AGREEMENT

between the

WEST HARTFORD BOARD OF EDUCATION

and

WEST HARTFORD FEDERATION OF EDUCATIONAL SECRETARIES

July 1, 2026
through
June 30, 2030

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ARTICLE I

GENERAL

A. This agreement is negotiated under the applicable sections of the General Statutes of the State of Connecticut in order (a) to fix for its term the salaries and other conditions of employment provided herein, and (b) to encourage and abet effective and harmonious working relationships between the Board and the secretarial/clerical staff.

B. To this end, the Board and the Federation recognize the importance of orderly, just and expeditious resolution of issues which may arise as a result of those provisions of this agreement dealing with salaries and conditions of employment.

C. The Board and the Federation recognize the importance of responsible participation and support given by the secretarial/clerical staff in order that the best possible education be achieved for the children of West Hartford.

ARTICLE II

RECOGNITION

In accordance with the applicable provisions of the Connecticut General Statutes and regulations relating thereto, the Board recognizes the Federation as the sole and exclusive bargaining representative for the purpose of collective bargaining on matters of wages, hours of employment and other conditions of employment for office personnel engaged in secretarial, clerical, fiscal and data entry work (hereinafter referred to as "employees") in the public school system of the Town of West Hartford. The Federation agrees to represent equally all regular personnel without regard to membership or participation in the activities of the Federation.

ARTICLE III

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 absolute right, responsibility and prerogative of management of the affairs of the Board and direction of the working force, including, but not limited to the following:

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

b. To employ, transfer, promote or demote employees, or to layoff, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interests of the Board.
c. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Board, provided such rules and regulations are made known in a reasonable manner to the employees affected by them.
d. To insure that incidental duties connected with departmental operations, whether enumerated in job descriptions or not, shall be performed by employees.
e. To create job specifications and to revise existing job specifications.

ARTICLE IV

SECURITY AND PAYROLL DEDUCTIONS

A. The Board agrees to deduct from the wages of those employees covered under this unit, who individually and voluntarily so authorize, membership dues for the Federation. Such authorization shall be in writing. Authorized deductions shall be irrevocable except in accordance with the terms under which an employee voluntarily authorized said deductions. Dues revocations shall be processed by the Federation. In the event that an employee revokes their dues, the Federation shall notify the Board in writing after the close of the revocation window.

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

C. The amount of membership dues deducted shall be remitted to the Federation as soon as practicable after the payroll period together with the list of employees for whom any such deduction is made.

D The Federation shall hold the Board harmless against any and all claims, demands, liabilities, lawsuits, attorney's fees or other costs which may arise out of, or by reason of, actions taken against the Board as a result of the enforcement or administration of this article.

ARTICLE V

COMPENSATION

A. Salaries

1. 2026-2027: 3% wage increase plus step movement for all employees not on maximum step, and a 3% wage increase to all employees on maximum step;

2. 2027-2028: 2.75% wage increase plus step movement for all employees not on maximum step, and a 2.75% wage increase to all employees on maximum step;

3. 2028-2029: 2.75% wage increase plus step movement for all employees not on maximum step, and a 2.75% wage increase to all employees on maximum step;

4. 2029-2030: 2.5% wage increase plus step movement for all employees not on maximum step, and a 2.5% wage increase to all employees on maximum step;

B. Advancement on Schedule

All employees at a step below maximum, except new hires, employed six (6) months or less (including former employees whose termination was voluntary) shall advance one step at the start of the next succeeding work year.

C. Longevity

In recognition of six (6) years or more continuous service (where one year is equivalent to 1910 hours, or the full-time equivalent for a position outside of the bargaining unit) prorated for part-time employees, in the Town of West Hartford Public School System, the Board, on the employee's anniversary date of employment, will add to the annual salary of all full-time employees an additional lump sum prorated for part-time employees as follows:

Length of Continuous Service	Additional Annual Salary
6 to 8 years	$ 450
9 to 14 years	$ 675
15 to 19 years	$ 1,000
20 years and over	$1,325

1. Each longevity supplement is to be paid in one lump sum to eligible employees in addition to any earned cost-of-living adjustment.

2. Continuity of employment will not be considered broken by approved leave.

3. Approved leave shall not count as accrued time in qualifying for a longevity supplement.

4. If employment terminates for reason other than cause between anniversary dates, an employee who is eligible for longevity shall receive payment as follows:

   a. less than three (3) months service following anniversary date – no payment
   b. three (3) months service but less than six (6) months service following anniversary date -- one quarter (l/4) payment
   c. six (6) months service but less than nine (9) months service following anniversary date -- one half (1/2) payment

d. nine (9) months service but less than twelve (12) months service following anniversary date -- three quarters (3/4) payment

5. Total service includes all service rendered to the Board on a continuous basis. A person who leaves for any reason and returns within a two year period shall be considered to be in continuous service. A person who returns after two years shall begin their service anew at the rehire date.

6. For clarification, years an employee works for the Board in a position outside of the bargaining unit shall count towards the length of continuous service.

D. Filling of Temporary Vacancies

When an employee temporarily fills a position in a higher classification for reasons other than another employee's vacation, he/she shall be paid at the higher rate after ten (10) consecutive days.

E. Overtime

If an employee is required by his/her supervisor to work more than forty (40) hours in a six-day period, Monday through Saturday, he/she shall be paid at a rate one and one-half (1.5) times his/her regular-time hourly rate for each hour he/she works in excess of forty (40).
If an employee is required by his/her supervisor to work on a Sunday or on a holiday when the Board of Education offices are closed, he/she shall be paid at a rate two (2) times his/her regular-time hourly rate for each hour worked.

F. Professional Improvement

All regularly appointed employees may be reimbursed for one college or business course, provided it has relevancy to his/her job and is approved by the Superintendent or his designated agent.

ARTICLE VI

INSURANCE BENEFITS

A. Health, Dental, Vision

1. The Board shall provide to all employees the following health, dental and vision benefits for the employee, and where applicable, the family, including dependents (i.e., anyone who is considered a dependent for tax purposes by the Internal Revenue standards).

2. Subject to the conditions set forth below, effective July 1, 2022, the Board shall offer each bargaining unit member the opportunity to participate in the Connecticut State Partnership Plan 2.0 (Appendix II) for medical benefits. Dental benefits shall be provided as set forth in Article VI of this agreement. The medical benefits shall be as set forth in the SPP effective on July 1, 2022, 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. Effective July 1, 2026, the Board shall pay for all full-time employees 79.25% of the premium cost and the employee shall pay 20.75% of such cost. Effective July 1, 2027, the Board shall pay for all full-time employees 79% of the premium cost and the employee shall pay 21% of such cost. Effective July 1, 2028 the Board shall pay for all full-time employees 78.5% of the premium cost and the employee shall pay 21.5% of such cost. Effective July 1, 2029 the Board shall pay for all full-time employees 78.25% of the premium cost and the employee shall pay 21.75% of such cost.

   c. 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.

   d. 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.

Dental Plan

The Board shall make available for the duration of this Agreement CIGNA Dental Care Plan as described in Appendix II. Employee premium share contributions shall be 15% for individual coverage and 100% for dependent coverage.

The Board shall pay the balance of the cost.

Vision Plan

The Board shall make the State Partnership Plan Vision Rider available to all employees at 100% employee cost for enrolled level (single, two person, or family).

3. For a dependent child, coverage shall be provided to age 26 for medical and dental. As the new law for dental will not take effect until the first day of the new plan year (July 1, 2022) employees will need to wait until open enrollment to re-enroll their children in

dental benefits.

4. Premiums shall be deducted September through June of each year.

5. Prescription Plan—(See State Partnership Plan)

6. The Board shall pay an amount equivalent to 85% of the premium cost on the State Partnership Plan individual dental plan. The employee shall have the choice of individual, two-person or family coverage and shall assume the premium cost above the Board's ninety 85% of the premium cost on the individual dental plan. (See Appendix II.)

7. Such medical and dental insurance contributions shall be eligible for IRS Code Section 125 benefit if the employee so designates.

8. Each employee shall be permitted to change his/her participation in insurance programs 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).

B. Life Insurance

1. 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 $120,000. For coverage up to the applicable maximum, the employee shall pay ten percent (10%) of the premium cost. The Board shall pay the balance of the cost.

2. Retirees
   The Board shall provide $10,000 life insurance coverage to any employee who leaves the employ of the Board and retires immediately under the Town Pension Plan.

C. Worker's Compensation Insurance

1. Whenever an employee is absent from work as a result of personal injury arising out of and in the course of his/her employment, the Worker's Compensation laws of the State of Connecticut shall apply.

D. Personal Injury

The Board assumes responsibility for any assault to any employee while acting in the discharge of his/her duties or within the scope of his/her employment or under the direction of the Board or its designee.

When absence arises out of or from such assault or injury, there shall be no forfeit of sick leave or personal leave.

E. Retirement Health Care**.** For each employee who, upon leaving the employ of the Board immediately retires under the Town Pension Plan, the Board shall pay 100% of the premium cost for individual membership plus, if in effect at least ninety (90) days before retirement, 50% of the difference in premium cost between individual membership and dependent or family membership in any Board-offered hospital, medical/surgical and major medical insurance plan in which the employee was participating immediately prior to his/her retirement. Continuation of each plan shall be contingent upon conditions established by the carrier. At age 65, such coverage shall be converted to the SPP Medicare supplement plans for employees who are eligible for Medicare.

F. Retirement Dental Care Each employee who, upon leaving the employ of the Board immediately retires under the Town Pension Plan, may participate in the Board-offered dental in such plan in which the employee was participating immediately prior to his/her retirement. The employee may participate in individual, dependent, or family membership at 100% cost to the employee. Continuation of such plan shall be contingent upon conditions established by the carrier.

G. Long Term Disability Insurance The Board shall offer a long-term disability plan with a benefit equal to 60% of annual salary to a maximum of $3,000 per month. Employee Cost is 20% of the premium.

ARTICLE VII

RETIREMENT

A. All qualified employees are eligible to participate in the Town Pension Plan adopted by the West Hartford Town Council effective March 1, 1945, as amended, a copy of which will be made available to employees upon request. There shall be no changes in the Defined Benefit Pension Plan for enrolled employees during the life of the contract. The parties agree that any changes to the pension plan for new employees that results from an agreement or an arbitrated award, shall have an effective date of the settlement or the award.

B. Upon retirement under the Town Pension Plan, employees hired prior to October 21, 2014, an employee shall receive, on the basis of his/her then current wages, one-half of the sick leave benefits which may have accrued to his/her credit, to a maximum of sixty (60) working days. Employees hired after October 21, 2014 shall not be eligible for payment of unused sick days at retirement.

C. In the event of the death of an employee, who until the time of death had been a member of the Town Pension Plan, the spouse of an employee, or in the event that there is no then surviving spouse, the minor children of an employee, or, in the event that there are no surviving minor children of an employee, the estate of an employee shall be paid one-half (1/2) of the employee's accumulated unused sick leave up to a maximum of sixty (60) working days.

D. Effective July 1, 2026, employees who are eligible to participate in the Pension Plan (Part B) and do participate in the Pension Plan shall contribute 6.25 % of gross income. Effective July 1, 2027 employees who are eligible to participate in the Pension Plan (Part B) and do participate in the Pension Plan (Part B) shall contribute 6.5% of gross income. Effective July 1, 2028 employees who are eligible to participate in the Pension Plan (Part B) and do participate in the Pension Plan (Part B) shall contribute 6.75% of gross income. Effective July 1, 2029 employees who are eligible to participate in the Pension Plan (Part B) and do participate in the Pension Plan (Part B) shall contribute 7.0% of gross income.

E. For bargaining unit employees who are Part B members of the Pension Plan, Section 30-12 of the Pension Ordinance shall be modified, effective May 1, 2006, to reflect the following:

1. Any member who was hired by the Board of Education on or after May 1, 2006 and shall have attained the age of 65 years and completed 15 years of credited service or attained the age of 62 years and completed 35 years of credited service shall be eligible for retirement from active service and for a normal unreduced retirement allowance.

2. Any member who was hired by the Board before May 1, 2006 and who retires on or after May 1, 2006 and who becomes eligible for a normal retirement by attaining at least the age of 55 and having at least 25 years of credited service or by attaining at least the age of 60 and having at least 10 years of credited service, and does not retire shall earn the following annual pension supplement for each full year beyond their normal retirement date:

Years after Normal Retirement	Supplement Amount	Total
1	$600	$ 600
2	$600	$1,200
3	$600	$1,800
4	$600	$2,400
5	$600	$3,000
Each full year over 5	$600	$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 July 1 after the employee's retirement date.

F. Bargaining unit members hired after May 21, 2013 shall be subject to Part E of the of the Town of West Hartford Pension Plan. A member in Part E hired on or after May 21, 2013 shall receive 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. Employees eligible for this provision shall be required to contribute annually three percent

(3%) of the member's gross wages.

Bargaining unit employees who are Part E members of the Pension Plan and who are hired by the Board on or after May 21, 2013 shall also be enrolled in a 401(a) plan. The Board shall make a non-elective contribution of 2.25% of the employee's base wages and the employee shall make a non-elective contribution of 2.25% of the employee's base wages to the employee's account.

ARTICLE VIII

CONDITIONS OF EMPLOYMENT

The Board reserves the right to determine the workday, work week and work year of any position covered under this agreement except that the workday, work week and work year of anyone covered under this agreement who was under the employ of the Board as of June 3, 1983 shall be as follows unless such person chooses to the contrary:

A. Workday

The workday of all employees compensated in accordance with the established salary schedule shall consist of seven and one-half (7-1/2) hours during the school year for not less than forty-four (44) weeks and six and one-half (6-1/2) hours for the balance of eight (8) weeks during the summer months. The seven and one-half (7-1/2) hour days will resume during the two weeks preceding the first day of school for students.

If, due to unforeseen conditions, a situation arises that requires an employee to remain beyond his/her normal schedule, the administrator will first seek a volunteer. If unable to find a volunteer, the Board can require the employee to remain. This circumstance is understood to be exceptional and shall be of a minimal duration.

B. Work Week

The work week will consist of five (5) days, Monday through Friday.

C. Flex Time

1. An employee shall have the option of proposing a non-standard work schedule to her/his immediate supervisor. If her/his supervisor rejects an employee's proposal for a non-standard work schedule, said employee may appeal to the Superintendent or his designee.

2. An employee shall have opportunity to request flex time on a given day when the occasion rises. If her/his supervisor rejects an employee's request for a flex day, said employee may appeal to the Superintendent or his/her designee.

3. The authority to grant or to deny such appeal shall rest solely with the Superintendent of Schools or his designee. Such decision shall be based on the best interests of the school system including, but not limited to, the effect on the functioning of the office affected and/or on cost. The decision of the Superintendent or his/her designee shall be final and shall not be subject to the grievance procedure.

D. Work Year

1. The work year for all employees will be fifty-two (52) weeks beginning on July 1 and terminating June 30.

2. In leap years, the administration will grant employees release time for hours actually worked on February 29. Scheduling of release time will be determined mutually between the supervisor and the employee providing an employee's choice will not be unreasonably denied.

E. Probationary Period

1. New employees shall serve a probationary period of ninety (90) days actually worked. During this period the administration may terminate the employee at its discretion. Such action shall not be subject to grievance.

2. During the ninety (90) day period the employee

   a. shall earn one sick day per month, non-cumulative;
   b. will be eligible for paid personal leave for bereavement and family illness as stated in the Agreement.

3. Upon completion of the probation period, employees who receive satisfactory evaluations by their supervisor, to be confirmed by the Superintendent, will become regular employees and be eligible for all benefits retroactive to date of hire.

F. Emergency Closings

An announcement will be made by the Superintendent of Schools or his designated agent when office personnel are not expected to report for duty on emergency closing of schools. Emergency closings pertaining to students and teachers do not automatically include employees covered under this Agreement.

If a principal knows that an employee covered under this Agreement will be or is the only Board employee in the school building, he/she shall defer and reschedule the work time unless the employee requests otherwise.

G. The administration will provide a suitable work environment for computer/monitor work stations.

ARTICLE IX

HOLIDAYS

A. All employees are authorized to be absent with pay on twelve (12) holidays per year when

schools are not in session. So long as schools are not in session, these holidays shall include Independence Day, Labor Day, Indigenous Peoples Day, Thanksgiving Day and the day after, Christmas Day, New Year's Day, Martin Luther King Day, Presidents, Good Friday, Memorial Day and Juneteenth. If school is in session on any of the holidays stated above, employees shall receive an additional floating holiday. The holiday dates for the twelve-month period July 1 through June 30 shall be determined mutually by the Superintendent and the Federation following adoption of the school year calendar by the Board of Education. Two floating holidays shall be available to all employees. An employee may take his/her holiday on a date of his/her choice, with prior approval of his/her supervisor. Denials for request when school is in session will not be grievable under Article VIII.

If the West Hartford Public Schools Board of Education recognizes Juneteenth as a paid holiday for any employees during the term of this contract, we will negotiate the impact of adding Juneteenth in the holiday provision under Article IX A.

During the December, February and April school vacations, each employee shall work one less hour per day than his/her normal work day without loss of pay.

B. All employees shall receive a full day's pay at their straight time rate of pay for the thirteen (13) annual holidays regardless of the day of the week upon which the holiday falls.

C. 1. If the day immediately preceding Christmas Day is a workday and provided it is not a workday for teachers and school is not in session, such workday shall be at least four (4) hours duration.

2. If the day immediately preceding New Year's Day is a workday and provided it is not a workday for teachers and school is not in session, such workday shall be at least four (4) hours duration.

ARTICLE X

VACATIONS

A. All full-time employees shall annually, as of July 1 each year, be entitled to vacations based on their length of service as follows:

1. Each twelve (12) month (52 week), full-time employee is entitled to ten (10) vacation days. Newly hired employees hired on or after July 1, 2026 shall have their ten (10) vacation days pro-rated in the first school year of employment from their date of hire through June 30.

2. After one (1) year or more, but less than eleven (11) years of employment as a twelve (12) month, fulltime continuous employee, the employee shall be granted fifteen (15) vacation days.

3. All employees with more than eleven (11), but less than twenty (20) years of employment as a twelve (12) month, full-time continuous employee shall be granted twenty (20) vacation days.

4. All employees with twenty (20) years or more of employment as a twelve (12) month, full-time continuous employee shall be granted twenty five (25) vacation days.

5. When a conflict arises in vacation scheduling between members of the bargaining unit, seniority will be considered.

B. With prior approval of the Superintendent or designee, an employee may take his/her earned vacation days anytime in a twelve-month period, July 1 through June 30th, and shall be granted pay due to them for accrued vacation. Such approval shall be requested 5 days in advance and not be unreasonably denied. A request for two (2) days or less may be made with one (1) days' notice.

C. 1. When an employee terminates his/her service with the Board, the Board shall pay the employee for each vacation day he/she has earned. If an employee terminates their employment during the school year, any vacation time earned will be pro-rated consistent with their termination date.

2. If an employee dies during his/her service with the Board, the Board shall pay his/her estate for each vacation day he/she had earned.

D. An employee may carry over a maximum of five (5) vacation days from one twelve-month period, July 1 through June 30, to the next. Additional days may be carried over with approval of the Superintendent or designee.

ARTICLE XI

AUTHORIZED ABSENCES

A. Sick Leave

All employees are entitled to sick leave with full pay for personal illness of fifteen (15) days annually not including absences covered by Worker's Compensation.

1. Sick leave may be used in the following cases:

a. personal illness or physical incapacity;

b. enforced quarantine of an employee in accordance with the community health regulations;

c. emergency dental or medical appointments or other sickness prevention measures, provided it is not possible to arrange an appointment at a time when the employee is off-duty.

2. Unused sick leave may be accumulated from year to year up to a total of two hundred (200) days as long as the employee remains continuously in the service of the Board. All accumulated leave shall be determined annually as of July 1 of each year.

3. New employees shall be granted a proportionate number of sick leave days from the date of employment to July 1. An employee who terminates or is terminated (exclusive of lay off because of staff reduction) in the course of the work year shall be deducted a proportionate number of sick leave days from the date of termination to July 1.

4. a. If requested by the Superintendent or his designee, an employee shall provide a certificate from his/her physician confirming that his/her absence is or has been due to illness when the employee has been absent five (5) or more consecutive workdays or ten (10) or more nonconsecutive workdays within one work year.

   b. If requested by the Superintendent or his designee, an employee who has been absent because of illness ten (10) or more consecutive workdays or fifteen (15) or more nonconsecutive workdays shall provide written certification from his/her physician that he/she is capable of performing his/her duties fully.

   c. The Board will pay any cost in excess of insurance coverage that the employee may incur in complying with such requests.

B. Personal Leave

1. When absence from work is necessary and unavoidable an employee shall be permitted a maximum of five (5) days in a work year without loss of salary for any of the following reasons:

   a. death in the immediate family (spouse, parent, child, aunt, uncle, grandparent, grandchild, brother, sister, mother-in-law, father-in-law, sister-in-law, brother-in-law, or any relative of the employee or his/her spouse who is domiciled in the employee's household);

   b. illness in the immediate family (spouse, parent, child, or any relative of the employee or his/her spouse who is domiciled in the employee's household);

   c. formal religious observance of a holy day;

   d. attendance at legal proceedings;

   e. It is recognized that there can be circumstances when an employee must be absent for extremely personal and private reasons. In these instances, while the employee must request personal leave, he/she will not be required to state the reason. It is expected that this type of situation will be exceptional;

   f. The above cited provisions shall not preclude an employee using less than one full day's leave for the completion of personal business. However, less than a half workday shall be charged as a half day and more than a half day shall be charged as a full day.

2. The Superintendent of Schools, in individual cases when absence through absolute necessity exceeds the five (5) allotted days, may grant one (1) additional day per year of service to a maximum of five (5) additional days.

3. When practicable, the employee shall make written request for personal leave to the Superintendent reasonably in advance. Where such request is not practicable, the employee shall inform the Superintendent in writing 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.

C. Professional Leave

1. The Board will allow the Federation president and/or designee up to two (2) days during the work year to attend Union conferences and conventions. The Federation president must inform the Superintendent of the date, place and purpose of the leave at least ten (10) days in advance.

2. Within any given work year the Superintendent may grant in-service leave without loss of salary to any employee covered under this unit to attend one single-day workshop, seminar, conference or other session intended to improve the work competencies of the employee. The employee shall bear the full cost of attending such in-service session.

D. Pregnancy and Child-bearing Leave

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

E. 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 leave.

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

3. If the Superintendent or his designee denies a request for any of the following reasons, any grievance arising there from 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 either among employees covered under this Agreement or non-employees;

   c. an additional cost would accrue to the Board.

4. Unless the Superintendent, or his 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 for 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 childrearing leave ends, an employee shall return to:

   a. the same classification he/she was in when the childrearing leave began; and

   b. at the same step of the applicable salary schedule he/she was at when the childrearing leave began.

F. Perfect Attendance Bonus

Employees shall be granted a bonus for perfect attendance in a given school calendar year according to the schedule below. Perfect attendance will not be interrupted by authorized personal leave, jury duty leave, holidays, military leave or authorized union business.

Bonus schedule for Perfect Attendance

1 year	$200
2 years	$400
3 years or more	$600

G. Unpaid Leaves of Absence

1. The Superintendent, at his/her discretion, may grant requests for leave of absence for a work year or part of a work year if in his/her judgement such leave will serve the interests of the West Hartford Public Schools.
2. Such leave shall be without salary and any contribution by the Board for the premium cost of insurance benefits: however, the employee shall be allowed the opportunity to continue applicable insurance coverage at their expense.
3. Such leave must continue for its full term unless in the judgment of the Superintendent it is in the interest of the school system to grant the request of an employee to return to active duty before his/her leave terminates.
4. An employee will not be entitled to such advancement on the salary schedule nor such accumulation of sick leave that he/she would have earned had he/she not been on leave. However, an employee on an approved unpaid leave of absence shall earn service time in the bargaining unit for the purpose of seniority.
5. The Board shall hold open the position and the employee shall be allowed to return to work in their position at the end of the agreed upon leave.
6. The employee shall inform the Superintendent in writing of their intention to return to their position or resign, within ninety 90 days of the end of their leave. Failure to do so shall be deemed a resignation.
7. The leave period shall terminate upon the employee's return to work.

ARTICLE XII

EMPLOYMENT PRACTICES

A. Vacancies

1. A vacancy is a position that is newly established and budgeted or open as a consequence of a person accepting another vacant position or leaving the employ of the Board for reasons other than lay off. No vacancy exists if there are employees who are eligible for recall or who are without assignment because of reduction in the number of positions.

2. a. Whenever there is a vacancy in a position covered under this Agreement such vacancy shall be announced in the Staff Bulletin or its equivalent at least five (5) workdays prior to being filled. A copy of such announcement shall be sent to the Federation President. During the summer months such announcements will be posted in each building. This requirement to announce a vacancy may be waived by mutual agreement of the President of the Federation and the Superintendent or his/her designee.

   Each posting shall include the following information regarding the vacant positions:

   1. classification
   2. department or school
   3. the job description
   4. closing date for applications
   5. earliest starting date

   b. The Administration shall not be required to post or to announce as a vacancy any open position that it does not intend to fill or any open position that was filled through a previous posting within the preceding thirty (30) workdays.

   The Administration will inform the Federation of any open position it does not intend to fill and any open position it does not post or announce as a vacancy because it was filled through a previous posting within the preceding thirty (30) workdays.

   The Board reserves the right not to transfer an employee who applies for and is chosen to fill a vacancy into that vacancy during the then current work year.

   The Administration shall not fill a vacancy or open position for more than forty-five (45) workdays with a temporary employee.

3. The Board shall interview all West Hartford Federation of Educational Secretaries bargaining unit member applicants for any open and competitive positions prior to interviewing any persons outside the bargaining unit.

4. a. If in the judgment of the Superintendent or his/her designee, an inside applicant and an outside application qualify for a vacancy, and comparably so, he/she will select the inside applicant.

   b. If in the judgment of the Superintendent or his designee, two or more inside applicants qualify for a vacancy, and comparably so, he/she will select the applicant who has the most consecutive years of employment within the bargaining unit to date.

B. Reclassification

1. Any employee may request reclassification of his/her position if he/she believes the competencies required and responsibilities of his/her work assignment vary significantly from the definition of the position in which he/she is assigned.

2. Such requests shall be made in writing to the Superintendent or his designee and must be accompanied by a statement of justification.

3. The Superintendent or his designee shall inform the employee of the decision on his/her request no-later-than sixty (60) days following receipt thereof. Such decision shall not be subject to review, challenge or dispute under the grievance procedure of this agreement.

4. If granted, such reclassification shall take effect at the beginning of the pay period immediately following the date the employee submitted his/her request.

5. An employee who is reclassified to a higher classification level shall be placed one step beyond the step of the new classification the salary of which is equal to (or, if there is no such salary, the salary that is next highest to) the salary he/she was receiving when reclassified.

6. An employee who is reclassified to a lower classification level or who is reclassified as a consequence of the restructuring of the classification system shall be placed on the step of the new classification the salary of which is equal to (or, if there is no such salary, the salary that is next highest to) the salary he/she was receiving when reclassified.

C. Notifications

Notification of all new hires, changes in positions, transfers, reclassification requests and responses will be sent to the Federation president.

D. Joint Meetings

There shall be quarterly meetings with the Superintendent or his designee and the Federation representatives to discuss issues which affect the secretarial staff. Meeting dates to be mutually determined.

E. Staff Reduction

1. Definition

Staff reduction occurs when the total number of full-time positions or fraction thereof established and budgeted by the Board of Education from funds appropriated by the Town or other sources is less than the total number of full-time equivalent employees qualified and available for placement in these positions.

Staff reduction can result in displacement from position or in layoff.

Staff reduction procedures shall be operative whether the reason for an excess of employees relative to the number of positions in a position-type is the closing of a school, a change in the system of classifying personnel or a decrease in the budget.

2. Sequence of Displacement from Position or Layoff by Personnel Groupings

   a. Paraprofessionals shall not be used in any position covered under this Agreement if such use would result in the layoff of an employee or employees covered under this Agreement.

   b. Part-time employees (employed less than twenty (20) hours a week working in positions covered under this Agreement shall constitute the first group of personnel to be displaced or laid off.

   c. Full-time employees (employed twenty (20) hours or more a week) who have been under the employ of the Board of Education twelve (12) consecutive months or less shall constitute the second group of personnel to be displaced or laid off.

   d. Full-time employees (employed twenty (20) hours or more a week) who have been under the employ of the Board of Education thirteen (13) consecutive months or more (hereinafter referred to as "regular") shall constitute the final group of personnel to be displaced or laid off.

3. Layoff

   a. Classification of Displacement from Position or Layoff (Part-time, Full-time employees who have been under the employ of the Board of Education twelve (12) consecutive months or less, Regular Full-time)

      1) Displacement or layoff shall be applied within and not among the functions into which the positions under this Agreement are classified: Specialist, Accounting, Secretarial / Clerical.

      2) Specialist

         a) Within the specialist function, displacement or layoff shall be applied within the specialist classification.

      3) Accounting Function

         a) Within the accounting function, displacement or layoff shall be applied within and between those classified in the accounting series (ACI, ACII, ACIII).

         b) Within the accounting series, an account clerk III can displace any position type within the accounting series.

         c) Within the accounting series, an account clerk II can displace an account clerk I but not vice versa.

         d) Within the accounting series, an account clerk I cannot displace any other position type within the accounting series.

      4) Secretarial/Clerical Functions (Lead Secretary, Secretary, Clerk II)

         a) Within the secretarial/clerical functions, displacement or layoff shall be applied within and between those classified in the secretarial/clerical series.

b) Within the secretarial/clerical functions, a lead secretary can displace any position type within the secretarial/clerical series.

c) Within the secretarial/clerical functions, a secretary can displace a clerk II.

5) Any employee who declines reclassification to a lower level position as a consequence of staff reduction shall be terminated.

b. Criteria of Displacement from Position or Layoff
(Regular Full-time Personnel)

1) The prime factor to be considered in determining displacement or layoff of regular full-time personnel within each classification (Specialist, Accounting, Secretarial / Clerical) shall be the length of continuous current employment under the Board of Education with the employee who has the least time being displaced or laid off first.

2) Performance as determined through the administration of the formal evaluation process shall be the factor to be considered in determining displacement or layoff between or among employees who have been continuously employed the same length of time.

3) Any employee being displaced in a position shall not displace an employee in a lower position with more seniority.

4) Seniority for the purpose of displacement from layoff shall be defined as length of services with the Board of Education.

4. Recall

a. Part-time employees and full-time employees who have been under the employ of the Board of Education twelve (12) consecutive months or less shall have no right of recall.

b. The name of each regular full-time employee who is laid off 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 informs the Human Resources Office in writing on or before June 30 of the calendar year next following layoff that he/she wishes to have his/her name retained on the reemployment list.

c. Classification of Recall -- Regular Full-time Personnel

1) Recall shall be applied within and not among the three functions into which the positions under this agreement are classified: specialists, accounting, secretarial/clerical.

2) Specialist Function

Within the Specialist function, recall shall be applied within the Specialist group.

3) Accounting Function

a) An employee who at the time of layoff was an account clerk III may be

recalled to any position type within the accounting function.

b) An employee who at the time of layoff was an account clerk II may be recalled to an account clerk II position type or to an account clerk I position.

c) An employee who at the time of layoff was an account clerk I may be recalled only to an account clerk I position.

4) Secretarial / Clerical Functions (Lead Secretary, Secretary, Clerk II)

a) An employee who at the time of layoff was a lead secretary may be recalled to any position type within the secretarial/clerical functions.

b) An employee who at the time of layoff was a secretary may be recalled to a secretary position or a clerk II position, but not to a lead secretary position

c) An employee who at the time of layoff was a clerk II may be recalled to a clerk II position, but not to a lead secretary or a secretary position.

d. Criteria of Recall -- Regular Full-time Personnel

1) Within each classification defined in Article XII. E.3.1, the employee whose name was placed last on the reemployment list shall be first to be recalled.

2) No person shall be newly employed until all persons on the reemployment list have declined an offer of reemployment or been reemployed.

e. Any person who has been laid off will, upon reemployment, be placed on the same step for salary purposes that he/she was on when laid off and, for reason of staff reduction, will be credited with the amount of continuous employment he/she had when laid off.

f. If in the judgment of the Superintendent or his designee anyone on recall is qualified for a position in a classification other than that in which he/she was working at the time of lay off, the Superintendent or his designee will consider that person before considering outside applicants.

5. General

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

b. It is further recognized that the Board shall not be bound by the recall provisions of this Article when it terminates employment for reasons other than reduction in the number of positions.

c. No bargaining unit position shall be filled by non-bargaining unit personnel except on a permanent full-time basis.

F. Discipline

No employee will be disciplined or terminated from employment without just cause.

ARTICLE XIII

GRIEVANCE PROCEDURE

A. Definitions

Grievance is hereby defined to mean:

1. Type A

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

2. Type B

   A complaint by an employee that an action taken or refused by an administrator is unfair.

B. Procedure

1. Level One - Principal or Immediate Supervisor (Type A and Type B Grievances)
   Any employee who feels that he/she has a grievance shall discuss it first with his/her immediate superior in an attempt to resolve the matter informally at that level.

2. Level Two - Superintendent of Schools (Type A and Type B Grievances)

   a. In the event that such employee is not satisfied with the disposition of his/her grievance at Level One, or in the event that no decision has been rendered within five (5) calendar days following the final meeting at Level One, the employee may advance his/her grievance to the Superintendent of Schools. The grievance shall be submitted in writing stating:

      1. the facts;

      2. the provision or provisions of this Agreement allegedly misinterpreted or misapplied or the basis for claiming an action taken or refused by the administrator is unfair;

      3. the remedy sought.

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

   b. The Superintendent or his designee shall meet with the aggrieved employee within ten (10) calendar days following receipt of the written statement of grievance. The

Superintendent or his designee shall render a decision--such decision to be received by the grievant within seven (7) calendar days following final meeting at Level Two.

3. Level Three

   a. Type A Grievances - Binding Arbitration

      1) In the event that such employee is not satisfied with the disposition of his/her grievance at Level Two, such grievance may be presented by the Federation to the American Arbitration Association of the State Board of Mediation and Arbitration for arbitration in accordance with the administrative procedures, practices and rules of each agency.

      2) The Federation must notify the Superintendent in writing of its intention to submit a grievance to arbitration within fifteen (15) calendar days following receipt of the decision of the Superintendent at Level Two and must commence the process for arbitration within five (5) calendar days following receipt of such notification by the Superintendent.

      3) The arbitrator shall hear and decide only one grievance in each case. He/she shall be bound by and must comply with all the terms of the Agreement. He/she shall have no power to add to, delete from, or modify in any way any of the provisions of this Agreement. The decision of the arbitrator shall be binding upon both parties and all employees during the life of this Agreement, unless the same is contrary to law.

      4) All costs and expenses of arbitration shall be borne equally by the Board and the Federation.

   b. Type B Grievances - Advisory Arbitration

      1) In the event that such employee is not satisfied with the disposition of his/her grievance at Level Two, such grievance may be presented by the Federation to the American Arbitration Association or the State Board of Mediation and Arbitration for arbitration in accordance with the administrative procedures, practices and rules of each agency.

      2) The Federation must notify the Superintendent in writing of its intention to submit a grievance to arbitration within fifteen (15) calendar days following receipt of the decision of the Superintendent at Level Two and must commence the process for advisory arbitration within five (5) calendar days following receipt of such notification by the Superintendent.

      3) The sole power of the arbitrator shall be to receive evidence of the facts of the grievance and hear arguments of the Parties following which he/she shall render to the Superintendent, the Board, and the Federation his/her findings of the facts of the grievance and his/her advisory opinion as to whether an action taken or refused by an administrator is unfair; and a proposed remedy deemed to be appropriate under the circumstances of the complaint.

      4) The Board or at least three (3) members thereof shall meet with the employee and the Superintendent and/or his designee within two (2) calendar weeks following receipt of the arbitrators report.

5) Based on the arbitrator's findings of facts and the information acquired in the meeting with the employee and the Superintendent and/or his designee, the Board shall affirm or modify the decision rendered by the Superintendent or his designee, but not the findings of fact.

6) The Board shall render a decision by no-later-than the regular meeting of the Board next following its meeting or the meeting of three members with the employee.

7) The decision of the Board shall be final.

C. Miscellaneous

1. The Board and the Federation agree that:

   a. Every reasonable effort should be made to resolve grievances at the administrative level most directly involved.

   b. Nothing herein contained shall be construed as limiting the rights 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.

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

3. Since it is important that grievances be processed as rapidly as possible, the number of days indicated at any level should be considered as maximum and every effort should be made to expedite the process. The time limits specified at all levels may be extended by the mutual agreement of the Superintendent of Schools and the President of the Federation.

4. Any grievance not presented for disposition through the grievance procedure set forth above within fifteen (15) workdays of the occurrence of the condition giving rise thereto, or within fifteen (15) workdays of the employee's or the Federation'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.

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

6. 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.

7. The Federation reserves the right to be present at any step of the grievance procedure and to receive copies of all grievance materials.

8. An employee may be represented by a Federation representative at any step of the grievance procedure if he/she so desires.

ARTICLE XIV

SAVINGS CLAUSE

In the event that any provision or 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 this Agreement shall remain in full force and effect.

ARTICLE XV

DURATION

This Agreement shall be effective as of July 1, 2026 and shall remain in full force and effect through June 30, 2030.

IN WITNESS THEREOF, the parties hereunto set their hands this 2nd day of June, 2026.

WEST HARTFORD BOARD OF EDUCATION

By _____
Its Chairperson

WEST HARTFORD FEDERATION OF EDUCATIONAL SECRETARIES

By _____
Its President

APPENDIX I

SECRETARIAL/CLERICAL WAGE SCHEDULES

2026-2027

Step	Specialist	AC III	AC II	AC I	RSP	LS	S	C II
1	62,445	55,326	50,051	47,505	57,132	55,474	51,405	45,895
	32.69	28.97	26.20	24.87	29.91	29.04	26.91	24.03
2	63,666	56,417	51,101	48,622	58,353	56,695	52,436	47,020
	33.33	29.54	26.75	25.46	30.55	29.68	27.45	24.62
3	64,916	57,534	52,176	49,763	59,600	57,943	53,486	48,172
	33.99	30.12	27.32	26.05	31.20	30.34	28.00	25.22
4	66,192	58,671	53,323	50,934	60,876	59,217	54,553	49,351
	34.66	30.72	27.92	26.67	31.87	31.00	28.56	25.84
5	67,498	59,836	54,494	52,129	62,179	60,521	55,808	50,390
	35.34	31.33	28.53	27.29	32.55	31.69	29.22	26.38
6	68,829	61,021	55,696	53,354	63,511	61,853	56,981	51,396
	36.04	31.95	29.16	27.93	33.25	32.38	29.83	26.91
7	70,191	62,234	56,919	54,610	64,871	63,214	58,235	52,425
	36.75	32.58	29.80	28.59	33.96	33.10	30.49	27.45
8	71,581	63,470	58,174	55,895	66,260	64,602	59,401	53,475
	37.48	33.23	30.46	29.26	34.69	33.82	31.10	28.00
9	73,003	64,733	59,453	57,206	67,682	66,023	60,589	54,542
	38.22	33.89	31.13	29.95	35.44	34.57	31.72	28.56
10	74,456	66,022	60,761	58,548	69,135	67,476	61,799	55,633
	38.98	34.57	31.81	30.65	36.20	35.33	32.36	29.13
11	75,933	67,340	62,096	59,925	70,618	68,960	63,035	56,747
	39.76	35.26	32.51	31.37	36.97	36.10	33.00	29.71
12	81,587	72,481	67,115	64,866	76,194	74,537	67,994	61,213
	42.72	37.95	35.14	33.96	39.89	39.02	35.60	32.05

2027-2028

Step	Specialist	AC III	AC II	AC I	RSP	LS	S	C II
1	64,162	56,847	51,427	48,811	58,703	57,000	52,819	47,157
	33.59	29.76	26.93	25.56	30.73	29.84	27.65	24.69
2	65,417	57,968	52,506	49,959	59,958	58,254	53,878	48,313
	34.25	30.35	27.49	26.16	31.39	30.50	28.21	25.29
3	66,701	59,116	53,611	51,131	61,239	59,536	54,957	49,497
	34.92	30.95	28.07	26.77	32.06	31.17	28.77	25.91
4	68,012	60,284	54,789	52,335	62,550	60,845	56,053	50,708
	35.61	31.56	28.69	27.40	32.75	31.86	29.35	26.55
5	69,354	61,481	55,993	53,563	63,889	62,185	57,343	51,776
	36.31	32.19	29.32	28.04	33.45	32.56	30.02	27.11
6	70,722	62,699	57,228	54,821	65,258	63,554	58,548	52,809
	37.03	32.83	29.96	28.70	34.17	33.27	30.65	27.65
7	72,121	63,945	58,484	56,112	66,655	64,952	59,836	53,867
	37.76	33.48	30.62	29.38	34.90	34.01	31.33	28.20
8	73,549	65,215	59,774	57,432	68,082	66,379	61,035	54,946
	38.51	34.14	31.30	30.07	35.65	34.75	31.96	28.77
9	75,011	66,513	61,088	58,779	69,543	67,839	62,255	56,042
	39.27	34.82	31.98	30.77	36.41	35.52	32.59	29.34
10	76,504	67,838	62,432	60,158	71,036	69,332	63,498	57,163
	40.05	35.52	32.69	31.50	37.19	36.30	33.25	29.93
11	78,021	69,192	63,804	61,573	72,560	70,856	64,768	58,308
	40.85	36.23	33.41	32.24	37.99	37.10	33.91	30.53
12	83,831	74,474	68,961	66,650	78,289	76,587	69,864	62,896
	43.89	38.99	36.11	34.90	40.99	40.10	36.58	32.93

2028-2029

Step	Specialist	AC III	AC II	AC I	RSP	LS	S	C II
1	65,926	58,410	52,841	50,153	60,317	58,568	54,272	48,454
	34.52	30.58	27.67	26.26	31.58	30.66	28.41	25.37
2	67,216	59,562	53,950	51,333	61,607	59,856	55,360	49,642
	35.19	31.18	28.25	26.88	32.25	31.34	28.98	25.99
3	68,535	60,742	55,085	52,537	62,923	61,173	56,468	50,858
	35.88	31.80	28.84	27.51	32.94	32.03	29.56	26.63
4	69,882	61,942	56,296	53,774	64,270	62,518	57,594	52,102
	36.59	32.43	29.47	28.15	33.65	32.73	30.15	27.28
5	71,261	63,172	57,533	55,036	65,646	63,895	58,920	53,200
	37.31	33.07	30.12	28.81	34.37	33.45	30.85	27.85
6	72,667	64,423	58,802	56,329	67,053	65,302	60,158	54,261
	38.05	33.73	30.79	29.49	35.11	34.19	31.50	28.41
7	74,104	65,703	60,092	57,655	68,488	66,738	61,481	55,348
	38.80	34.40	31.46	30.19	35.86	34.94	32.19	28.98
8	75,572	67,008	61,418	59,011	69,954	68,204	62,713	56,457
	39.57	35.08	32.16	30.90	36.63	35.71	32.83	29.56
9	77,074	68,342	62,768	60,395	71,455	69,705	63,967	57,583
	40.35	35.78	32.86	31.62	37.41	36.49	33.49	30.15
10	78,608	69,704	64,149	61,812	72,989	71,239	65,244	58,735
	41.16	36.49	33.59	32.36	38.21	37.30	34.16	30.75
11	80,167	71,095	65,559	63,266	74,555	72,805	66,549	59,911
	41.97	37.22	34.32	33.12	39.03	38.12	34.84	31.37
12	86,136	76,522	70,857	68,483	80,442	78,693	71,785	64,626
	45.10	40.06	37.10	35.85	42.12	41.20	37.58	33.84

2029-2030

Step	Specialist	AC III	AC II	AC I	RSP	LS	S	C II
1	67,574	59,870	54,162	51,407	61,825	60,032	55,629	49,665
	35.38	31.35	28.36	26.91	32.37	31.43	29.13	26.00
2	68,896	61,051	55,299	52,616	63,147	61,352	56,744	50,883
	36.07	31.96	28.95	27.55	33.06	32.12	29.71	26.64
3	70,248	62,261	56,462	53,850	64,496	62,702	57,880	52,129
	36.78	32.60	29.56	28.19	33.77	32.83	30.30	27.29
4	71,629	63,491	57,703	55,118	65,877	64,081	59,034	53,405
	37.50	33.24	30.21	28.86	34.49	33.55	30.91	27.96
5	73,043	64,751	58,971	56,412	67,287	65,492	60,393	54,530
	38.24	33.90	30.87	29.54	35.23	34.29	31.62	28.55
6	74,484	66,034	60,272	57,737	68,729	66,935	61,662	55,618
	39.00	34.57	31.56	30.23	35.98	35.04	32.28	29.12
7	75,957	67,346	61,594	59,096	70,200	68,406	63,018	56,732
	39.77	35.26	32.25	30.94	36.75	35.81	32.99	29.70
8	77,461	68,683	62,953	60,486	71,703	69,909	64,281	57,868
	40.56	35.96	32.96	31.67	37.54	36.60	33.65	30.30
9	79,001	70,051	64,337	61,905	73,241	71,448	65,566	59,023
	41.36	36.68	33.68	32.41	38.35	37.41	34.33	30.90
10	80,573	71,447	65,753	63,357	74,814	73,020	66,875	60,203
	42.18	37.41	34.43	33.17	39.17	38.23	35.01	31.52
11	82,171	72,872	67,198	64,848	76,419	74,625	68,213	61,409
	43.02	38.15	35.18	33.95	40.01	39.07	35.71	32.15
12	88,289	78,435	72,628	70,195	82,453	80,660	73,580	66,242
	46.22	41.07	38.03	36.75	43.17	42.23	38.52	34.68

CONNECTICUT PARTNERSHIP PLAN 2.0

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 6, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and or visit carecompass.ct.gov/ctpartner.

*Source: Healthcare Bluebook: healthcarebluebook.com

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	$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.

CONNECTICUT PARTNERSHIP PLAN 2.0

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.

When Seeking Mental Health Support…

It's important to care for your mental and emotional health and your plan makes it easy to find providers and resources. Your benefits include coverage for mental health coaching, therapy, substance use treatment, and addiction recovery. Learn more at **CareCompass.ct.gov/mental-health**.

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

Visit your Quantum Health benefits portal, select **Provider Search**. You pay nothing—$0 copay—for lab tests, if you visit a preferred Site of Service provider. To find a Site of Service provider, visit your personalized benefits portal at **CareCompass.quantum-health.com**. If you select a provider designated as a "Provider of Distinction", you will **earn a gift card.** Note: The amount of the reward varies by procedure or condition. To view a full list of procedures and incentives, visit **CareCompass.CT.gov/providersofdistinction**.

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.**

Need to Manage or Want to Reverse 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.

Need Help Preventing Diabetes…

If you have prediabetes, the digital Diabetes Prevention Program can help yo u prevent diabetes by focusing on lifestyle changes. This is a 12-month group participation program with health coaches and nurses to help you build healthier habits to prevent the onset of diabetes.

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

Want to Learn About Well-being…

30-minute health seminars led by health professionals include ways to manage stress, quit smoking, boost immunity, choose healthy foods, practice meditation, chair exercises, and more. You can also meet your **HEP Chronic Condition education** requirement by attending the corresponding "Basics" seminar.

> To see the upcoming schedule, visit **CareCompass.CT.gov/healthy-living**, and click "Wellbeing Seminars"

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

CONNECTICUT PARTNERSHIP PLAN 2.0

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, and mammograms). **Here are the HEP Requirements:**

<table>
<tr><th rowspan="2">PREVENTIVE SCREENINGS</th><th>Dependent Requirements</th><th colspan="5">Employee and Spouse Requirements</th></tr>
<tr><th>6-25 years</th><th>18-29 years</th><th>30-39 years</th><th>40-49 years</th><th>50-64 years</th><th>65+ years</th></tr>
<tr><td>Preventive Visit</td><td></td><td colspan="5">Every 2 years</td></tr>
<tr><td>Dental Cleaning</td><td>At least 1 per year</td><td colspan="5">At least 1 per year</td></tr>
<tr><td>Cholesterol Screening</td><td rowspan="4"></td><td colspan="5">Every 5 years (age 20+)</td></tr>
<tr><td>Breast Cancer Screening (for women)</td><td colspan="2">N/A</td><td colspan="3">Mammogram every 2 years to age 75</td></tr>
<tr><td>Cervical Cancer Screening (for women)</td><td>Pap every 3 years (age 21+)</td><td colspan="3">Pap only every 3 years or Pap/HPV combo every 5 years</td><td>N/A</td></tr>
<tr><td>Colorectal Cancer Screening</td><td colspan="2">N/A</td><td colspan="3">Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75</td></tr>
</table>

To check your Health Enhancement Program compliance status, visit CareCompass.CT.gov, then sign in or register for your Quantum Health benefits portal. To view your status, click the My Health tab in your portal.

You can also download the MyQHealth app on the App Store or Google Play.

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.

Quantum Health is the administrator for the Health Enhancement Program (HEP) and gives you access to your personalized health benefits portal. The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. Login to your personal benefit portal at carecompass.quantum-health.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
- Send a secure message to a Care Coordinator for benefits assistance
- Connect you to your medical, pharmacy, dental and other healthcare services covered in your plan- with just one login.

Quantum Health: (833)740-3258, 8:30 a.m.-10 p.m. ET, Mon.-Fri.

CONNECTICUT PARTNERSHIP PLAN 2.0

YOUR BENEFIT RESOURCES

Care Compass is your hub for your health benefits: CareCompass.CT.gov/ctpartner

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

Quantum Health- Care Coordinators

CareCompass.CT.gov/ctpartner or login to your benefits portal from Care Compass

833-740-3258

Prescription drug benefits

CVS Caremark

CareCompass.CT.gov/ctpartner/pharmacy or login to your benefits portal from Care Compass

1-800-318-2572

Dental and Vision Rider benefits (if applicable)

Cigna

CareCompass.CT.gov/ctpartner/dental
CareCompass.CT.gov/ctpartner/vision

or login to your benefits portal from Care Compass

1-800-244-6224

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

www.osc.ct.gov/ctpartner

860-702-3560

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

Cigna Dental Benefit Summary
West Hartford Public Schools - Preferred
Plan Renewal Date: 07/01/2026

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.**

DPPO				
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 administered 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 (Includes composite (white/tooth-colored) fillings on molars.) 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.
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 composite (white/tooth-colored) fillings on molars.
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;
- Implants: implants or implant related services;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change 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.

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.

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: 07/01/2026

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.**

DPPO				
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 administered at the in-network coinsurance level.)	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings (Includes composite (white/tooth-colored) fillings on molars.) 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	0% After Deductible	100% After Deductible	0% 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	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	0% After Deductible	100% After Deductible	0% After Deductible

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 composite (white/tooth-colored) fillings on molars.
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;
- Implants: implants or implant related services;
- 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.

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.

State of Connecticut Partnership Plan 2.0 - Vision

Effective Dates: July 01, 2025 – June 30, 2026

This is a summary of benefits for your vision plan.

Cigna Vision Benefits

Benefit	In-Network	Out-of-Network
Materials Copay	$0	N/A
Single Vision Lenses	Covered in Full	$40 Allowance
Bifocal Lenses	Covered in Full	$65 Allowance
Trifocal Lenses	Covered in Full	$75 Allowance
Lenticular Lenses	Covered in Full	$100 Allowance
Contact Lenses (Retail Allowance)		
Elective	$360 Allowance	$345 Allowance
Therapeutic	Covered in Full	$345 Allowance
Frame (Retail Allowance)	$175 Allowance	$126 Allowance

Frequency is 12 months for lenses, contact lenses, and frames.

In-Network Benefits Include:
One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
Lens Options:

Standard Polycarbonate: covered for under 18 years of age; min. 20% save, $40 out-of-pocket max. for adults
Oversize lenses: covered under plan
Rose Tints: #1 and #2 - covered under plan
Solid Tints: min. 20% save, $15 out-of-pocket max.
Gradient Tints: $20 out-of-pocket max.
Standard photochromic: 20% save, $78 out-of-pocket max.
Standard anti-reflective coating: min. 20% save, $45 out-of-pocket max.
Standard scratch/UV coating: min. 20% save, $17 out-of-pocket max.
Progressive lenses: covered up to bifocal lens amount with 20% savings on the difference;
$81 out-of-pocket max. for standard lens

One frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance.
One pair or a single purchase supply of contact lenses - in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.
Vision Network Savings Program:

Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered savings does not apply to contact lens materials. Check with your Cigna Vision Network Provider for details.

To Locate a Provider:

1. www.cigna.com Online Provider Directory:
   Click on **"Find a Doctor"** at the top of the page.
   Choose the **"Eye Doctor"** radio button and enter your search criteria.
2. www.myCigna.com: You can search for a provider by name, specialty or location after you enroll for coverage and your plan has taken effect.

Cigna.

HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT. ADMINISTERED BY QUANTUM HEALTH.

FREQUENTLY ASKED QUESTIONS

Q: What is HEP?

A: The Health Enhancement Program (HEP) encourages employees and their enrolled family members to take charge of their health and their health care. The preventive care and chronic care management requirements are based on the U.S. Preventive Taskforce guidelines. When you (or your dependents) complete all HEP age-related screenings and chronic condition education (if required), your premiums remain unchanged. If you do not complete your household's HEP requirements each year, you will incur a $1,400 in-network deductible and your premiums will increase by $100 per month.

Q: What are the requirements?

A: There are two parts to HEP: Age/gender-appropriate preventive requirements and if applicable, chronic condition education requirements. All HEP requirements below, including those taking effect in 2025, align with the latest U.S. Preventive Services Task Force recommendations.

PREVENTIVE REQUIREMENTS

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.

<table>
<tr><th rowspan="2">PREVENTIVE SCREENINGS</th><th>Dependent Requirements</th><th colspan="5">Employee and Spouse Requirements</th></tr>
<tr><th>6-25 years</th><th>18-29 years</th><th>30-39 years</th><th>40-49 years</th><th>50-64 years</th><th>65+ years</th></tr>
<tr><td>Preventive Visit</td><td></td><td colspan="5">Every 2 years</td></tr>
<tr><td>Dental Cleaning</td><td>At least 1 per year</td><td colspan="5">At least 1 per year</td></tr>
<tr><td>Cholesterol Screening</td><td rowspan="4"></td><td colspan="5">Every 5 years (age 20+)</td></tr>
<tr><td>Breast Cancer Screening (for women)</td><td colspan="2">N/A</td><td colspan="3">Mammogram every 2 years to age 75</td></tr>
<tr><td>Cervical Cancer Screening (for women)</td><td>Pap every 3 years (age 21+)</td><td colspan="3">Pap only every 3 years or Pap/HPV combo every 5 years</td><td>N/A</td></tr>
<tr><td>Colorectal Cancer Screening</td><td colspan="2">N/A</td><td colspan="3">Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75</td></tr>
</table>

CHRONIC CONDITION REQUIREMENTS

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)

If you have one of the designated chronic conditions, you must **complete ONLY one of the following** requirements for each condition:

- Read a fact sheet, linked in your Quantum Health account on the **My Health** tab.
- Attend an approved HEP Monthly Basic Seminar specific to your condition and confirm completion in your Quantum Health account on the **My Health** tab.
- Speak with a Quantum Health Nurse Care Coordinator by calling (833) 740-3258.

Please note that this is an annual requirement due by December 31st along with your preventive requirements.

Q: When does the program start?

A: The program runs on a calendar year basis so each year on January 1 a new compliance year begins. Your requirements for the year are based on your age on that day. So, if you are 49 on January 1, you are held to the requirements for a 49-year-old, even though you turn 50 in that calendar year.

Q: How can I track my progress toward my requirements?

A: To check your status or update your compliance, go to carecompass.quantum-health.com to register or log in to your Quantum Health account and then click on the My Health tab. Anyone on your plan over the age of 18 must log in to their own Quantum Health account to view their HEP status. Your dependents may grant permission for you to view their HEP status by going to **Privacy Settings** and clicking the **Privacy Authorization** tab. Once there, scroll down to **Wellness/Prevention** to select who can view your HEP requirements.

Q: A service is required less frequently than every year – every 2,3,4,5,7 and even 10 years. Do I have that long to complete it?

A: Quantum Health looks back at the claims for the appropriate number of years to see if the requirement has been completed. Requirements are measured using the current compliance year.

Q: I had a service that I needed before this insurance went into effect. Do I have to do it again?

A: No, you do not. You may log in to carecompass.quantum-health.com and complete a self-entry for the specific activity by selecting **My Health**, then clicking **HEP Requirements**, and then scrolling to find the self-entry option for the requirement you had completed before this insurance went into effect.

Q: I can't do one or more of the HEP requirements due to medical reasons.

A: Have your doctor fill out a Medical Exemption form indicating that you should be exempt from the service. The medical exemption form can be found by logging into carecompass.quantum-health.com, selecting the **My Health** tab, and then selecting **Medical Exemption Form**. Be sure they indicate whether a permanent exemption is needed. When Quantum Health receives the form, they provide credit for the requirement. Directions for form submissions may be found at the top of the Medical Exemption Form.

Q: I can't do one or more of the HEP requirements due to changes in anatomy and the way I identify.

A: Have your doctor fill out a Medical Exemption Form indicating that you should be exempt from the service. The Medical Exemption Form can be found by logging into carecompass.quantum-health.com, selecting the **My Health** tab, and then selecting **Medical Exemption Form**. Be sure they indicate whether a permanent exemption is needed. If the exemption is approved, Quantum Health will provide credit for the requirement. In addition, you may also update your preferred pronouns by logging into carecompass.quantum-health.com, selecting **Profile Settings**, and then scrolling down to **Preferred Pronouns** to select an option in the drop-down.

Q: I can't do one or more of the requirements due to non-medical reasons.

A: Complete the Non-Medical Exemption Form indicating which requirement(s) you are requesting an exemption for. The Non-Medical Exemption Form can be found by logging into carecompass.quantum-health.com, selecting the **My Health** tab, and then selecting **Non-Medical Exemption Form.** Directions for form submissions may be found at the top of the Non-Medical Exemption.

Q: I completed my HEP requirements. Why am I still showing as being non-compliant with a requirement?

A: Quantum Health receives claims after they are processed by your insurance carrier. If a couple of months have passed and the portal continues to reflect that you're non-compliant for a screening that you have already completed, you may complete the self-entry for that activity. If the self-entry feature is not yet available, please call your Care Coordinators for further assistance at (833) 740 – 3258.

Q: Do I still have to complete the self-entry activity if I am showing as compliant via a claim?

A: No, if there is a green check mark next to the activity due to a claim being received, you do not have to complete the self-entry option.

Q: Does my child have to be compliant? He/she will be turning 26 and coming off my health plan before the end of the year.

A: Dependents who are aging off the plan at the end of the calendar year will no longer be evaluated for HEP compliance.

Q: My spouse is a state retiree on Medicare and doesn't have to comply with HEP. Do I still need to meet the requirements?

A: If you are under 65 and a dependent of a retiree in the Medicare Advantage plan whose retirement date was (Oct. 2, 2011, or later), you are required to meet the HEP requirements and must be compliant with the requirements to receive the financial benefits of the program.

Q: I am a new employee – do I have to be compliant with HEP this year? Or, I just added a dependent – do they have to be compliant with HEP this year?

A: HEP compliance is measured once you are in the program for a full calendar year. For example, if the effective date of your insurance is Jan. 1, 2024, you must be compliant by Dec. 31, 2024. If the effective date of your insurance is July 1, 2024, you must be compliant by Dec. 31, 2025.

Q: If I'm out of compliance and being penalized, will I automatically be reinstated once I complete the requirement?

A: Yes, once Quantum Health receives the processed claim of the missing requirement, you will be automatically reinstated. If you've completed a requirement, but Quantum Health has not yet received a claim, you may complete the self-entry for the missing requirement. You will be reinstated on the first day of the month following receipt of a claim or self-entry. Please note that self-entries are subject to random audit if a claim has not been received after 60 days of the self-entry.

Q: Can I complete a self-entry for my dependent(s) under the age of 18?

A: If you have a dependent who is under the age of 18 and wish to self-report a completed screening, please contact your Care Coordinators at (833) 740-3258 for assistance.

Q: Can I still get a physical every year and will it be covered?

A: Yes, even though HEP does not require a preventive visit every year, one preventive visit is covered 100% by the State of Connecticut health plan per calendar year. An office visit for illness is not considered a preventive visit and does require a copay.

Q: My provider's office is telling me that my insurance won't cover me if I schedule my next physical (preventive visit) under the 365-day rule. Is this True?

A: NO- this is not true. The State of Connecticut plan is unique in that you can schedule your preventive visit in less than 365 days from your previous preventive visit if they fall on different calendar years. For example, if you have your preventive visit in December of one year, then schedule a new physical in March of the next calendar year, both will be 100% covered.

Q: Does my well-woman (gynecologist) exam fulfill the HEP preventive visit requirement?

A: Yes. Remember that you may also need to schedule a mammogram or cholesterol screening to fulfill your requirements.

Q: How do I enroll or opt-out of HEP?

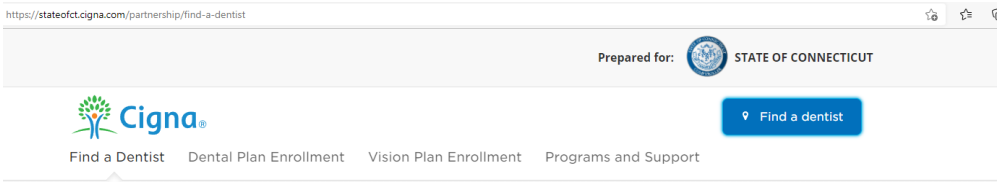
A: If you are enrolling in benefits for the first time, you will automatically be enrolled in HEP. If you wish to opt-out, then during the annual open enrollment or the first 31 days of hire, you must complete Form CO-1316 (available at CareCompass.CT.gov/forms) and send it to your Agency Benefits Specialist. Be sure to read this form carefully as the same financial penalties apply for opt-out as to those who are non-compliant with HEP. You can only re-enroll in HEP during the annual open enrollment by notifying your Agency Benefits Specialist. State Partnership Plan members cannot opt-out of HEP.

Cigna Dental Lookup Instructions

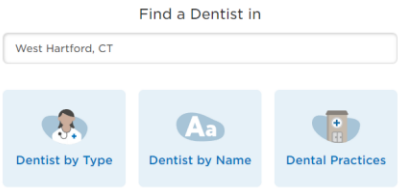
The following is the link to look up your dentist or to find a dentist.

https://stateofct.cigna.com/partnership/

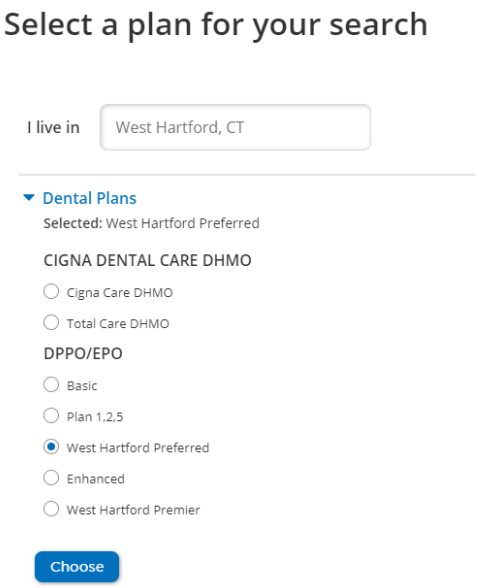
On the first screen, top right click on Find a Dentist



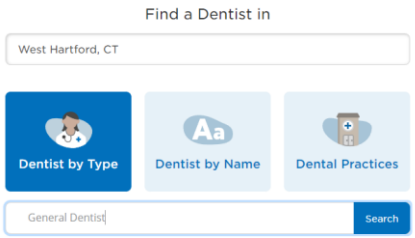
Enter the address, city or zip code for the area you would like to search.



Select Dental Plan – Choose West Hartford Preferred or West Hartford Premier.



Then search by type, name or practice and click search, you can continue as guest or login if registered.



In-network providers will display a green checkmark. Providers not listed are considered out-of-network.

MEMORANDUM OF AGREEMENT

BETWEEN

THE WEST HARTFORD BOARD OF EDUCATION

AND

THE WEST HARTFORD FEDERATION OF EDUCATIONAL SECRETARIES

The West Hartford Board of Education; (the "Board") and the West Hartford Federation of Educational Secretaries (the "Federation") hereby enter into the following Memorandum of Agreement ("MOA") regarding mileage reimbursement:

1. A bargaining unit member who uses his/her automobile for work assignments shall be reimbursed for the mileage involved at the prevailing GSA/IRS rate.

2. The Board will make available the appropriate mileage reimbursement form.

3. This MOA shall be included as an attachment to the parties' collective bargaining agreement.

For the Board

By: _____

Date: 9/16/22

For the Federation

By: _____

Date: 9/16/22

MEMORANDUM OF AGREEMENT

BETWEEN

THE WEST HARTFORD BOARD OF EDUCATION

AND

THE WEST HARTFORD FEDERATION OF EDUCATIONAL SECRETARIES

The West Hartford Board of Education; (the "Board") and the West Hartford Federation of Educational Secretaries (the "Federation") hereby enter into the following Memorandum of Agreement ("MOA") regarding a new classification and pay lane for the bargaining unit members in the REACH and STRIVE/Post-Secondary programs and an adjustment to the Specialist pay lane:

1. A new classification and pay lane shall be created for the positions held by bargaining unit members in the programs currently known as REACH and STRIVE/Post-Secondary. The classification shall be called REACH and STRIVE/Post-Secondary Program ("RSP"). Effective and retroactive to July 1, 2022, the RSP pay lane shall be equal to $1,500 more than the pay lane for Lead Secretary, and thereafter shall increase by the wage increases set forth in Article V, Section A of the parties' collective bargaining agreement.

2. For purposes of Article XII, Section E, the RSP category and Lead Secretary category will be treated as a single category.

3. In recognition for the additional duties assigned to bargaining unit members in the Specialist classification, the pay lane for said classification shall, effective and retroactive to July 1, 2022, increase by $5,000 above the current Specialist pay lane, and thereafter shall increase by the wage increases set forth in Article V, Section A of the parties' collective bargaining agreement.

4. This MOA shall be included as an attachment to the parties' collective bargaining agreement. Appendix I of the collective bargaining agreement will be amended to reflect the new wage scales, which are attached to this MOA.

For the Board

By: _____

Date: 10/7/22

For the Federation

By: _____

Date: 10/7/22

MEMORANDUM OF AGREEMENT
BETWEEN
THE WEST HARTFORD BOARD OF EDUCATION
AND
THE WEST HARTFORD FEDERATION OF EDUCATIONAL SECRETARIES

The West Hartford Board of Education; (the "Board") and the West Hartford Federation of Educational Secretaries (the "Federation) hereby enter into the following Memorandum of Agreement ("MOA") regarding an adjustment to the Account Clerk III pay lane:

1. In recognition for the additional duties and responsibilities assigned to bargaining unit members in the Account Clerk III classification, the pay lane for said classification shall, **effective and retroactive from October 3rd, 2024,** increase by $2,500 above the current Account Clerk III pay lane, and thereafter shall increase by the wage increases set forth in Article V, Section A of the parties' collective bargaining agreement.

2. This MOA shall be included as an attachment to the parties' collective bargaining agreement. Appendix I of the collective bargaining agreement will be amended to reflect the new wage scales, which are attached to this MOA.

For the Board

By: _____

Date: 11/12/24

For the Federation

By: _____

Date: 11/11/2024