AGREEMENT

between the

WEST HARTFORD BOARD OF EDUCATION

and the

WEST HARTFORD PUBLIC SCHOOLS NURSES ASSOCIATION

July 1, 2024
through
June 30, 2028

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This Agreement is made and entered into by and between the WEST HARTFORD BOARD OF EDUCATION (hereinafter referred to as the "Board") and the WEST HARTFORD PUBLIC SCHOOL NURSES ASSOCIATION (hereinafter referred to as the "Association").

ARTICLE I

RECOGNITION

1.1 In accordance with applicable provisions of the Connecticut General Statutes and limited thereto, the Board recognizes the Association as the exclusive representative of all nurses as defined in 1.2 for the purpose of negotiating salaries, hours and other conditions of employment.

1.2 "Nurse" is defined under this Article as an employee who 1) is registered by the Connecticut State Board of Examiners; 2) holds a valid license to practice as a professional nurse in the State of Connecticut, and; 3) is assigned to provide professional nurse services in the West Hartford Public Schools.

ARTICLE II

BOARD OF EDUCATION RIGHTS

2.0 Except as expressly provided otherwise by the terms of this Agreement, the establishment and the administration of educational policies, the operation of the schools and the direction of all employees covered under this unit are vested exclusively in the Board acting by itself or through the Superintendent or his/her designees. These rights, responsibilities and prerogatives are not subject to delegation in whole or in part, except that the same shall not be exercised in a manner inconsistent with or in violation of any of the specific terms and provisions of this Agreement.

ARTICLE III

GRIEVANCE PROCEDURE

3.1 Definitions

a. "Grievance" is hereby defined to mean a complaint alleging that 1) a provision (or provisions) of this Agreement has (have) been misinterpreted or misapplied or 2) an action (or actions) taken or refused to be taken by an administrator (or administrators) has (have) been unfair.

b. "Grievant" is hereby defined to mean an individual employee or group of employees under the Unit, including the Association.

3.2 General

a. The Board and the Association 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.

3.3 Procedure

Informal

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

b. If the employee is not satisfied with such disposition of the matter, he/she shall have the right to have the Association assist him/her in further efforts to resolve the problem informally with the principal or other appropriate administrator.

Formal

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 or principal (either alone or with an authorized Association representative in attendance, if the employee so desires) with the objective of resolving the matter. The written statement of the employee's grievance shall contain a statement of facts, or a statement of the action taken or refused by administrative personnel which he/she feels is unfair to him/her, a reference to that provision of this agreement which the employee claims has been violated, and the remedy requested. This statement is to be submitted in writing.

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 one (1) calendar week following the presentation of the grievance, the employee may advance his/her grievance to the Superintendent of Schools and the Association through its President. The Superintendent must receive the grievance in writing within two (2) calendar weeks following the presentation of the grievance at Level One.

2) The Superintendent or his/her authorized representative(s) shall represent the administration at this level of the grievance procedure. Such authorized representative(s) shall be invested with the authority to decide grievances for the Superintendent at this level. Within one (1) calendar week following receipt of the

written grievance by the Superintendent, he/she or his/her authorized representative(s) shall meet with the aggrieved person (either alone or with an authorized representative in attendance, if the employee so desires). The Superintendent shall render a decision within one (1) calendar week following the conclusion of such meeting.

c. Level Three – Binding Arbitration

1) Should a grievance allege a violation, misinterpretation, or misapplication of any of the specific terms of the Agreement, the Association may file a written appeal to the American Arbitration Association, with a copy of said appeal to the Superintendent of Schools. Such appeal shall be filed in writing within fifteen days after the Board of Education issues its decision, or the grievance shall be waived. The decision of the Board of Education shall be binding except for grievances based on the specific terms of the Agreement.

2) The arbitrator shall be selected and the arbitration proceedings shall be conducted in accordance with the rules and procedures of the American Arbitration Association. The costs of the arbitration shall be borne equally by the Board and the Association.

3) The arbitrator shall hear only one grievance at a time. His/her decision shall be in writing and shall set forth his/her findings of fact, reasoning and conclusions concerning the issue before him/her. The arbitrator shall have no authority to add to, subtract from or modify the language of this Agreement, and he/she shall have no power or authority to make any decision that requires the commission of an act prohibited by law or that violates the terms of the Agreement. The decision of the arbitrator shall be final and binding upon all parties.

3.4 Miscellaneous

a. A grievance that effects a group or class of members in the Unit may be submitted only by the Association and the processing of group or class grievances shall commence at Level Two.

b. 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 shall 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 Association.

c. Any grievance not presented for disposition through the grievance procedure set forth above within two (2) calendar weeks of the occurrence of the condition giving rise thereto, or within two (2) calendar weeks of the employee's or the Association's notice or knowledge thereof, 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.

d. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.

e. 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.

f. The Association reserves the right to be present and to represent the employee if he/she so desires at any step of the grievance procedure.

ARTICLE IV

WORKING CONDITIONS

4.1 Duties

a. The Board recognizes that the position of nurse is a professional position responsible for providing health services, health counseling and health education to students, parents and, to the extent time is available, to members of the community and serving as consultant to the administration and teachers. The nurse is responsible for any building medical emergency during the school day.

b. When in the event of a normal work day the Nurse has to travel to another building for routine and emergent reasons mileage at the state/district approved rate will be reimbursed.

4.2 Work Year and Workday

a. The basic work year of a nurse shall be the staff school calendar year.

b. An optional 2 extra paid days, with approval and coordination from the school principal, prior to the start of school, for nurses to medically clear new students to begin on the first day of school per Connecticut State guidelines/regulations.

c. Summer school staffing will be covered by the permanent Nursing staff first with any remaining uncovered time offered to the substitute Nurses.

d. The Board and the Association recognize and agree that school nurses' responsibilities to their students and their profession include:

1) The performance of duties and the expenditure of time before and/or following the normal student day of reasonable duration and reasonably scheduled.

Illustrative of such duties are:
(a) being available to students and parents;
(b) participating in department and faculty meetings that are related to nursing;
(c) participating in such activities for parents and community as open house, etc.;
(d) participating in other professional activities relating to school nursing.

2) Chaperoning and/or supervising on a voluntary basis the following student activities that take place beyond the normal student day, week or year shall be compensated at a fee of $50.00 per evening activity and $175.00 per night for an overnight activity.

3) Chaperoning and/or supervising on a non-voluntary but essential basis, activities that take place beyond the normal student day, week, or year shall be compensated at the Nurses hourly salary for the hours worked beyond the normal school hours.

(a) Senior High School
1. concerts
2. plays
3. dances
4. graduation
5. overnight field trips involving transportation by auto, bus or train
6. class-sponsored activities
   [a] class night
   [b] class outings
   [c] fund-raising activities
      (1) movies
      (2) car washes
7. Student council/association sponsored activities
   [a] dances
   [b] talent shows
   [c] movies

(b) Middle School
1. concerts
2. plays
3. dances
4. overnight outdoor education
5. overnight field trips involving transportation by auto, bus or train

(c) Elementary School
1. evening musical and drama performances open to the public
2. overnight outdoor education
3. overnight field trips involving transportation by auto, bus or train

(d) Assuming other duties on a voluntary basis at no fee.

(e) Every school nurse shall be provided a duty-free period for lunch daily of thirty (30) minutes duration. The scheduling of such duty-free periods for lunch shall be determined by the Principal.

(f) At the direction of the Nursing Supervisor, Election Day CSI can be used as an uninterrupted office work day to complete the many essential/required health room duties that are demanded at the start of each school year."

4.3 Liability

a. Provisions of the Connecticut General Statutes shall apply concerning liability of employees in carrying out their duties.

4.4 Just Cause

a. All written warnings, suspensions and discharges should be for just cause. Both the employee and the Association shall be informed of all written warnings, suspensions and discharges in no later than three (3) working days.

ARTICLE V

EMPLOYMENT STATUS

5.1 Announcement of Vacancies

a. No open school nursing assignment of twenty (20) or more hours per week to be filled by one nurse shall be filled on a regular (not temporary) basis without announcing same in the Staff Bulletin or its equivalent at least fifteen (15) days prior to being filled on a regular basis. A copy of such announcement shall be sent to the Association president.

b. Such assignment may be filled on a temporary (not regular) basis commencing July 1 of any given year and any time thereafter up to, but not beyond, June 30 of the ensuing year.

c. Nursing vacancies occurring during the school year shall be posted internally for three (3) school days. If there is no internal interest for the vacancy that cannot be immediately accommodated, the position will be filled on an interim basis for the remainder of the school year. The interim position will become a vacant position for the next school year and posted internally prior to advertising externally. Vacancies occurring after the last day of school will be expempt from this posting.

5.2 Layoff and Recall Because of Reduction in Nursing Assignment

a. Layoff

1) The prime factors to be considered in determining layoff because of a reduction in nursing service shall be relative performance and length of service.

a) Relative performance shall be determined through an assessment of:

(1) general performance as an employee and specific performance as a school nurse as determined through the administration of a formal evaluation process;

(2) the amount, applicability and recency of preparation as a school nurse.

b) Length of service shall be determined through an assessment of:

(1) the length of current continuous service in West Hartford;

(2) the amount, applicability and recency of experience as a school nurse.

b. Recall

1) The prime factors to be considered in determining recall following layoff because of a reduction in nursing service shall be relative performance and length of service.

a) Relative performance shall be determined through an assessment of:

(1) general performance as an employee and specific performance as a school nurse as determined through the administration of a formal evaluation process;

(2) the amount, applicability and recency of preparation relative to assignments that are open.

b) Length of service shall be determined through an assessment of:

(1) the length of continuous service in West Hartford prior to layoff;

(2) the amount, applicability and recency of experience relative to assignments that are open.

2) The name of any nurse who is laid off because of reduction in nursing service shall be placed on a reemployment list and remain on such list until June 30 of the second calendar year following layoff provided such person does not decline reemployment and provided such person applies in writing by registered mail for retention of his/her name on said list on or before June 30 of the calendar year next following layoff.

3) No person shall be newly employed until all persons on the reemployment list have declined an offer of reemployment or been determined not qualified for the assignments that are open.

c. General

1) It is recognized that the Board shall not be bound by the layoff provisions of this Article when it terminates the employment of a nurse for reasons other than reduction in the number of nursing assignments.

2) It is further recognized that the Board shall not be bound by the recall provision of this Article when it terminates the employment of a nurse for reasons other than a reduction in the number of nursing assignments.

5.3 Probationary Employment

New employees shall serve a probationary period of sixty (60) days actually worked. During the probationary period employees may be limited to the first step of the applicable salary schedule, shall be ineligible for any leave benefits except those required by State and Federal law, and shall have no seniority rights.

ARTICLE VI

LEAVES OF ABSENCE

6.1 Sick Leave

a. Nurses employed thirty (30) or more hours per week shall be granted fifteen (15) workday absences without loss of salary in each contract year because of personal illness.

b. Nurses employed twenty (20) to twenty-nine (29) hours per week shall be granted ten (10) workday absences without loss of salary in each contract year because of personal illness.

c. Unused sick leave days shall be cumulative to a maximum of one hundred and eighty (180) days.

d. When a nurse is newly employed or terminates during the course of the contract year, the annual number of sick leave days granted for that year shall be reduced proportionally as follows:

1.5 days per month for nurses employed thirty (30) or more hours per week

1.0 day per month for nurses employed twenty (20) to twenty-nine (29) hours per week

e. Employees hired prior to June 30, 2010, upon retirement under the town pension and retirement plan, shall be paid the equivalent of one-half (1/2) of his/her total accumulated sick leave to a maximum not to exceed seventy-five (75) days. Such payment shall be made at the rate of 1/185th of his/her then current annual salary per day. The Board shall make a mandatory contribution of such payment into the Post Retirement Medical Expense Trust or into an IRC 401(a) plan. Employees hired after July 1, 2010 shall not be paid any accumulated sick leave at retirement.

f. Upon death, and provided the deceased at the time of his/her death was a member of the town pension and retirement plan, the designated beneficiary(ies), or in the event there is (are) no designated beneficiary(ies), the estate of the deceased, shall be paid the equivalent of one-half (1/2) of his/her accumulated sick leave to a maximum not to exceed seventy-five (75) days. Such payment shall be made at the rate of 1/185th of his/her then current annual salary per day.

g. Whenever a nurse has been absent five (5) or more consecutive workdays or ten (10) or more nonconsecutive workdays, the Superintendent may request that the nurse provide a certificate from his/her physician confirming that his/her absence is or has been due to illness.

h. Whenever a nurse has been absent ten (10) or more consecutive workdays or fifteen (15) or more nonconsecutive workdays, the Superintendent may deny the nurse the right to return to work until he/she provides a certificate from his/her physician stating that the nurse is capable of returning to work and resuming his/her duties fully.

6.2 Personal Leave

a. Provided absence from service is necessary and unavoidable, the Superintendent or his designee shall authorize in each regular work year:

1) up to three (3) days without loss of salary because of the death of employee's spouse, son, daughter, parent, sibling, grandparent, aunt, uncle; his/her spouse's parent, sibling, grandparent, aunt, uncle; or any other relative of the employee or his/her spouse who at the time of his/her death was domiciled in the employee's household; one of these days may be taken to attend the funeral of a close friend;

2) up to three (3) days leave without loss of salary because of the need personally to care for the employee's spouse, son, daughter, parent or any other relative of the employee or his/her spouse who is domiciled in the employee's household due to serious illness and

3) up to two (2) days for formal religious observance of a high holy day.

b. In each regular work year, the Superintendent or his/or designee may authorize up to two (2) days leave without loss of salary for situations not under the control of the employee and that cannot be taken care of outside the workday, work week or work year. Such days shall not be granted to extend a vacation or holiday period for any purpose that might be deemed essentially recreational.

c. When practicable, the employee shall submit to the Superintendent or his/her designee a request for authorized absence sufficiently in advance to enable the Superintendent or his/her designee to respond in writing. When such is not practicable, the employee shall inform the Superintendent or his /her designee of the reason for his/her absence as soon as possible, but not more than two (2) days following his/her return to work. Failure to fulfill either of these requirements shall result in loss of salary for each day of absence.

d. Personal leave days shall be noncumulative from contract year to contract year.

6.3 Pregnancy and Childrearing Leave

a. Provisions of the Connecticut General Statutes shall apply concerning leave for disability from pregnancy and childbirth.

b. Childrearing Leave

Subject to the following conditions, an employee may request and the Board may grant up to twelve months childrearing leave.

1) The employee must make his/her request for childrearing leave in writing to the Superintendent of Schools no later than sixty (60) workdays prior to the date the employee wishes to commence the leave.

2) The authority to grant or deny an employee his/her request and to determine a replacement shall rest solely with the Superintendent or his/her designee.

3) If the Superintendent or his/her designee denies a request for any of the following reasons, any grievance arising therefrom shall be based solely on the grounds the decision was arbitrary or capricious and, therefore, unfair:

    a) replacement through the transfer of another employee covered under this Agreement would be disruptive;

    b) there is no adequately qualified replacement for either the employee requesting leave or another employee who could be transferred from among employees covered under this Agreement or non-employees;

    c) an additional cost would accrue to the Board.

4) Unless the Superintendent, or his/her designee, and the employee both agree otherwise, duration of childrearing leave shall be for no-less-than the entire period granted.

5) An employee on childrearing leave shall notify the Superintendent of Schools in writing of his/her intention to return to active employment upon termination of the period of the leave no-less-than thirty (30) workdays prior to the date the leave is to end. Failure to comply with this condition shall be tantamount to resignation.

6) Childrearing leave shall be without salary and any contribution by the Board of the premium cost of insurance benefits; however, the employee shall be allowed the opportunity to continue applicable insurance coverage at his/her expense.

7) Provided his/her employment is not terminated because of staff reduction during the period of childrearing leave, an employee shall be returned to active employment when the period of childrearing leave ends.

8) When the period of the childrearing leave ends, an employee shall return to the same step of the applicable salary schedule he/she was at when the childrearing leave began.

6.4 Professional Leave

a. Each employee may, in the discretion of the Superintendent, be permitted days for attendance at recognized educational meetings or for visiting and studying other school systems. Such days shall be granted by the Superintendent without loss of pay on the basis of benefit to the school system.

b. The Board shall pay, within the limits of appropriations, the reasonable expenses (including fees, meals, lodging and/or transportation) incurred by employees who attend workshops, seminars, conferences or other professional improvement sessions at the request and/or with the advance and final approval of the Principal and Superintendent for particular purposes of special benefit of the school system and/or the individual participating.

ARTICLE VII

COMPENSATION

Salaries

7.1 The salaries of all persons covered by this Agreement shall be based on the schedules set forth in Appendix A. Employees not at maximum step shall advance one step at the beginning of each year, provided that they were employed at least ninety (90) days in the previous year.

7.2 Every member of the Association who holds a Master's Degree shall receive $1,000 added to his/her base pay each year. For members who receive a Master's Degree during the school year, this salary adjustment will be prorated.

7.3 When the employment of a person covered under this Agreement terminates in the course of the work year, the Board agrees to pay such portion of earned salary that may be due. Earned salary shall be computed as follows: Per diem compensation (annual salary divided by number of work days) for each day worked, including approved absences.

7.4 Employees covered under this Agreement have the option of being paid in either:

a. 20 semi-monthly installments
b. 24 semi-monthly installments

This option shall not be subject to change during any annual salary period and shall continue in effect unless the employee notifies the Payroll Office by no-later-than June 30 that he/she is selecting a change in option to be effective commending in the ensuing annual salary period.

c. Nurses hired after the first pay period during the first year of employment shall be paid their salary on the twenty (20) payments schedule, with the number of such payments prorated according to the percentage of the work year the nurse works.

7.5 Steps on the salary schedule may be withheld by the Superintendent for inadequate performance as determined through the administration of a formal evaluation process. Employees on the highest step of the salary schedule may be denied any salary increase by the Superintendent for inadequate performance as determined through the administration of a formal evaluation process provided that such denial shall not result in such employee being paid a lower salary than an employee on the second highest step of the salary schedule in the Agreement.

7.6 All employees must participate in direct deposit of paychecks unless an exception is made for cause for nurses employed prior to July 1, 2004.

7.7 The Board will expend tuition/educational reimbursement for pre-approved classes or job and/or career-related training or education up to $500 per individual per year and $5,000 maximum for the group annually.

7.8 Yearly tuition/educational reimbursement funds can also be used for Nursing related speakers and educators to provide programs and speakers for yearly CSI's.

7.9 <u>Longevity</u>

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 who's 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 4 to 9 years continuous employment on a regular basis as a nurse	$1,000
Completion of 10 to 14 years continuous employment on a regular basis as a nurse	$1,250
Completion of 15 to 19 years continuous employment on a regular basis as a nurse	$1,500
Completion of 20 or more years continuous employment on a regular basis as a nurse	$2,000

ARTICLE VIII

<u>INSURANCE</u>

8.1 All "employees", as identified in Article I, who are paid at least fifty percent of the rate of any category shown in Appendix A, shall be eligible for either of the insurance programs listed in Article VIII, Section 2

8.2 <u>Benefits</u>

<u>A. Health/Medical</u>

1. The Board shall provide to all employees the following health, and dental benefits for the employee, and where applicable, the family, their spouse and eligible dependents up to age 26 per the Affordable Care Act for health and to age 26 Per CT Public Act 21-149 for dental.

2. Subject to the conditions set forth below, effective July 1, 2020, the Board shall offer each bargaining unit member the opportunity to participate in the Connecticut State Partnership Plan 2.0 (Appendix A-1) 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.

   a. The premium rates shall be set by the SPP.

   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 Association 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 dental plans shall be provided through the third party administrator services of CIGNA.

1) CIGNA Premier Dental Plan - The Board shall make available for the duration of this Agreement a Dental Plan as described in Appendix A-2.

2) CIGNA Preferred Dental Plan - The Board shall make available as a second dental option the CIGNA Preferred Dental Plan as described in Appendix A-2.

The Board may substitute a comparable plan if agreed to by the Association. 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.

C. Other

Long term disability and group life insurances shall be provided at a level of coverage no-less-than that in effect June 30, 1998, and life insurance will be double the salary to a maximum of $125,000 and provided further that there is a twenty-four (24) 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 Association. 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.

8.3 Premium Cost Sharing

A. The term "premium cost" as used herein shall mean the premium rate that each carrier would charge the Board to provide the benefits specified in 8.2 for each level of coverage if the Board had funded those benefits on a fully-insured basis, giving full credibility to actual experiences.

The Board shall provide the Association, upon request, with a written statement from each carrier of the premium rate that each carrier would charge the Board to provide the benefits specified in 8.2 for each level of coverage on a fully-insured basis.

B. The Board of Education, Connecticut State Partnership Plan (SPP) 2.0, Anthem Blue Cross/Blue Shield, AETNA Life Insurance Company, or such other Third Party Administrator (TPA), mutually agreed to by the Board and Association subject to the

provisions of Article 8.2 of this Agreement shall make available to the Association all relevant data regarding the costs and performance of the various insurance plans available under this Agreement. Such data shall include, but not be limited to: the master trust agreement, consultant/TPA reports and/or studies, and premium and/or conventional premium equivalent calculations. Utilization information shall be provided including "network and out of network" providers, frequency of claims, costs, use of network providers, and Usual and Customary Rates (UCR). The Board will also provide to the Association upon request access to any other resources such as consultants which in its sole discretion the Board may engage that can validate current or future costs of the insurance benefits provided under this Collective Bargaining Agreement.

C. Nurse Premium Contributions

1. Connecticut State Partnership Plan 2.0 (SPP)

2024-25	2025-26	2026-27	2027-28
21.25%	21.5%	21.75%	22%

2. 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.

3. Group Life

Active Employees: The Board shall provide to all active employees a group life insurance plan to equal two times the annual salary not to exceed a maximum of $125,000. The employee shall pay 10% of the premium cost. The Board shall pay the balance of the cost.

Retirees: The Board shall provide $10,000 life insurance coverage to any employee who leaves the employment of the Board and retires immediately. The employee shall pay 100% of premium 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 (100 %) percent of the premium cost.

4. Dental

The employee shall pay twenty percent (20.0%) of premium costs for the coverage for which he/she is eligible and which he/she selects. The Board shall pay the balance of the cost.

8.4 The Board shall make an IRS Section 125 plan available to the employee making premium contributions for insurance benefits under Section 8.3 of the 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.

8.5 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 (e.g. marriage, divorce, death).

8.6 The Board shall provide prompt notification to the Association 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 Association's rights under the negotiations statute to negotiate changes the Board proposes concerning mandatory subjects of negotiation.

8.7 a. For each employee who upon leaving the employ of the Board immediately retires under the Town Pension Plan or who meets the definition of retirement found in Section 8.8. A.1, the Board shall pay 50% of the premium cost for individual membership plus 50% of the premium costs for dependents in any Board-offered medical insurance plan.

Continuation of each plan shall be contingent upon conditions established by the carrier.

At age 65, such coverage shall be converted to the Connecticut State Partnership Plan Group Medicare Advantage Plan.

Participation in the group dental plan in place at the time of retirement would be optional to the retiring employee. The employee would be responsible for 100% of the premium for the plan in which the employee was participating immediately prior to his/her retirement.

b. Each employee who, upon leaving the employ of the Board immediately retires under the Town Pension Plan or who meets the definition of retirement found in Section 8.8. A.1, and who, at the time of his/her retirement is participating in the life insurance program, may continue such participation to a maximum of $10,000 coverage. The employee shall pay one hundred percent (100%) of the premium cost.

8.8 Worker's Compensation

a) When an employee covered by this Agreement sustains an on-the-job injury which is determined to be compensable under the provisions of the Connecticut Workers' Compensation Act, he or she shall be entitled to full pay (less the amount of any worker's compensation award made for temporary disability due to said injury) for up to the first one-hundred twenty (120) calendar days following the date of such on-the-job injury, provided, however, that in the sole discretion of the Board's Human Resources Director and Risk Manager the same time period may be extended up to an additional ninety (90) calendar days. In addition to the foregoing, an employee's paid leave may be extended for an indefinite period, in the sole discretion of the Board's Human Resources Director and Risk Manager if it is determined that such extension is in the best interest of the Board and the employee concerned. To be eligible for any extensions, the employee must, if directed by the Board, submit an application for disability retirement to the Pension Board and/or submit to a physical examination by a physician authorized by the Board to determine the approximate length of time necessary to return to duty. The Board may, in its sole discretion, at

any time during the extension, terminate such extension if the Board determines that the extension is no longer in the best interest of the Board and the employee concerned. In that event, the employee, in the sole and exclusive discretion of the Board may either be placed on unpaid leave status (after the employee is allowed to exhaust all accrued leave) or separated from employment.

In the event a grievance arises relating to the discretionary provisions of the Article, the parties agree that an arbitrator cannot reverse or modify the Board's decisions unless he or she finds that the Board acted both arbitrarily and capriciously

b) When so directed by the Board, an employee out of work due to an on-the-job injury shall present himself or herself for a medical examination. The Board will bear the full expense of said examination. The failure of such employee to present himself or herself for an examination as directed will operate to automatically terminate any payments under this Article.

c) Whenever an employee out of work due to an on-the-job injury becomes physically able to perform some useful light duty work for the Board, he or she may be required to do so as a condition to receiving the benefits specified in Section A above.

ARTICLE IX

RETIREMENT

9.1 Pension

A. Full-time employees hired prior to June 30, 2010 are eligible to participate in the Town of West Hartford Pension Plan. Such employees 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 or July 1st following three full years from the date of normal eligibility had they remained employed. Additional 1% increases shall apply annually after the first incease 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 7% of employee's base wage. The Defined Contribution Plan will include part-time employees with hours of .5 (half-time equivalents) and greater.

For employees hired after June 30, 2010 normal retirement eligibility shall mean age 62 with 35 years credited service or age 65 with 15 years of credited service. Early retirement benefit eligibility shall be age 55 with 15 years credited service or age 60 with 10 years credited service.

B. For bargaining unit employees who are Part B members of the Pension Plan, Section 30-12 of the Pension Ordinance shall be modified, effective July 1, 2004, to reflect the following:

Any member who is hired by the West Hartford Public Schools on or after July 1, 2004, and shall have attained the age of 62 years and completed 35 years of credited service or attained the age of 65 and completed 15 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 West Hartford Public Schools before July 1, 2004, and who retires on or after July 1, 2004 and who became eligible for a normal retirement by attaining at least the age of 55 and having at least 25 years of credited service or 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.

Years after Normal Retirement	Supplement	Total
1	$600	$ 600
2	$600	$1200
3	$600	$1800
4	$600	$2400
5	$600	$3000

Each full year over 5 additional $600

(a) The pension supplement shall not be calculated in the cap calculation. The years of credited service and/or buy-back of years from other employment are still capped at 35. However, the supplement will be added to an employee's pension above the cap amount.
(b) The above pension supplement will not be a survivor benefit.
(c) The supplement shall be made annually in a single payment during the month of July, starting the first July after the employee's retirement date.

C. For bargaining unit employees who are Part B members of the Pension Plan, Section 30-13D of the Pension Ordinance shall be added, effective July 1, 2004 to reflect the following:

1. Any member who is hired by the West Hartford Public Schools on or after July 1, 2004, and shall have attained the age of 55 years and shall have completed 15 years of credited service or attained the age of 60 years and completed 10 years of credited services shall have the option, to be exercised by written request to the Pension Board, to retire not less that 60 days after the filing of said request with the Pension Board.

D. For bargaining unit employees who are Part B members of the Pension Plan, Section 30-8 of the Pension Ordinance shall be modified, effective July 1, 2004, to reflect the following:

AVERAGE FINAL COMPENSATION – The average annual compensation of a member during the three highest paid years of service prior to and including the last full month of employment. For employee's hired on or after July 1, 2004, the average final compensation for a Part B member shall not exceed the member's highest paid calendar year base wage. The highest paid calendar year base wage will be calculated on base wages or salary only (including summer school salary, if any) and will not include payments on account of overtime worked, longevity payments, meal payments, or any other payment.

E. Effective July 1, 2024 all active employees in the bargaining unit, who are participants of the Town of West Hartford Pension Plan, shall contribute 6.5% of their gross earnings to the Pension Fund.

Effective July 1, 2025, all active employees in the bargaining unit, who are participants of the Town of West Hartford Pension Plan, shall contribute 6.5% of their gross earnings to the Pension Fund.

Effective July 1, 2026, all active employees in the bargaining unit, who are participants of the Town of West Hartford Pension Plan, shall contribute 6.5% of their gross earnings to the Pension Fund.

Effective July 1, 2027, all active employees in the bargaining unit, who are participants of the Town of West Hartford Pension Plan, shall contribute 6.5% of their gross earnings to the Pension Fund.

When an employee reaches 35 years of credited service with the West Hartford Public Schools (excluding any buy-back) their contributions shall be reduced to 2.0% of their gross earnings.

F. For employees participating in the Town of West Hartford Pension Plan Part B, the equivalent dollar value of a portion of unused sick time paid out as described in Section 6.1 (e) is included in determining Average Final Compensation as described in the Part B Summary Plan Description.

ARTICLE X

SALARY DEDUCTIONS

10.1 Dues

a. The Board agrees to deduct from the salaries of those employees covered under this unit, who individually and voluntarily so authorize, dues for the Association. Such authorization shall be in writing. An employee may revoke his/her authorization. Notice of revocation must be in writing.

b. The Association shall notify the Board in writing by no-later-than June 30 of any change in the rate of membership dues for the ensuing twelve-month period July 1 through June 30.

c. The deduction of dues for any twelve-month period July 1 through June 30 shall be scheduled as follows:

1) authorization received between July 1 and August 15 -- there shall be ten (10) equal monthly deductions September through June;

2) authorization received between August 15 and October 15 -- there shall be eight (8) equal monthly deductions November through June;

3) authorization received between October 15 and January 15 -- there shall be five (5) equal monthly deductions February through June;

4) the Board shall not be required to honor any authorizations in the period January 16 through June.

10.2 Credit Union

The Board agrees to deduct from the salaries of its employees such amounts as said employees individually and voluntarily authorize the Board to deduct, and to transmit such sums promptly to the Franklin Trust Federal Credit Union for deposit to such employee's account. Employee authorization for such deductions shall be in writing.

10.3 Indemnification

The Association 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.

ARTICLE XI

DURATION AND SAVING CLAUSE

11.1 Duration

a. This Agreement shall be effective as of July 1, 2024 and shall remain in full force and effect through June 30, 2028.

e. This Agreement shall renew automatically and shall continue in full force and effect for additional periods of one (1) year unless the Board or the Association give written notice to negotiate a successor Agreement by no-later-than November 1 preceding the date the Agreement is to terminate or any subsequent anniversary thereof. Such negotiations shall commence within thirty (30) calendar days following receipt of such written notice by either party.

11.2 Saving Clause

a. 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 remainder of the Agreement shall remain in full force and effect.

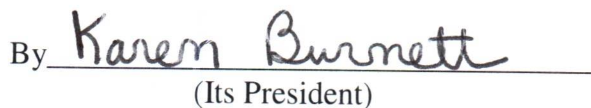
b. This Agreement may not be modified in whole or in part by the parties except by an instrument in writing duly authorized and executed by both.

IN WITNESS WHEREOF, the Parties hereto have hereunto caused this Agreement to be executed by their duly authorized representatives on this 21st day of the month of May, 2024.

WEST HARTFORD BOARD OF EDUCATION

By______________________
(Its Chairperson)

WEST HARTFORD PUBLIC SCHOOLS NURSES ASSOCIATION



By______________________
(Its President)

APPENDIX A
Nurses Salary Schedule

Diploma/Assoc. Degree	Step	Salary 2024-25	Salary 2025-26	Salary 2026-27	Salary 2027-28
	1	49,058	50,775	52,552	54,391
	2	50,871	52,652	54,495	56,402
	3	52,437	54,273	56,172	58,138
	4	54,065	55,958	57,916	59,943
	5	55,739	57,690	59,709	61,799
	6	57,466	59,478	61,559	63,714
	7	59,342	61,419	63,568	65,793
	8	61,217	63,360	65,577	67,873
	9	62,950	65,153	67,433	69,793
	10	64,209	66,457	68,783	71,190
	11	71,938	74,455	77,061	79,759

Bachelors Degree	Step	Salary 2024-25	Salary 2025-26	Salary 2026-27	Salary 2027-28
	1	50,392	52,156	53,981	55,871
	2	51,991	53,811	55,694	57,644
	3	53,895	55,781	57,733	59,754
	4	55,556	57,500	59,513	61,596
	5	57,278	59,283	61,358	63,505
	6	59,053	61,120	63,259	65,473
	7	60,885	63,016	65,221	67,504
	8	62,870	65,070	67,348	69,705
	9	64,855	67,125	69,474	71,906
	10	66,691	69,025	71,441	73,942
	11	68,024	70,405	72,869	75,420
	12	76,212	78,880	81,640	84,498

The stipend to recognize the added responsibility and time required of the nursing supervisor shall be:

2024-25	2025-26	2026-27	2027-28
10,000	10,000	10,000	10,000

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 ***Expanded Access*** *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 or visit osc.ct.gov/ctpartner.

*Source: Healthcare Bluebook: healthcarebluebook.com

https://osc.ct.gov/ctpartner

CONNECTICUT PARTNERSHIP PLAN 2.0

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)

CONNECTICUT PARTNERSHIP PLAN 2.0

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.

Using Your Benefits

When you need information about your benefits...

CareCompass.CT.gov is your one-stop shop for benefits and general information on your coverage. Click Partnership to view medical, dental, pharmacy and vision benefit information.

- Access your personalized benefits portal at **carecompass.quantum-health.com**, or by clicking Sign In on the Care Compass home page
- To view forms, visit **CareCompass.CT.gov/forms**, or click the Forms button at the bottom of the Care Compass home page.

When you need benefits support...

You and any enrolled dependents can speak with a personal Care Coordinator (833-740-3258) for help understanding your benefits, finding a doctor, and dealing with the complexities of health care. Quantum Health makes it easier for you to navigate your benefits and access the right care for you by coordinating with your medical, pharmacy, and dental member service teams. Chat with a Care Coordinator 8:30 a.m. – 10 p.m., Monday – Friday, at 833-740-3258, or send a message through your secure portal.

Earn incentives

If you select a Provider of Distinction for a qualifying procedure, you can earn a cash reward!

Visit **CareCompass.CT.gov/providersofdistinction** to search by procedure, provider or facility, or call 833-740-3258 to speak with a personal Care Coordinator.

Doctors, hospitals and provider groups that meet the highest patient care standards are designated "Providers of Distinction." Providers of Distinction members will coordinate your care throughout your entire treatment process, from evaluation through recovery. The best providers within this program are identified as Centers of Excellence.

To view a full list of procedures and incentives, visit **CareCompass.CT.gov/providersofdistinction/#incentives**. Note: The amount of the reward varies by procedure and location.

When you need to find the best provider or to find a location for a routine lab test...

Visit **osc.ct.gov/ctpartner** then scroll to **Find Providers**.

You pay nothing—$0 copay—for lab tests, if you visit a preferred Site of Service provider. To find a Site of Service provider, contact Anthem or **use the Find Care tool**.

When you're injured...

Your health plan has resources to help you through orthopedic injuries, from diagnosis to minor aches and pains, to surgery and recovery.

Get help diagnosing minor or lingering injuries through a virtual visit. Your provider will help create a rehab program you can do at home.

For surgical procedures, find the best providers for the care you need. Learn more at **CareCompass.CT.gov/orthopedics.**

Help Managing and Reversing Diabetes

Get help managing Type 1 or Type 2 Diabetes with Virta Health. Members are connected and supported with access to a diabetes health coach and receive free testing supplies and tips to manage their A1c. In the diabetes reversal program, where members with Type 2 Diabetes can learn to eat their way to better health with personalized nutrition plans and support from medical providers, professional coaches, and digital health tools.

Help Preventing Diabetes

If you have prediabetes, the digital Diabetes Prevention Program offered by Wellspark can help yo u prevent diabetes by focusing on lifestyle changes.

> To learn more about these programs, visit **CareCompass.CT.gov/diabetes**.

CONNECTICUT PARTNERSHIP PLAN 2.0

PRESCRIPTION DRUGS

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 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 (osc.ct.gov/ctpartner) and scroll down to Pharmacy under Benefit Summaries.)

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT. ADMINISTERED BY QUANTUM HEALTH.

HEP rewards you for completing your recommended preventive care by reducing your medical premiums and waiving your in-network deductible. By complying with the HEP requirements each year, you save $100 per month on your medical plan premiums ($1,200 per year) and earn a waiver of a $350 in-network deductible for each enrolled family member (up to a maximum of $1,400 per family). All HEP requirements below, including those taking effect in 2025, align with the latest U.S. Preventive Services Task Force recommendations.

2024 PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-26 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit (Changing to every 2 years for all ages in 2025)		Every 3 years		Every 2 years		
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening (for women) (Changing to every 2 years for women age 40+ in 2025)		N/A		1 mammogram between ages 45-49	As recommended by your doctor	
Cervical Cancer Screening (for women)		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years			N/A
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		

The requirements are based on your age as of January 1 each year. As Quantum Health receives your claims, your preventive care will be marked complete in your online account.

ADDITIONAL STEPS REQUIRED IF YOU HAVE A CHRONIC CONDITION

If you have one of the following chronic conditions, you must complete additional steps to stay in compliance with the program.

- Diabetes (type 1 or 2)
- Asthma or COPD
- Heart disease/heart failure
- Hyperlipidemia (high cholesterol)
- Hypertension (high blood pressure)

CONFIRM HEP COMPLIANCE AND LEARN MORE

- Go to **carecompass.ct.gov**, follow the steps to register or log in to Quantum Health, and then click on the **My Health** tab in your Quantum Health account
- Call your Quantum Health Care Coordinators at (833) 740-3258

carecompass.ct.gov

(833) 740-3258
(Monday-Friday, 8:30 a.m.-10 p.m. ET)

CONNECTICUT PARTNERSHIP PLAN 2.0

YOUR BENEFIT RESOURCES

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

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

General benefit questions, Medical, and Health Enhancement Program (HEP)

Quantum Health
CareCompass.CT.gov
833-740-3258 or login to your benefits portal from Care Compass

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Prescription drug benefits

CVS Caremark
1-800-318-2572 or login to your benefits portal from Care Compass

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Dental and Vision Rider benefits

Cigna
1-800-244-6224 or login to your benefits portal from Care Compass

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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 - Premier
Plan Renewal Date: 07/01/2023

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 Charge	
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 (Note: This service is administrated at the in network coinsurance level.)	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.
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; • Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, 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 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.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Dental Forms.

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Cigna Dental Benefit Summary
West Hartford Public Schools - Preferred
Plan Renewal Date: 07/01/2023

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 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 (Note: This service is administrated at the in network coinsurance level.)	100% No Deductible	No Charge	50% No Deductible	50% No Deductible
Class II: Basic Restorative Sealants: per tooth Restorative: fillings (amalgam & composite) Endodontics: minor and major Periodontics: 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.
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