundred dollars ($200) per employee and is available when the contract is ratified by both parties in 2022 and then by June 30th for 2023, 2024 and 2025. Appropriate shoes must be purchased by the employee and worn at all times at work.

ARTICLE XIV
DURATION

Section 14.0

This Agreement shall be effective July 1, 2022, and shall remain in effect until June 30, 2026.

IN WITNESS WHEREOF the parties have set their hands this 21st day of March, 2023.

FOR THE EMPLOYER

SIGNED: Chairman
Board of Education

SIGNED: Superintendent

FOR LOCAL 818 OF
COUNCIL 4, AFSCME, AFL-CIO

SIGNED: Laurieann Ferreira
President Local 818

SIGNED: Staff Representative
Council 4, AFSCME

Appendix A (Wages)

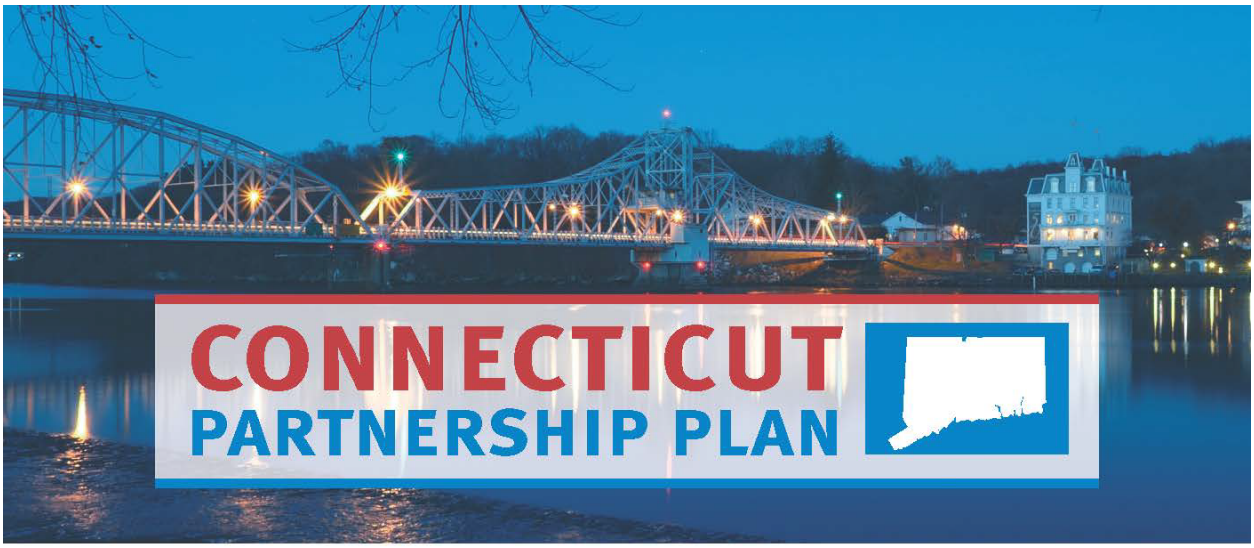
Cafeteria Managers
2022 - 2025

B/Caft Mgr - Conard		1552 Hours worked per year				Position # 8009		
Effective Date	% Increase							CF2
		1	2	3	4	5	6	7
07/01/22	Steps 1-6: 2.50%	24.27	25.00	25.76	26.53	27.30	28.18	29.05
	Step 7: 3.00%	37,670.14	38,799.61	39,976.80	41,169.90	42,363.00	43,731.09	45,079.39
07/01/23	Steps 1-6: 2.50%	24.88	25.62	26.40	27.19	27.98	28.88	29.92
	Step 7: 3.00%	38,611.90	39,769.60	40,976.22	42,199.15	43,422.08	44,824.37	46,431.77
07/01/24	Steps 1-6: 2.50%	25.50	26.27	27.06	27.87	28.68	29.60	30.81
	Step 7: 3.00%	39,577.20	40,763.84	42,000.63	43,254.13	44,507.63	45,944.98	47,824.73
07/01/25	Steps 1-6: 2.50%	26.14	26.92	27.74	28.57	29.39	30.34	31.74
	Step 7: 3.00%	40,566.62	41,782.94	43,050.65	44,335.48	45,620.32	47,093.60	49,259.47

B/Caft Mgr - Hall		1455 Hours worked per year				Position # 8009		
Effective Date	% Increase					CM1	CM2	CM3
		1	2	3	4	5	6	7
07/01/22	Steps 1-6: 2.50%	24.27	25.00	25.76	26.53	27.30	28.18	29.05
	Step 7: 3.00%	35,315.76	36,374.64	37,478.25	38,596.79	39,715.32	40,997.90	42,261.93
07/01/23	Steps 1-6: 2.50%	24.88	25.62	26.40	27.19	27.98	28.88	29.92
	Step 7: 3.00%	36,198.65	37,284.00	38,415.21	39,561.70	40,708.20	42,022.85	43,529.79
07/01/24	Steps 1-6: 2.50%	25.50	26.27	27.06	27.87	28.68	29.60	30.81
	Step 7: 3.00%	37,103.62	38,216.10	39,375.59	40,550.75	41,725.90	43,073.42	44,835.68
07/01/25	Steps 1-6: 2.50%	26.14	26.92	27.74	28.57	29.39	30.34	31.74
	Step 7: 3.00%	38,031.21	39,171.50	40,359.98	41,564.52	42,769.05	44,150.25	46,180.75

B/Caft Mgr -ES/MS		1462.5 Hours worked per year				Position # 8008		
Effective Date	% Increase	CM4			CM8		CM5	CM6
		1	2	3	4	5	6	7
07/01/22	Steps 1-6: 2.50%	24.27	25.00	25.76	26.53	27.30	28.18	29.05
	Step 7: 3.00%	35,497.80	36,562.14	37,671.45	38,795.74	39,920.04	41,209.23	42,479.78
07/01/23	Steps 1-6: 2.50%	24.88	25.62	26.40	27.19	27.98	28.88	29.92
	Step 7: 3.00%	36,385.25	37,476.19	38,613.23	39,765.63	40,918.04	42,239.46	43,754.17
07/01/24	Steps 1-6: 2.50%	25.50	26.27	27.06	27.87	28.68	29.60	30.81
	Step 7: 3.00%	37,294.88	38,413.10	39,578.56	40,759.77	41,940.99	43,295.45	45,066.79
07/01/25	Steps 1-6: 2.50%	26.14	26.92	27.74	28.57	29.39	30.34	31.74
	Step 7: 3.00%	38,227.25	39,373.43	40,568.03	41,778.77	42,989.52	44,377.84	46,418.80

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

www.osc.ct.gov/ctpartner

CONNECTICUT PARTNERSHIP PLAN

POS MEDICAL BENEFIT SUMMARY

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) ***Waived for HEP-compliant members***	Individual: $300 Family: $900
Coinsurance (the percentage of a covered expense you pay ***after*** 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 (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
Durable Medical Equipment	$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you 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) 2

CONNECTICUT PARTNERSHIP PLAN

POS MEDICAL BENEFIT SUMMARY

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 PlayTM) 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.

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).

CONNECTICUT PARTNERSHIP PLAN

HEALTH ENHANCEMENT PROGRAM

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/FOBT 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.

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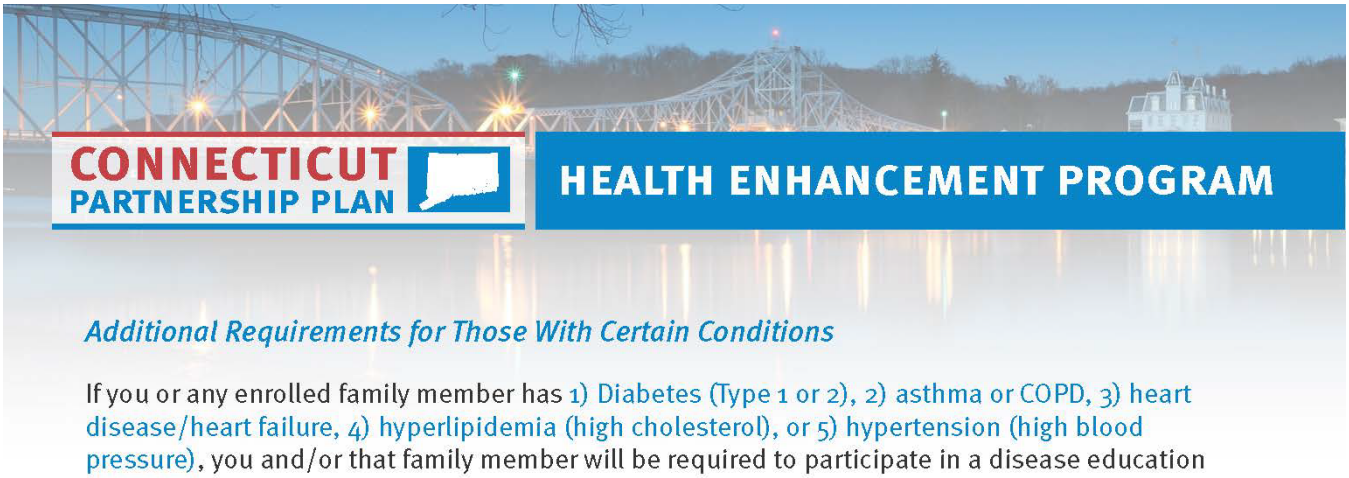

Additional Requirements for Those With Certain Conditions

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.

8

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 Partials	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:	
• 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.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 Partials	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:

- 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.