

**AGREEMENT**

**Between the**

**CANAAN BOARD OF EDUCATION**

**And the**

**CANAAN EDUCATION ASSOCIATION**

**July 1, 2018 - June 30, 2020**

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## AGREEMENT

This Agreement is made and entered into by and between the Canaan Board of Education (hereinafter referred to as the "Board"), and the Canaan Education Association (hereinafter referred to as the "Association").

### ARTICLE 1 RECOGNITION

1-1 The Board recognizes the Association as the exclusive representative of all the certified professional employees of the Board, employed in positions requiring a teaching or special services certificate or durational shortage area permit, for the purpose of negotiations with respect to salaries and other conditions of employment about which either party wishes to negotiate pursuant to Connecticut General Statutes §§ 10-153g. The Association recognizes the Board as the employer vested with the sole and exclusive powers and authorities to direct and administer the operation of the school district. The Board retains all rights as prescribed by law subject only to the limitations imposed by the language of this Agreement.

1-2 The Board reserves the right to themselves alone to establish policies and take administrative action as mandated under the statutes of the State of Connecticut.

1-3 The term "teacher" as used in this Agreement, except where otherwise specifically indicated, is considered to apply to all teachers described in Section 1-1 above and shall mean a person employed in a position requiring a certificate issued by the State Board of Education and included in the teachers unit as defined by Section 10-153(b) of the Connecticut General Statutes.

1-4 The term "superintendent" as used in this agreement is considered to apply to the superintendent, assistant superintendent or anyone acting in that capacity.

1-5 "Length of Service" shall mean continuous employment with this Board of Education from the teacher's last date of hire.

### ARTICLE 2 NEGOTIATION

#### 2-1 Negotiation Over a Successor Agreement

2-1.1 The Board and the Association agree to abide by the Connecticut General Statutes.

#### 2-2 Matters Not Covered By Terms of the Agreement

2-2.1 During the duration of the Agreement, in the event that the Association desires to make any proposal, the subject matter of which is not covered herein, the Association may submit such proposal in writing to the Chairman of the Board or his/her designee. Similarly, the Board of Education may submit proposals in writing to the President of the Association. Not more than



two (2) Board meetings will elapse before Board reply, nor sixty (60) days before Association reply. Neither the making of a proposal nor the issuance of a reply, hereunder, shall be deemed to comprise mid-term bargaining pursuant to Connecticut General Statutes §10-153f(e) unless both parties, in writing, voluntarily agree to enter into such negotiations.

### 2-3 Severability

2-3.1 In the event that any provision or portion of this Agreement is illegal or 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.

2-3.2 This Agreement shall not be altered, amended, or changed except in writing after mutual agreement of the parties and after ratification by duly authorized groups and signed by the Board and the Association which writing shall be appended hereto and become part hereof.

## ARTICLE 3 GRIEVANCE PROCEDURE

### 3-1 Definitions

3-1.1 A "grievance" shall mean a complaint by a teacher, a group of teachers, or the Association covered by this Agreement that there has been to him/her or them a personal loss or injury because of a violation, misinterpretation, or inequitable application of the terms of this Agreement or the conditions of employment, except that the term "grievance" shall not apply to (a) any matter for which a method of review is prescribed by law; (b) any rule or regulation of the State Commissioner of Education; (c) any by-law of the Board of Education; (d) any matter which according to law is either beyond the scope of the Board authority or limited to unilateral action by the Board alone; (e) complaint of a non-tenured teacher which arises by reason of his/her not being re-employed; or (f) a complaint by any certified personnel occasioned by appointment to or lack of appointment to, retention in or lack of retention in any position for which tenure is either not possible or not required.

3-1.2 "Days" shall mean days when school is in session except during the period July 1 - August 31 when "days" shall mean Monday, Tuesday, Wednesday, Thursday, Friday.

3-1.3 "Party in interest" shall mean the teacher or teachers making the complaint, including their designated representatives as provided herein.

3-1.4 "Forms" shall mean the appropriate forms as appended hereto in Appendix D.

### 3-2 Purpose

3-2.1 The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to the problems which may occasionally arise affecting the welfare or working conditions of teachers. Both parties agree that these proceedings shall be kept as informal and confidential as may be appropriate at any level of the procedure.

3-2.2 Nothing herein contained shall be construed as limiting the right of any party in interest having a grievance or dispute to discuss the matter informally with any appropriate member of the administration.

### 3-3 Procedure

3-3.1 Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as a maximum and every effort shall be made to expedite the process. The time limits specified may, however, be extended by written agreement of the parties in interest.

3-3.2 In the event a grievance is filed on or after June 1, the time limits set forth herein shall be reduced so that the grievance procedure may be exhausted prior to the end of the school term or as soon thereafter as is practicable.

3-3.3 If the teacher(s) does not file a written grievance with his/her immediate supervisor within thirty (30) days after the teacher(s) knows or should have known of the act or condition on which the grievance is based, then the grievance shall be waived. A grievance filed with the Professional Rights and Responsibilities Committee must reach Level One within thirty (30) days of the date of the grievance.

### 3-4 Level One - Principal or Immediate Supervisor

3-4.1 A teacher or group of teachers of the unit with a grievance or dispute shall first discuss it with his/her or their immediate supervisor or principal, either directly or through the representative of the aggrieved, with the objective of resolving the matter informally.

3-4.2 If a teacher or group of teachers is not satisfied with the outcome of the informal grievance procedures as defined in the above, then the teacher or teachers shall present his/her or their claim as a written grievance to the principal on form 1.

3-4.3 The principal shall, within five (5) days after receipt of the written grievance, render his/her decision in writing to the aggrieved on form 2 in duplicate.

3-4.4 One copy of form 2 is to be returned to the principal by the aggrieved within three (3) days with a response indicated.

### 3-5 Level Two - Superintendent of Schools

3-5.1 In the event that the aggrieved is not satisfied with the disposition of his/her grievance at Level One, or in the event that no written decision has been rendered by the principal within five (5) days after presentation of the written grievance, he/she or his/her representative may file within three (3) days of the decision or within eight (8) days after the formal presentation a written grievance with the Superintendent of Schools on form 1.

3-5.2 The superintendent shall represent the administration at this level of the grievance procedure. Within ten (10) days after receipt of the written grievance by the superintendent, the

superintendent shall meet with the aggrieved and/or his/her representatives in an effort to resolve it.

3-5.3 The superintendent shall, within five (5) days after the hearing, render his/her decision in writing to the aggrieved on form 3 in duplicate.

3-5.4 One copy of form 3 is to be returned to the superintendent by the aggrieved within three (3) days with a response indicated.

### 3-6 Level Three - Board of Education

3-6.1 In the event that the aggrieved is not satisfied with the disposition of his/her grievance at Level Two, or in the event no decision has been rendered within ten (10) days after he/she has first met with the superintendent, he/she or his/her representative may file within three (3) days of the decision or within thirteen (13) days after the formal presentation a written grievance, indicating such dissatisfaction, with the Board on form 1.

3-6.2 A committee of the Board shall, within ten (10) days after receipt of the appeal, meet with the aggrieved and/or his/her representative for the purpose of resolving the grievance.

3-6.3 The Board shall, within thirty (30) days after such meeting, render its decision and the reasons therefor in writing to the aggrieved on form 4 in duplicate.

3-6.4 The aggrieved shall return one copy of form 4 to the chairman of the Board within three (3) days with a response indicated.

### 3-7 Level Four - Arbitration

3-7.1 If the aggrieved is not satisfied with the disposition of his/her grievance at Level Three, he/she may, within three (3) days after the decision, or within thirty-six (36) days after the Board meeting, request, in writing on form 1 to the president of the Association that his/her grievance be submitted to arbitration.

3-7.2 The Association shall, within five (5) days after receipt of such request, render its determination to the Board and to the aggrieved on form 5 as to whether or not the grievance is meritorious and the reasons therefor.

3-7.3 If the grievance is deemed meritorious by the Association, the chairman of the Board and the president of the Association shall, within five (5) days after such written notice, jointly select a single arbitrator who is an experienced and impartial person of recognized competence and indicate such on form 5. If the parties are unable to agree upon an arbitrator within five (5) days, the American Arbitration Association shall immediately be called upon to select the single arbitrator. The Board and the Association shall be bound by the rules and procedures of the American Arbitration Association.

3-7.4 The arbitrator selected shall confer promptly with representatives of the Board and the Association, shall review the record of prior hearings, and shall hold such further hearings with the aggrieved and other parties in interest as he/she shall deem requisite.

3-7.5 The arbitrator shall limit himself/herself to the issues submitted and shall consider nothing else. He/she can neither add anything to nor subtract anything from the Agreement between the parties.

3-7.6 The arbitrator shall, within ten (10) days after the close of the hearings, render his/her decision in writing to all parties in interest, setting forth his/her findings of fact, reasoning, and conclusion on the issues submitted. The decision of the arbitrator shall be final and binding upon all parties in interest.

3-7.7 The costs for the services of the arbitrator shall be borne equally by the Board and the Association.

### 3-8 Rights of Teachers to Representation

3-8.1 No reprisals of any kind shall be taken by the Board or by any member of the administration or by the Association or aggrieved against anyone by reason of participation in the grievance procedure or support of any participant thereto.

3-8.2 Representation of the grievant at any level of the grievance procedure shall be limited to the grievant and/or an authorized Association representative, except that only the Association may present a grievance at Arbitration.

### 3-9 Miscellaneous

3-9.1 All documents, communications, and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.

3-9.2 Copies of the forms to be used in processing a grievance and for reporting decisions and recommendations shall be made available by the superintendent and the chairman of the Professional Rights and Responsibilities Committee of the Association.

## ARTICLE 4 TERMINATION AND RECALL PROCEDURES

### 4-1 General Statement of Policy

It is recognized that under State law the Board has the responsibility to maintain good public elementary and secondary schools and to implement the educational interests of the State. However, recognizing also that it may become necessary to eliminate professional staff positions in certain circumstances, this policy is adopted to provide a fair and orderly process should such eliminations become necessary. This article shall not apply to employees holding durational shortage area permits. These individuals have no contractual right in reference to layoff and/or recall.

## **4-2 Procedure**

4-2.1 The Board may, in the first instance, exercise its right and power to reduce the number of teaching staff positions without determining which teacher contracts will be terminated, if any, or what other staffing changes will be made to effectuate the purpose of position elimination.

4-2.2 Prior to commencing action to terminate teacher contracts under this policy, the Board will give due consideration of its ability to effectuate position eliminations and/or reduction in staff by:

1. Voluntary retirements
2. Voluntary resignations

4-2.3 If the position of a teacher who has attained tenure status is eliminated by the Board, such teacher will have the right to be placed in an available position for which he or she is certified and qualified. Available positions shall include those held by non-tenured teachers.

4-2.4 When the Board votes to eliminate a position the following criteria shall apply in determining what teaching contracts, if any, will be subject to termination. The criteria shall be applied sequentially and are:

- (a) Certification
- (b) Total continuing paid teaching experience in the school district. Unpaid leaves greater than one half of the work year will not count in the calculation of total paid teaching experience.
- (c) Performance as determined by written summary evaluation.
- (d) In the event that the application of the criteria (a) (b) (c) is not sufficient to determine which teacher's contract will be subject to termination, the date of contract signing will be the determining factor.

## **4-3 Recall Procedure**

If the contract of employment of a teacher is terminated because of elimination of teaching positions, the name of that teacher shall be placed on a reappointment list and remain on such list for a period of two (2) years. If a position becomes open during such two (2) year period, teachers shall be recalled in the inverse order of being laid off, provided said teacher is certified and qualified for said position. The teacher will be notified in writing by certified mail, return receipt requested, sent to his/her last known address, at least thirty (30) days prior to the anticipation date of reemployment. In determining whether a teacher is qualified for reappointment, the Board shall consider criteria as set forth in 4-2.4 above. The teacher shall accept or reject the reappointment in writing within ten (10) days of receipt of notice. If the appointment is accepted, the teacher shall receive a written contract of employment within twenty (20) days of receipt of the teacher's reply by the Board. If the teacher rejects the

appointment offer or does not respond according to this procedure within ten (10) days, the name of the teacher will be removed from the recall list.

4-4 The provisions of Article 4-1 and 4-2.1 shall not be subject to the grievance procedure as set forth in Article 3.

4-5 This article shall not apply to employees holding durational shortage area permits. These individuals have no contractual right in reference to layoff and/or recall.

## ARTICLE 5 PROTECTION OF TEACHERS

5-1.1 Teachers shall report immediately in writing to their principal or immediate supervisor and to the superintendent all cases of assault or legal action suffered by them in connection with their employment.

5-1.2 The Board and the Association recognize that "Protection of Teachers" is provided for in Connecticut General Statutes.

## ARTICLE 6 USE OF TEACHER VEHICLES

### 6-1 Insurance on Vehicles

6-1.1 The Board is protected, under the non-ownership clause of its transportation insurance, against judgment arising from accidents in which a school teacher, using his/her personal vehicle on school business, is involved. The first claim, however, is placed against the owner of the vehicle.

6-2 Mileage reimbursement where authorized by the Board will be at the rate specified by the I.R.S. and adjusted as per date of publication by the I.R.S.

## ARTICLE 7 LEAVES

### 7-1 Personal Illness

7-1.1 Fifteen days of sick leave per year will be granted to each teacher. Unused sick leave will be accumulated to a maximum of one hundred sixty-five (165) days. If the accumulated sick leave is exceeded, salary deductions thereafter will be at the per diem rate of full salary until employment of the teacher is terminated. Half days which can be covered by administrative staff will not be charged against the teacher. These half days include days where the administrator assigns other teachers to cover classes for the teacher who needs to be absent from the building due to illness. This section only covers occasions in which an emergency situation arises during the workday. No teacher shall be compensated for providing emergency coverage for a

colleague. Preparation periods that are missed in compliance with this section are not subject to the grievance process. This leave is not available for scheduling of appointments during the workday, other than those appointments covered under FMLA.

7-1.2 A medical certificate is required for sick leave of any duration if a teacher's absence from duty occurs frequently or habitually and when, in the judgment of the principal, evidence indicates reasonable cause for requiring such a certificate.

7-1.3 The Board agrees that the first thirty (30) school days of any approved leave covered by Workers' Compensation will not be counted as sick leave. A teacher receiving Workers' Compensation pay shall receive a rate of pay equal to the difference between his/her earned salary and Workers' Compensation pay for the first (30) days of the teacher's leave, unless greater coverage is required by law. Beyond the first thirty (30) days of the teacher's leave, except in cases covered by Connecticut General Statutes Section 10-236a, the teacher may use accumulated sick leave up to sixty days (60) on a pro-rated basis to supplement his/her worker's compensation temporary disability benefits so that the teacher receives full pay.

7-1.4 After accumulated sick leave has been exhausted a leave of absence will be granted without pay to the end of the school year for extended illness, injury or disability (including disability arising out of pregnancy) occurring during the summer or within the school year. However, determination should be made by June 15 as to whether the teacher will be able to return to full-duty status the following September or whether a replacement should be hired. In the event of full recovery after a replacement has been hired, the teacher will be given special consideration when there is a vacancy in an equivalent position.

(a) All insurance, retirement, and other teacher benefits shall continue in force for any teacher on leave without pay, provided that the teacher pays all premiums, contributions, and other costs requisite to keep such benefits in force during such period.

## 7-2 Family Illness

7-2.1 Where the teacher's presence is required, up to three days leave per year, non-cumulative, will be granted by the principal for illness of a teacher's child, spouse, spouse's parent, parent or dependent.

## 7-3 Bereavement

7-3.1 Up to five days leave at any one time, non-cumulative, will be granted by the principal for death in the immediate family - here defined as husband, wife, either spouse's parent or legal guardian, grandparent, grandchild, child, sister, brother, or other relative/dependent living within the teacher's household.

## 7-4 Personal Leave

7-4.1 When arrangements cannot be made by the teacher for a time outside of the regular school day, each teacher is entitled to two (2) days personal business leave per year, non-cumulative, with full pay. Such leave may be granted the day before or the day after a holiday or vacation period provided the teacher submits a specific statement of the reasons for the leave and

the Superintendent or his/her designee approves the request. Permission for leave requests shall not be arbitrarily or unreasonably withheld.

7-4.2 In the case of religious holidays, up to three (3) days per year may be granted with no resulting loss in personal days.

7-4.3 Notification of personal or religious leave must be made in writing at least five (5) school days in advance, except in emergencies which prevent such advance notice.

#### 7-5 Sabbatical Leave

7-5.1 Desiring to reward professional performance and encourage independent research and achievement, the Board hereby initiates the policy of sabbatical leave for teachers for approved scholarly programs whether or not carried on in an academic institution, subject to the following conditions. It is understood that the granting of sabbatical leaves is within the discretion of the Board of Education.

(a) Not more than one teacher in the Canaan elementary school shall be absent on sabbatical leave at any one time.

(b) Request for sabbatical leave must be received by the superintendent in writing in such form as may be required by the Board no later than December 31 of the year preceding the school year for which the sabbatical leave is requested. The board shall reply within a thirty (30) day period.

(c) The teacher has completed at least seven consecutive full school years of service in the school district.

(d) Salary paid to a teacher on sabbatical leave shall be paid at the rate of three-fourths (3/4) of his/her basic salary which would have been in effect had he/she remained in the system, proportionate with the length of the leave.

(e) The teacher shall agree to return to employment in the Canaan Public Schools for one full year for each one-half year's leave. Upon such return the teacher shall be placed on the appropriate step in the salary schedule as though such teacher had not been on leave.

(f) Basic Salary paid teachers on sabbatical leave will be advanced upon a personal note, repayable within two years from completion of the agreed study period if the individual fails to return for the required one or two years. The note which the teacher shall execute shall include the obligation to pay the Board's reasonable attorneys fees in the event the teacher fails to return from sabbatical leave or leaves the Board's employ prior to the expiration of the required one or two year period. Such note shall be reduced on a pro rata basis and shall be automatically canceled upon completion of the agreed term of post-study employment or upon permanent disability or death of the teacher. For example, ten (10) percent of a one-year obligation or five (5) percent of a two-year obligation will be canceled upon completion of each month of return service.



## **7-6 Jury Duty**

7-6.1 If the teacher called for jury duty cannot be excused from such duty on his/her own request or the request of the principal or superintendent of schools, he/she shall receive leave for jury duty.

7-6.2 The teacher shall notify the principal upon receipt of a summons to jury duty.

7-6.3 The teacher receiving leave for jury duty shall receive a rate of pay equal to the difference between his/her earned salary and jury fee.

## **7-7 Special Leave Request**

7-7.1 Leaves not covered by the preceding sections may be granted by the Board of Education, without pay and without establishing precedents for similar requests, upon timely application from the teacher.

## **7-8 Maternity**

7-8.1 An employee who is pregnant shall receive a leave of absence for the reasonable period of physical disability due to childbirth. Such leave shall be treated the same as any other short-term disability, and shall be with pay to the extent of accumulated sick leave. Except in the case of medical difficulties, sick leave is not normally expected to continue for more than six (6) weeks after delivery. Upon her return the teacher shall be assigned to her former position.

7-8.2 Forms signed by the teacher's physician, indicating commencement and termination of temporary disability due to pregnancy, will be supplied by the superintendent's office.

## **7-9 Parenting Leave**

7-9.1 Any tenured teacher in the bargaining unit shall be eligible, upon written request to, and approval of, the Superintendent, which approval will not be unreasonably withheld, for an extended leave for the purpose of parenting. Such leave shall be without pay and fringe benefits and for a period of time of not less than one (1) semester or more than two (2) school years from the date of the beginning of said leave. Any such leave must begin within six (6) years of the birth or adoption of the child for whom the leave is taken. Any parenting leave must be followed by a term of active continuous employment of a least one (1) school year before such leave can be taken again. Teachers on parenting leave must notify the Superintendent of their intention to return to work on or before March 15th of the leave year or the position will be considered vacant, and will be filled in accordance with Article 14-2.

7-9.2 A teacher on such leave shall, if reinstated, be reinstated on the first day of school in the subsequent school year, or as otherwise determined by the Superintendent with Board approval.

7-9.3 No benefits (including seniority) shall accrue while any teacher is on said leave but all benefits existing on the commencement of leave shall be restored upon reinstatement. Any such reinstated teacher whose leave exceeded one semester shall be placed on the step of the salary schedule he or she occupied during the last school year worked by the teacher. Any such reinstated teacher whose leave did not exceed one semester, shall be placed on the salary schedule one step higher than that he or she occupied during the last school year worked (unless said leave and said reinstatement occurs in the same school year). No step movement is earned upon reinstatement from parenting leave unless such step movement is included in Appendix A for the respective salary schedule for the subsequent school year.

7-9.4 At the end of such leave, the teacher shall be reinstated to a position equivalent to that held at the time the said leave began if such a position exists.

7-9.5 Except in emergency situations, a request for such leave shall be made at least sixty (60) days prior to its commencement unless, in the case of an adoption, a teacher receives knowledge of the effective adoption date less than sixty (60) days prior to commencement of leave, in which case such request shall be made upon receipt of such knowledge.

7-9.6 Where both parents are covered by this Agreement, they shall not be eligible for such leave at the same time.

7-9.7 No teacher shall be eligible for more than one such leave per child.

7-9.8 Any such teacher may continue to participate in the group medical insurance plans at his or her own expense during the period of such leave.

#### 7-10 Consultant's Leave

7-10.1 Each teacher will, with permission from his/her principal, director of pupil services, and/or superintendent, be allowed two (2) days without loss of pay for the purpose of acting as a consultant within his/her particular area of expertise. The teacher may choose to take these days with or without pay. If the teacher elects to take the day with pay, all consultation fees shall be signed over to the board.

#### 7-11 Sick Leave Bank

7-11.1 Each teacher shall be permitted to contribute three (3) days from his/her sick leave accumulation reserve each school year to a "Sick Leave Bank" which shall be established to aid teachers who suffer prolonged illness and whose sick leave accumulation has been exhausted. The bank shall be built up to a maximum of one hundred and fifty (150) days.

7-11.2 A teacher may be permitted, on written application, to draw up to thirty (30) days against the sick leave bank after his/her own accumulated sick leave has been exhausted.

7-11.3 The following conditions shall apply:

- (a) Additions to the bank shall be made at the beginning of each school year.
- (b) A person withdrawing from membership in the bank will not be permitted to withdraw the contribution days.
- (c) Persons withdrawing sick leave days from the bank will not have to replace these days except as a regular contributing member to the bank.
- (d) Sick leave shall mean the leave the teacher has for that year plus his/her accumulation.
- (e) An Elementary School Bank will be administered by a Committee of four (4), two of whom shall be appointed by the Association and two by appointment of the Superintendent.

## ARTICLE 8 SCHOOL DAY AND YEAR

8-1 The teacher work day shall be seven hours and fifteen minutes, which shall include time to plan and carry out individual professional responsibilities. Exceptions may be approved by the principal.

8-2 Should the length of the teachers' work day be increased, teachers shall be compensated at the hourly rate of 1/1295 of their annual salary.

8-3 The teacher work year shall be 186 days, of which six (6) will be non-student days. If a teacher's work year is extended by the Board beyond 186 days, additional compensation for any such days shall be at the rate of 1/186 of the teacher's salary. If a teacher's work year is reduced by the Board to less than 186 days, the compensation for any affected teacher shall be reduced by 1/186th for each day that the work year is reduced.

8-4 Notwithstanding Section 8-3 above, the teacher work year for new hires in the district shall be 187 work days. The additional orientation day shall occur in August, before the school year commences.

## ARTICLE 9 LUNCH PERIODS

9-1 Teachers shall have a duty-free lunch period of not less than twenty minutes.

**ARTICLE 10**  
**CLASS SIZE AND TEACHER LOAD**

10-1 Optimum class size for kindergarten and first grade will be eighteen (18) to twenty-two (22) pupils, and for other grades twenty (20) to twenty-five (25). The Board will give consideration to splitting classes when enrollment begins to move appreciably beyond these optimum sizes.

10-2 All teachers shall have an average of one (1) preparation and planning period per day equal in length to the amount of time allotted for specialist instruction in art, music, and physical education, computer and library, as long as these special instruction classes are offered.

**ARTICLE 11**  
**MEETINGS**

11-1 A schedule of local faculty meetings will be developed in September of each school year. These will be arranged for a given day of the week. They will generally be held monthly and not more frequently than twice monthly. A predetermined time for beginning and ending such meetings will be established. General information items not requiring discussion will be distributed via faculty bulletins.

**ARTICLE 12**  
**BOARD DETERMINATION OF PAY INCREASE STATUS**

12-1 The Board reserves the right to withhold a pay increase in cases where service is deemed less than proficient for a tenured teacher, as that term is defined in the teacher evaluation plan, for tenured teachers. The Board reserves the right to withhold a pay increase for non-tenured teachers in cases where service is deemed less than developing, as that term is defined in the teacher evaluation plan. A decision to withhold such increase will be made by the Superintendent and shall be communicated to the teacher no later than June 1. Said action shall be based upon written evidence presented by the superintendent to the teacher and the principal. This evidence shall indicate that attempts have been made by supervisory and administrative personnel to aid the teacher in correcting the reported inadequacies. These efforts to help the teacher must have been made during the period commencing April 1 of the previous school year and ending March of the current school year. After one year of at least proficient service for tenured teachers and at least developing service for non-tenured teachers, as determined by the teacher evaluation plan, the teacher will be placed on the step of the salary schedule appropriate with his/her education and length of service.

**ARTICLE 13**  
**JUST CAUSE**

13-1 No teacher shall be demoted, disciplined, or reduced in pay or benefits without just cause.

13-2 This article shall not apply to the non-reappointment of a teacher solely holding a durational shortage area permit.

#### **ARTICLE 14** **ASSIGNMENT AND TRANSFER**

14-1 Assignment of teachers to grades or subject areas is the responsibility of the school administrators. When change of assignment is contemplated by the administration, the principal or superintendent will discuss the advantages and disadvantages of the move with the teacher or teachers involved prior to making the move. When a teacher desires a change of position within

the school, the teacher will apply in writing to the superintendent and principal stating the reasons. If the change is not granted, a letter from the superintendent or principal will be sent to the teacher explaining the reason(s) for not granting the change of position.

14-2 Vacancies in certified positions in the Canaan elementary schools caused by retirement, resignation, death or termination, or newly created positions shall be posted. A copy of the posting notice shall be sent to the president of the Association at his/her home address. During the school year the notice will be posted for at least ten (10) days prior to the deadline for submitting applications. During the summer recess, notice to the president of the Association shall constitute posting.

14-3 Each employee shall receive written notification by the first (1st) working day in June of his/her assignment for the following school year. In the event of a change in circumstances or conditions during the months of June through August such assignments may be changed with prompt notice in writing to the teacher's last known address as well as via telephone call.

#### **ARTICLE 15** **PROFESSIONAL GROWTH**

15-1 Every teacher recognizes a responsibility for continuous effort to keep abreast of new or developing activities within his/her own field or within the cultural context in which our school functions. Varying ways of meeting this responsibility are set forth in 15-1.1.

15-1.1 A variety of planned, Board sponsored activities will be set up in cooperation with the Region One Professional Development and Evaluation Committee. The variety may be broad or narrow, depending upon the needs of the school. These may include subject or grade level study groups, curriculum committees, classes within the adult education program, local school study groups, university courses, approved individual work or independent study single session meetings, demonstrations or workshops, and trips or visits within or outside of the Region.

15-1.2 Reimbursement for approved out-of-Region visits or trips will be in full with mileage reimbursement at the rate specified by the I.R.S. and adjusted as per date of publication by the I.R.S.

15-2 Assigned summer or vacation paid duties excepting summer school teaching.

15-2.1 When it is specifically in the interest of the educational program to have an individual teacher do special work or take special training at Board expense, such assignment will be initiated by the superintendent of schools and paid at the rate of thirty four dollars and sixty-eight cents (\$34.68) per hour in 2018-2019. For 2019-2020 the hourly rate shall be thirty five and thirty-seven cents (\$35.37) per hour. No teacher can be required to accept such summer or vacation assignment even though compensation is offered. Any such assignment acceptable to a teacher must have Board approval.

15-3 Leave for Professional Purposes

15-3.1 Out-of-district visits or professional meetings may be initiated by the teacher or the administration. One (1) day trips must be approved by the principal. Trips of two (2) or more days must have prior approval by the superintendent, and programs of three (3) or more days' duration must have approval by the Board of Education as well.

15-3.2 Reimbursement for the costs of leave for professional purposes will be at the rate of one hundred (100) percent of the total cost submitted by the teacher unless the teacher elects to incur the expenses.

ARTICLE 16  
BOARD OF EDUCATION FUNCTIONS

16-1 The Board retains all rights as prescribed by law subject to only to the limitations imposed by the language of this Agreement.

ARTICLE 17  
PERFORMANCE

17-1 It is understood and agreed that teachers shall continue to serve under the direction of the Superintendent of Schools and in accordance with Board and administrative policies, rules, and regulations, provided that the language of the Agreement shall supersede and prevail over any conflicting provisions.

ARTICLE 18  
SEVERANCE

18-1 Severance Allowance

18-1.1 Except in the case where a teacher is terminated for cause the Board agrees to pay a severance allowance of fifteen percent (15%) of the teacher's basic salary provided that the teacher has spent at least twenty (20) years in the district. Teachers must notify the Superintendent prior to February 1<sup>st</sup> of the year they intend to retire.

18-1.2 In the event of the teacher's death prior to retirement, the allowance will be paid to (1) the surviving spouse or (2) other designated beneficiaries.

## ARTICLE 19 SALARY CHECKS AND DEDUCTIONS

19-1 The Board will determine the intervals for salary payments, taking into account the requirements imposed by its fiscal year and the workload of its secretary or clerk. Requests for change of interval or date of payment will be considered only if presented in writing and based upon a recorded vote of two-thirds of the teaching staff. The Board agrees to provide direct deposit at the employee's bank of choice.

19-2 In the event a teacher leaves the employ of the Board before the end of the school year, a salary adjustment would be computed at the per diem rate of earned salary.

19-3 A teacher may, on written request, have deductions made from his/her salary for any of the approved list set forth on Appendix C.

### 19-4 Service Fee

19-4.1 Conditions of Employment. All teachers employed by the Board shall, as a condition of employment, join the Association or pay a service fee to the Association. Said service fee shall be not greater than the amount uniformly required of members of the Association which represents the costs of collective bargaining, contract administration and grievance adjustment.

19-4.2 Deductions. The Board agrees to deduct from each teacher an amount equal to the Association membership dues or service fee by means of payroll deduction. Association membership dues or service fee will be deducted in twenty (20) equal installments beginning with the first paycheck in September. The amount of Association membership dues and service fee shall be certified by the Association to the Board prior to the opening of school each year.

19-4.3 Subsequent Employment. Those teachers whose employment commences after the start of the school year shall pay a prorated amount equal to the percentage of the remaining school year.

19-4.4 Forwarding of Monies. The Board agrees to forward to the Association each month a check for the full amount of money deducted during that month. The Board shall include with such check a list of teachers from whom said deductions were made.

19-4.5 Save Harmless. The Association agrees to indemnify, defend and hold the Board harmless against all liability, fees and costs which may arise by reason of any action taken by the Board in compliance with the provisions of this section. The Association is free to hire counsel of its choice.

19-4.6 The singular reference to the Association herein shall be interpreted as referring to the Canaan Education Association, the Connecticut Education Association, the Northwest Connecticut Education Association and the National Education Association.

**ARTICLE 20**  
**FORMS AND DEFINITIONS**

20-1 Prior to the end of the school year, each teacher shall receive notice of his/her placement on the salary schedule for the following year based upon information in the file at that time.

20-2 The term "per diem rate" as used in this Agreement shall mean the teacher's salary divided by the number of days in that teacher's contracted school year.

20-3 The term "teacher's salary" as used in this Agreement is specified as follows:

20-3.1 Basic salary refers to the salary specified in Appendix A.

20-3.2 Full salary refers to the "basic salary" plus monies paid under Appendix B.

20-3.3 Earned salary refers to either "basic" or "full" accrued salary, to depend upon whether the duties under Appendix B have been performed.

**ARTICLE 21**  
**PLACEMENT ON SALARY SCHEDULE**

21-1 New teachers will be placed on the salary schedule in accordance with their training and prior experience as outlined below:

21-1.1 New teachers will be placed on the salary schedule at or above BA Step 1. Up to full salary credit for prior experience may be granted according to the current salary schedule after evaluation by the superintendent in conference with the candidate. No teacher will be placed higher on the salary schedule than previous experience would warrant.

21-1.2 Equivalency of prior relevant non-teaching experience may be worked out by a candidate and the superintendent subject to approval of the Board of Education.

21-1.3 Evaluation of previous experience and the granting of less than full service credit may be in order when there has been an absence from teaching service for more than five years; when prior service was under other than public school auspices; or when a retired teacher is returning for temporary service. Such evaluation will be done by the superintendent in conference with the candidate and will be embodied in the superintendent's recommendation to the Board.

21-2 Up to two years' salary credit will be granted for full time, active military service or for active Peace Corps service on a year for year basis.

21-3 The following definitions will apply to training status:

21-3.1 Bachelor - a baccalaureate degree earned at an accredited college or university.



21-3.2 Master - a master's degree earned at an accredited college or university.

(a) or a full year of study within an approved doctoral program (as the preparing institution defines the equivalent of a full year of study but not less than twenty-four (24) credit hours of study);

(b) or a planned program, in writing, and approved by the superintendent or the university advisor at accredited institutions, which shall consist of at least thirty (30) semester hours' credit beyond the bachelor's degree.

21-3.3 Sixth Year - the sixth year may be evidenced by a Professional Diploma or Certificate awarded by an approved institution within a two-year post master's program

(a) or a second one-year master's degree which is relevant to the teaching assignment;

(b) or the sixth year may be a year's study (as the preparing institution defines the equivalent of a full year of study) taken within an approved doctoral program in which an individual who has completed the master's degree is fully matriculated.

21-3.4 Teachers presently employed on the sixth year schedule will retain their position on such schedule. Teachers covered by this contract who have earned doctorate degrees shall be placed on the appropriate step of the Doctorate Schedule.

21-3.5 Changes in degree status will occur in September or February. Teachers who anticipate changes in degree status must notify the school administrator by February 1<sup>st</sup> of the preceding year and must declare whether the change will take place in September or February. In order to obtain the degree change, such teachers must provide the school administrator with an official transcript or official department letter recognizing completion of degree requirements verifying the degree status before August 31 for a September change and before January 31 for a February change. Degree status change will not take place without the submission of such verification and the late submission of such verification will cause the degree change to take place at the next change time. That is, a late September submission would become effective the following February.

## **ARTICLE 22**

### **INSURANCE**

#### **22-1 Health Insurance**

22-1.1 The Board shall provide each teacher who is eligible for individual, two person or family coverage the option to enroll in the health insurance plan described below. Attached to this agreement, as Appendix F, for informational purposes only, is an insurance matrix summary of the medical insurance benefits.

22-1.2 The Board shall offer one insurance plan to eligible teachers, the Connecticut Partnership Plan 2.0 (hereinafter the Partnership Plan). The plan benefits shall be as set forth in the

Partnership Plan effective on July 1, 2018 including any subsequent amendments or modifications made to the Partnership Plan by the State and its employee representatives (A summary of which is affixed to Appendix F of this document). The administration of the Partnership Plan, including open enrollment, beneficiary eligibility and changes, and other administration provisions shall be as established by the Partnership Plan.

The Partnership Plan contains a Health Enhancement Plan (HEP) component. All employees participating in the Partnership Plan are subject to the terms and provisions of the HEP. Within eighteen (18) months of joining the plan, all employees and dependents must meet the minimum requirements of HEP. In the event Partnership Plan administrators impose the HEP non-participation or noncompliance monetary fee (NCMF) per month premium cost increase or the deductible fee increase, 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 NCMF per month premium cost increase shall be implemented through payroll deduction, and the increase to annual deductible shall be implemented through claims administration.

Premium rates will be established by the State of Connecticut for the relevant periods, and shall be inclusive of medical, vision, Prescription (Rx), and dental. Based on such rates, the Board and Association shall establish a blended rate to provide the same rate to active and retired teachers in accordance with statute.

2018-2019 Teachers shall pay seventeen percent (17%) of the premium cost.

2019-2020 Teachers shall pay seventeen and a half percent (17.5%) of the premium cost.

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, and if such modifications would substantially increase the cost of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan; and/or

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 insurance plan offered herein.

22-1.3 For any teacher who is eligible for health insurance, and who chooses not to receive any coverage, the Board will pay two thousand (\$2,000) dollars to such teacher. Teachers who opt for this buy-back provision shall inform the Board by June 1 of each school year. Teachers who received this benefit during the 2010-2011 work year shall continue to be eligible for this benefit in future years. Teachers who did not participate in this benefit in the 2010-2011 work year shall not be eligible for this benefit. In cases of emergency, a teacher may re-enter the health insurance plan, prior to the end of the school year. Upon any type of re-entry into the health insurance plan, all pre-existing conditions clauses shall be waived.

22-1.3 Any part-time teacher hired by the Board on or after July 1, 2016, who is eligible to participate in the group medical and dental insurance benefits, will pay a proportionate amount for the plan that is based on their FTE differential. For example, a .5 FTE teacher would pay 50% for his/her insurance, and a .8 FTE teacher would pay 20% for his/her insurance. At no time during the life of this Agreement, however, shall a teacher who works less than full time for the Board pay a lower percentage for his/her insurance than 1.0 FTE teachers.

If the part-time teacher is also employed in a school district located in one of the Region One towns of Cornwall, Kent, North Canaan, Salisbury or Sharon for a cumulative total of 1.0 FTE, and the other board of education is willing to share the costs of the teacher's insurance premiums with the Canaan Board of Education, the teacher shall pay the same percentage of the annual insurance premiums for group health insurance as a full-time teacher.

22-2 All teachers shall be eligible to participate in one (1) of the following dental insurance plan:

Dental insurance Option 5 (Unlimited Annual Maximum Plan with no deductible) or the Dental HMO Plan of the Partnership Plan. Premium cost sharing for these plans shall be as follows: 20.00%.

22-2 The Canaan Board of Education shall continue to maintain a Section 125 pre-tax wage deduction plan in accordance with applicable provisions of Section 125 of the Internal Revenue Code (and in accordance with any amendments to said provisions) so long as said provisions allow for such a plan. Said plan will be designated to permit exclusion from taxable income of the employees' share of health insurance premiums, allowable medical expenses and dependent care pursuant to IRS regulations for those employees who complete and sign the appropriate wage deduction form. The Canaan Board of Education shall incur no obligation to engage in any form of impact bargaining in the event that a change in law reduces or eliminates the tax-exempt status of the employee insurance premium contributions, allowable medical expenses and dependent care. Neither the Association nor any employee covered by this Agreement shall make any claim or demands nor maintain any action against the school district or any of its members or agents for taxes, penalties, interests or other, costs or loss arising from the use of the wage deduction form or from a change in law that may reduce or eliminate the employee tax benefits to be derived from this plan. Further, the parties agree that the health insurance benefits and the administration of those benefits shall continue to be governed by the collective bargaining agreement and the carriers' insurance plan.

22-3 Life Insurance:

22-3.1 The Board shall provide a \$50,000 term life insurance policy for the individual, 100% paid by the Board.

22-4 The Board may substitute any insurance carrier for any insurance carrier specifically named in this Agreement so long as the new insurance coverage provides an overall level of benefits that remains substantially equivalent to or better than the current insurance coverage. The “substantially equivalent to or better than” standard shall be applied on program-wide analysis, including the network, and shall not be benefit specific.

At least sixty (60) days prior to changing insurance carriers, the Board or its designee shall notify the Association in writing. Upon request, the parties shall meet to discuss the proposed change. Should the Association and the Board disagree that the changes proposed would provide substantially equivalent coverage, when viewed in total, the disagreement shall be subject to impartial arbitration before a mutually agreeable member of the American Arbitration Association. The Board will not change to the new insurance carrier until the Arbitrator’s decision has been issued in writing.

22-5 Despite the language in Article 22 of the 2016-2018 collective bargaining agreement regarding the group health insurance plan available for eligible teachers during the term of the Agreement; the Canaan Board of Education may offer an additional or alternate group health plan to its teachers for the 2017-2018 work year or may seek changes in the premium cost sharing structure for the existing health insurance plan if the total cost of the plan described in Article 22 will trigger an excise tax under Internal Revenue Code Section 4980I, otherwise known as the Affordable Care Act, in the 2018 calendar year.

The specific plan changes needed to bring the cost of the plan under the excise tax threshold and/or the changes in premium cost sharing that may be required to offset the effects of the excise tax will be negotiated via an opening of the contract for this specific purpose only in the spring of 2017, and those negotiations shall be in accordance with Connecticut General Statutes section 10-153f.

### ARTICLE 23 SUBSTITUTES

23-1 This article will not pertain to emergency situations which arise during the school day or to days or half days for which a substitute is paid.

23-2 In the event that a teacher is required to cover a class or portion of a class for a teacher who is absent for an entire day, said teacher will be compensated at a rate proportional to the amount of time spent in substitution, based on a substitute teacher's daily rate of pay.

**ARTICLE 24**  
**TUITION REIMBURSEMENT**

24-1 Teachers who successfully complete graduate level courses in a program of courses approved by the superintendent of schools shall be reimbursed at a rate equal to fifty percent (50%) of the cost of a credit hour at the Connecticut State University up to a maximum of six (6) credit hours annually. The Superintendent or his/her designee shall have discretion to permit reimbursement for more than six credits annually if the teacher is in a program designed to enable the teacher to secure an endorsement in an area that would be beneficial to the district, as identified by the building administration. (*e.g. Mathematics, Science, Technology Education, and World Languages 7-12 for the 2018-2019 work year*).

24-2 Reimbursement shall be made within thirty (30) days of the date that the teacher submits to the Superintendent the college receipt for the payment together with written evidence from the college that the teacher has satisfactorily completed the course, with a grade of "B" or better.

24-3 To be eligible for reimbursement, the teacher must have prior approval of such graduate level courses from the Superintendent or his/her designee.

24-4 Decisions of the Superintendent to approve or disapprove course reimbursement shall not be subject to the grievance procedure set forth in Article 3 of this Agreement.

**ARTICLE 25**  
**EXTRA DUTY POSITIONS**

The following provisions shall apply to all items found in Appendix B.

All extra duty assignment vacancies will initially be posted for ten (10) days.

Positions in these programs shall be filled from within our own school, when qualified personnel are available.

All monetary consideration granted for extra duty assignments shall be listed in Appendix B.

Any newly created extra school programs will be posted and filled by the Superintendent of Schools or his designee at his/her discretion.

**ARTICLE 26**  
**HOLDOVER**

In the event that the Board and the Association fail to secure a successor Agreement, this agreement will be extended for a period not to extend beyond the date of the execution of a successor agreement.

ARTICLE 27  
DURATION

27-1 The provisions of this agreement shall be effective as of July 1, 2018 and shall remain in full force and effect and shall bind and inure to the benefits of the parties hereto and their successors, to and including June 30, 2020.

IN WITNESS HERETO, each of the parties hereunto has caused these presents to be executed by its proper officer, hereunto duly authorized, and its seal affixed hereto as of the date and year first above written.

CANAAN EDUCATION ASSOCIATION

By Robin Faust

Its President

Hereunto duly authorized

Date 11 / 27 / 2017

CANAAN BOARD OF EDUCATION

By Patricia Segura Trochere

Its CHAIRMAN

Hereunto duly authorized

Date 11 / 27 / 2017

APPENDIX A-1

2018-2019

SALARY SCHEDULE

STEP	BA	MA	6 <sup>TH</sup>	DOCTORATE
1	42,453	46,580	48,040	51,937
2	44,045	48,676	50,443	54,533
3	45,698	50,868	52,965	57,261
4	47,411	53,278	55,613	60,123
5	49,188	55,943	58,423	63,129
6	51,034	58,738	61,314	66,602
7	52,946	61,676	64,380	70,265
8	55,064	64,760	68,564	74,128
9	57,267	67,997	73,020	78,205
10	59,759	71,170	76,163	81,233
11	63,579	75,331	80,541	85,536
12	67,044	78,967	84,284	89,243
13	73,588	85,679	91,105	96,026

Teachers who were employed by the Board during the 2017-2018 contract year shall move mid year to the next higher step on their salary lane during the 2018-2019 work year this step movement will be annualized and exact salary payments are in Appendix A-2.

Per diem compensation beyond one hundred eighty-six (186) work days for the Technology Coordinator will be in accordance with Article 8-3.

APPENDIX A-2

2018-2019

ACTUAL SALARY SCHEDULE TO BE PAID OUT

STEP	BA	MA	6 <sup>TH</sup>	DOCTORATE
1-2	\$ 43,249	\$ 47,628	\$ 49,242	\$ 53,235
2-3	\$ 44,872	\$ 49,772	\$ 51,704	\$ 55,897
3-4	\$ 46,555	\$ 52,073	\$ 54,289	\$ 58,692
4-5	\$ 48,300	\$ 54,611	\$ 57,018	\$ 61,626
5-6	\$ 50,111	\$ 57,341	\$ 59,869	\$ 64,866
6-7	\$ 51,990	\$ 60,207	\$ 62,847	\$ 68,434
7-8	\$ 54,005	\$ 63,218	\$ 66,472	\$ 72,197
8-9	\$ 56,166	\$ 66,379	\$ 70,792	\$ 76,167
9-10	\$ 58,513	\$ 69,584	\$ 74,592	\$ 79,719
10-11	\$ 61,669	\$ 73,251	\$ 78,352	\$ 83,385
11-12	\$ 65,312	\$ 77,149	\$ 82,413	\$ 87,390
12-13	\$ 70,316	\$ 82,323	\$ 87,695	\$ 92,635
13	\$ 75,060	\$ 87,393	\$ 92,927	\$ 97,947



APPENDIX A-3

2019-2020

SALARY SCHEDULE

STEP	BA	MA	6 <sup>TH</sup>	DOCTORATE
1	\$ 42,580	\$ 46,720	\$ 48,184	\$ 52,093
2	\$ 44,177	\$ 48,822	\$ 50,594	\$ 54,697
3	\$ 45,835	\$ 51,021	\$ 53,124	\$ 57,433
4	\$ 47,553	\$ 53,438	\$ 55,780	\$ 60,303
5	\$ 49,336	\$ 56,111	\$ 58,598	\$ 63,318
6	\$ 51,187	\$ 58,914	\$ 61,498	\$ 66,802
7	\$ 53,105	\$ 61,861	\$ 64,573	\$ 70,476
8	\$ 55,229	\$ 64,954	\$ 68,770	\$ 74,350
9	\$ 57,439	\$ 68,201	\$ 73,239	\$ 78,440
10	\$ 59,938	\$ 71,384	\$ 76,391	\$ 81,477
11	\$ 63,770	\$ 75,557	\$ 80,783	\$ 85,793
12	\$ 67,245	\$ 79,204	\$ 84,537	\$ 89,511
13	\$ 76,561	\$ 89,141	\$ 94,786	\$ 99,906

Per diem compensation beyond one hundred eighty-six (186) work days for the Technology Coordinator will be in accordance with Article 8-3.

## APPENDIX B

### EXTRA PAY FOR EXTRA DUTY

1. Coaches shall be paid by the sports season as follows:

	<u>2018-2019</u>	<u>2019-2020</u>
Soccer	\$1,757	\$1,792
Basketball	\$2,402	\$2,450
Baseball & Softball	\$1,757	\$1,792

2. The following additional positions shall be paid in accordance with the schedule outlined below:

	<u>2018-2019</u>	<u>2019-2020</u>
Yearbook Advisor	\$839	\$856
Student Council Advisor	\$839	\$856
8th Grade Trip Advisor	\$839	\$856
Outdoor Education Field Trip Advisor	\$839	\$856
Regional Band and Chorus Coordinator (Includes playing at Memorial Day Parade and graduation responsibilities (slideshow, music for 8 <sup>th</sup> graders entering and exiting and chorus performance))	\$459	\$468
Quiz Bowl Advisor	\$271	\$276
Science Event Coordinator	\$711	\$725
Head Teacher	\$510	\$520
Overnight Chaperone (Nature's Classroom /Canada Trip)*	\$51	\$52

\* No overnight stipend for Outdoor Ed Advisor

3. TEAM Mentors – Mentors are expected to work with new teachers in the TEAM program for two consecutive years. TEAM Mentors will receive an annual stipend per mentee at the completion of each year of service. The stipend shall be \$510 for 2018-2019 and \$520 for 2019-2020.
4. Directors of other non-sports activities, including Club 315, approved by the principal and school board not listed above will be paid at the rate of:

<u>2018-2019</u>	<u>2019-2020</u>
\$30.10	\$30.70

5. Certified personnel within the local school will be given first consideration for all extra pay for extra duty positions.\*

\* No new paying programs under Extra Pay for Extra Duty may be instituted without prior local Board of Education approval.

**APPENDIX C  
2016-2018**

**SALARY DEDUCTIONS**

A staff member may, on written request, have deductions made from his/her salary for any of the approved list below:

Teachers' Retirement Fund (pension);  
Washington National Insurance (income participation);  
Northwest Connecticut Education Association (professional dues);  
Connecticut Education Association (professional dues);  
National Education Association (professional dues);  
Bristol Teachers' Credit Union; and  
Service Fee

Agreed upon institution for Health Savings Accounts

**CANAAN TAX-SHELTERED ANNUITIES**

Safeco Insurance  
Washington National  
I.D.S. - American Express  
Crown Life Disability Protection Plan

APPENDIX D

Type or Print

Form 1

**FORMAL GRIEVANCE PRESENTATION**  
(to be completed by aggrieved person)

Aggrieved Person: \_\_\_\_\_ Date of Formal Presentation: \_\_\_\_\_

Home Address of Aggrieved Person: \_\_\_\_\_

School: \_\_\_\_\_

Level of Grievance  
(check applicable level)

☐ One      ☐ Two      ☐ Three      ☐ Four

**STATEMENT OF GRIEVANCE:**

**ACTION REQUESTED:**

_____ (signature of aggrieved)	_____ (date)
<input type="checkbox"/> One _____	_____
<input type="checkbox"/> Two _____	_____
<input type="checkbox"/> Three _____	_____
<input type="checkbox"/> Four _____	_____

(signature and formal date of grievance  
at the applicable level)

APPENDIX D

Type or Print

Form 2

DECISION OF PRINCIPAL

(To be completed by the Principal or other appropriate administrator  
within 5 days of formal grievance presentation.)

Aggrieved Person: \_\_\_\_\_ Date of Formal Grievance: \_\_\_\_\_

School: \_\_\_\_\_ Principal (or other Administrator): \_\_\_\_\_

DECISION OF PRINCIPAL:

Date of Decision \_\_\_\_\_  
(signature of Principal)

AGGRIEVED PERSON'S RESPONSE: (to be completed by aggrieved within 3 days of decision)

- ☐ I accept the above decision and a grievance no longer exists.
- ☐ I hereby appeal to the Superintendent of Schools for a review of this grievance.

Date of Response: \_\_\_\_\_  
(signature of aggrieved)

APPENDIX D

Type or Print

Form 3

DECISION OF SUPERINTENDENT

(To be completed by the Superintendent of Schools or his designate within 3 days after hearing with aggrieved or his/her representative. Hearing to be held within 10 days after receipt of appeal.)

Aggrieved  
Person: \_\_\_\_\_

Date of Formal  
Grievance Presentation: \_\_\_\_\_

Date Hearing Held  
by Superintendent: \_\_\_\_\_

DECISION OF SUPERINTENDENT:

Date of  
Decision \_\_\_\_\_  
(signature of Superintendent)

AGGRIEVED PERSON'S RESPONSE: (to be completed by aggrieved within 3 days of decision)

- ☐ I accept the above decision and a grievance no longer exists.
- ☐ I hereby appeal to the Board of Education for a review of this grievance.

Date of  
Response: \_\_\_\_\_  
(signature of aggrieved)

APPENDIX D

Type or Print

Form 4

REVIEW BY BOARD OF EDUCATION

Aggrieved  
Person: \_\_\_\_\_

Date of Formal  
Grievance Presentation: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(signature of aggrieved)

BOARD RESPONSE:

(To be completed by Board of Education within 30 days after Board hearing with aggrieved or his/her representative. Board hearing to be held within 10 days after receipt of appeal.)

Date Appeal Received  
by Board of Education: \_\_\_\_\_

Date Hearing Held by  
Board of Education: \_\_\_\_\_

DECISION OF BOARD OF EDUCATION AND THE REASONS THEREFORE:

Date \_\_\_\_\_

\_\_\_\_\_  
(authorized signature for the Board)

AGGRIEVED PERSON'S RESPONSE: (to be completed by aggrieved within 3 days of decision)

- ☐ I accept the above decision and a grievance no longer exists.
- ☐ I hereby refer the above decision to the president of the Association and request that this grievance be submitted to arbitration.

Date of  
Response: \_\_\_\_\_

\_\_\_\_\_  
(signature of aggrieved)

APPENDIX D

Type or Print

Form 5

DETERMINATION REGARDING ARBITRATION

(To be completed by Association President and PR&R Committee Chairman within 5 days of receipt of request from aggrieved that grievance be submitted to arbitration.)

Aggrieved  
Person: \_\_\_\_\_

Date of Formal  
Grievance Presentation: \_\_\_\_\_

Association  
President: \_\_\_\_\_

Date Request for  
Arbitration Received: \_\_\_\_\_

DETERMINATION BY ASSOCIATION:

- ☐ The Association, through its PR&R Committee, has determined that this grievance is not meritorious and/or that submitting it to arbitration is not in the best interests of the school system. The grievance therefore is closed.
- ☐ The Association, through its PR&R Committee, has determined that this grievance is meritorious and that submitting it to arbitration is in the best interests of the school system. The grievance therefore is hereby submitted to arbitration.

REASONS THEREFOR:

Date of  
Determination: \_\_\_\_\_  
(signature of PR&R chairman)

\_\_\_\_\_  
(signature of Association President)

DESIGNATION OF ARBITRATOR: (To be completed by Board Chairman and Association President)

The parties have agreed upon and selected \_\_\_\_\_ as arbitrator to whom the  
(name appended grievance is here by submitted. (name of arbitrator)

Date of Designation: \_\_\_\_\_  
(signature of Association President)



APPENDIX E  
HEALTH INSURANCE ELECTION FORM

For the past year from July 1, \_\_\_\_ to June 30, \_\_\_\_, I had the following health insurance coverage pursuant to Article 22 of the Agreement between the \_\_\_\_\_ Board of Education (the "Board") and the \_\_\_\_\_ Association:

individual  
individual and spouse  
family  
no coverage

Pursuant to Article 22 of the Agreement, I elect the following insurance coverage for the coming year from July 1, \_\_\_\_ to June 30, \_\_\_\_:

PLAN

Health insurance plan \_\_\_\_\_ as described in Article 22

No Coverage

COVERAGE

individual  
individual and spouse  
family  
no coverage

Date:

\_\_\_\_\_  
(Print Name of Teacher)

\_\_\_\_\_  
(Signature)

## APPENDIX F

### PARTNERSHIP 2.0 SCHEDULE OF BENEFITS (effective 7/1/2018)

GENERAL	IN-NETWORK SERVICES	OUT-OF-NETWORK SERVICES
Annual Deductible	\$350 Individual,\$700 two person, \$1,050 three person, \$1,400 family max	\$300 individual, \$600 two person, \$900 family
Out-of-Network Cost-Share (Coinsurance after meeting Deductible)	Not Applicable	20% of allowable Usual Customary and Reasonable charges plus 100% of billed charges in excess of allowable charges
Maximum out of Pocket Limit (Excluded from calculation: premiums, balance billing, deductibles, out-of-network cost sharing, charges for non-covered services and charges for non-essential services )	\$2,000 individual, \$4,000 family	\$2,300 individual, \$4,900 family
Lifetime Maximum	None	None
Person responsible for obtaining Prior Authorization	Participating Provider or Physician	Member
<b>PREVENTIVE SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
Well Child Care:	No Co-pay	Deductible plus Coinsurance
Adult Physical Exams:	No Co-pay	Deductible plus Coinsurance
Preventive Gynecological Visit	No Co-pay	Deductible plus Coinsurance
Mammography	No Co-pay	Deductible plus Coinsurance
Immunizations and Vaccinations Includes those needed for travel	No co-pay	Deductible plus Coinsurance
<b>MEDICAL SERVICES</b>	<b>In Network Patient Share</b>	<b>Out of Network Patient Share</b>
Primary Care Physician	\$0 preferred provider/\$15 Co-pay participating provider	Deductible plus Coinsurance
Specialist Physician (includes in-office procedures)	\$15 Co-pay participating provider (\$0 preferred provider for Allergy & Immunology, Cardiology, Endocrinology, ENT, Gastroenterology, OB-GYN, Ophthalmology, Orthopedic Surgery, Rheumatology, Urology - Applies in CT only)	Deductible plus Coinsurance
Vision exam and Refraction: 1 exam per calendar year (when performed as part of an exam)	\$15 Co-pay	Deductible plus 50% Coinsurance 1 exam per calendar year
Routine Hearing Screening: One per calendar year (when performed as part of an exam)	\$15 Co-pay	Deductible plus Coinsurance
Maternity Outpatient (first visit only)	\$15 Co-pay	Deductible plus Coinsurance
<b>MEDICAL SERVICES</b>	<b>In Network Patient Share</b>	<b>Out of Network Patient Share</b>
Outpatient Surgery performed in hospital or licensed ambulatory surgery center (Includes colonoscopy) (Prior Authorization required)	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
Allergy Office Visit/Testing	\$0 preferred provider/\$15 Co-pay participating	Deductible plus Coinsurance
Allergy Injections Immunotherapy or other therapy treatments	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
Infertility Services Office Visit	\$15 Co-pay No Co-pay if HEP Compliant*	Deductible plus Coinsurance
Outpatient Hospital/Inpatient Hospital		
Gender Identity Disorder Services Office Visit	\$15 Co-pay No Co-pay if HEP Compliant*	Deductible plus Coinsurance
Outpatient Hospital/Inpatient Hospital		
Bariatric Surgery Office Visit	\$15 Co-pay* No Co-pay	Deductible plus Coinsurance
Outpatient Hospital/ Inpatient Hospital		
Sleep Studies—attended (Prior Authorization required)	No Co-pay*	Deductible plus Coinsurance
<b>HOSPITAL SERVICES</b>	<b>In Network Patient Share</b>	<b>Out of Network Patient Share</b>
All Inpatient Admissions including Childbirth (Prior Authorization required)	No Co-pay if HEP Compliant*	Deductible plus Coinsurance

<b>Ancillary Services</b> (Prior Authorization required)	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>Specialty Hospital</b> (Prior authorization required) Utilization limit	No Co-pay if HEP Compliant* None	Deductible plus Coinsurance 60 days per covered person per calendar year
<b>Skilled Nursing Facility</b> (Prior authorization required) Utilization limit	No Co-pay if HEP Compliant* None	Deductible plus Coinsurance 60 days per covered person per calendar year
<b>Inpatient Hospice Care</b> (Prior authorization required) Utilization limit	No Co-pay* None	Deductible plus Coinsurance 60 days per covered person per calendar year
<b>EMERGENCY/ URGENT CARE SERVICES</b>	<b>In Network Patient Share</b>	<b>Out of Network Patient Share</b>
<b>Emergency Room Treatment</b> Waived if patient Admitted to hospital	\$250 (waived if admitted and waiver form is available)	\$250 (waived if admitted and waiver form is available)
<b>Urgent Care Clinic</b> (Out of country urgent care –\$15 co-pay)	\$15 Co-pay	Deductible plus Coinsurance
<b>Walk-in Clinic</b>	\$15 Co-pay	Deductible plus Coinsurance
<b>Emergency Ambulance</b>	No Co-pay if HEP Compliant*	No Co-pay*
<b>OTHER HEALTHCARE SERVICES</b>	<b>In Network Patient Share</b>	<b>Out of Network Patient Share</b>
<b>High Cost Radiological &amp; Diagnostic Tests:</b> MRI, MRA, CAT, CTA, PET and SPECT scans (Prior authorization required)	\$0 copay preferred provider/20% for non-preferred provider in Connecticut (\$0 copay outside of Connecticut)	Deductible plus 40% Coinsurance in Connecticut. (Deductible and 20% coinsurance outside of Connecticut).
<b>Diagnostic, Laboratory and X-ray Services</b>	\$0 copay preferred provider/20% for non-preferred provider in Connecticut (\$0 copay outside of Connecticut)	Deductible plus 40% Coinsurance in Connecticut. (Deductible and 20% coinsurance outside of Connecticut).
<b>Radiation Therapy</b>	\$0 copay preferred provider/20% for non-preferred provider in Connecticut (\$0 copay outside of Connecticut)	Deductible plus 40% Coinsurance in Connecticut. (Deductible and 20% coinsurance outside of Connecticut).
<b>Nutritional Counseling</b> Maximum of 3 visits per Covered Person per Calendar Year	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>Private Duty Nursing</b> (Prior Authorization Required)	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>Home Health Care</b> <b>Utilization Limits</b>	No Co-pay if HEP Compliant if HEP Compliant visits per calendar year	Deductible plus Coinsurance 200 visits per calendar year
<b>In-Home Hospice</b>	No Co-pay if HEP Compliant*	Deductible plus Coinsurance 200 visits per calendar year
<b>Acupuncture</b> <b>Limit: 20 visits per calendar year</b>	\$15 Co-pay	Deductible plus Coinsurance
<b>Infusion Therapy</b> Unlimited	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>Surgical Removal of Breast Implant</b>	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>OUTPATIENT REHABILITATION SERVICES</b>	<b>In Network Patient Share</b>	<b>Out of Network Patient Share</b>
<b>Physical or Occupational Therapy</b> Prior Authorization may be required Benefit limit	No Co-pay if HEP Compliant* Unlimited	Deductible plus Coinsurance 30 visits per calendar year
<b>Chiropractic Therapy Benefit Limit</b>	No Co-pay if HEP Compliant* Unlimited	Deductible plus Coinsurance 30 visits per calendar year
<b>Speech therapy:</b> Covered only for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx <b>Benefit limit:</b>	No Co-pay if HEP Compliant* Unlimited	Deductible plus Coinsurance 30 visits per Calendar Year
<b>Autism Services:</b> Behavioral, Outpatient, Rehabilitation, Physical, occupational, and speech therapy	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>Cardiac Rehabilitation Therapy</b>	\$0 preferred provider/ No Co-pay if HEP Compliant*	Deductible plus Coinsurance
<b>Other Therapy Services:</b> Radiation, Chemotherapy for treatment of cancer, Electroshock, Kidney Dialysis in Hospital or free-standing dialysis center	No Co-pay if HEP Compliant*	Deductible plus Coinsurance

MEDICAL DEVICES/SUPPLIES	In Network Patient Share	Out of Network Patient Share
Home Oxygen	No Co-pay	Deductible plus Coinsurance
Diabetic equipment and supplies	No Co-pay	Deductible plus Coinsurance
Specialized Formula (Prior Authorization required)	No Co-pay	Deductible plus Coinsurance
Wig—Covered only for patient who suffers hair loss as result of chemotherapy)	No Co-pay	No Co-pay
Hearing Aids—Coverage limited to Dependent children 12 years of age or younger. (Limited to one set of hearing aids within a 24 month period) Effective July 1, 2016—Age restriction on Coverage will be removed, benefit limited to one set of hearing aids within a 24 month period (Prior Authorization	No Co-Pay	Deductible plus Coinsurance
Foot Orthotics	No Co-pay	Deductible plus Coinsurance
Durable Medical Equipment and Prosthetic Devices (Prior Authorization required for items over \$500)	No Co-pay	Deductible plus Coinsurance
Medical and Ostomy Related Services	No Co-pay	Deductible plus Coinsurance
MENTAL HEALTH & SUBSTANCE ABUSE	In Network Patient Share	Out of Network Patient Share
High Cost Diagnostic Imaging (MRI, CT, PET, SPECT scans)	Private Duty Nursing \$15 Co-pay	Deductible plus Coinsurance
Outpatient Treatment for Mental Health Care Inpatient Hospice Inpatient Mental Health Hospital or Residential Treatment Center for Mental Health Care (Prior Authorization required)	Specialized Formula Specialized Infant Formula No Co-pay if HEP Compliant*	Deductible plus Coinsurance
Outpatient: Substance Abuse	\$15 Co-pay	Deductible plus Coinsurance
Inpatient Substance Abuse Treatment In a Hospital or Substance Abuse Treatment Facility (Prior Authorization required)	No Co-pay if HEP Compliant*	Deductible plus Coinsurance
PENALTY		
Penalty for Failure to Obtain Prior Authorization for Covered Services		\$500 or 20% of allowable charges, whichever is less, plus 100% of billed amount in excess of allowable charges

\* Copays waived if Health Enhancement Program (HEP) compliant.

The above schedule of benefits is information only. Please refer to the plan documents online for the official benefits and coverages.

<http://www.osc.ct.gov/ctpartner/>

#### MEMBER RESPONSIBILITIES WHEN OBTAINING HEALTH CARE—PRIOR AUTHORIZATION

##### 1. Services Requiring Prior Authorization

Air Ambulance  
Bariatric Surgery  
Chemotherapy  
Colonoscopy  
Durable Medical Equipment over \$500 (includes foot orthotics and hearing aids)

Gender Reassignment Surgery  
MRA, CAT, CTA, PET, SPECT scans)  
Infertility Treatments  
Inpatient Non-Emergency Care (includes childbirth)  
Inpatient, Substance Abuse Treatment  
Internal & External Prosthetic Devices  
Kidney Dialysis  
Oral Surgery

Organ Transplant  
Orthopedic Exercises  
Outpatient Occupational Therapy  
Outpatient Physical Therapy  
Outpatient/ Surgery  
Partial Hospitalization (under 12 hours)  
Mental Health/Substance Abuse  
Skilled Nursing Facility Admission  
Sleep Studies  
Specialty Hospital Admission  
Substance Abuse Residential Treatment

Prior Authorization is performed by in-network provider. Prior authorization is the member's responsibility if out of network.

### SCHEDULE OF PRESCRIPTION DRUG BENEFITS eff 7/1/2018

A Member's rights to benefits for Covered Drugs as provided in this Plan Document are subject to the terms and conditions of the agreement between the Plan Sponsor and CVS Caremark.

#### Active Employee Plans—Co-payments and Cost Shares

##### Mail order is 90-day refill of Maintenance Medication

Active Employees	Participating Retail	Maintenance Medications (90 day supply* Required after 1st 30 day fill at retail)	Health Enhancement Program only **Chronic Condition-Related Maintenance Medications At Mail Order
Preferred Generic	\$5.00	\$5.00	\$0.00
Non Preferred Generic	\$10.00	\$10.00	\$0.00
Preferred Brand	\$25.00	\$25.00	\$5.00
Non Preferred Brand	\$40.00	\$40.00	\$12.50
Contraceptives*** Eff. 7/1/2013	\$0	\$0	\$0
Day Supply Limit	30	90	90

\* Includes refills obtained at pharmacies or mail order participating in the State of CT Maintenance Drug Network.

\*\* Asthma/COPD, Heart Failure/Heart Disease, Hyperlipidemia and Hypertension and Diabetes

\*\*\* Maintenance Medication (single fill only at retail)

\*\* Treated as Maintenance Medication (single fill only at retail)

**Out of pocket Maximum \$4,600 individual/\$9,200 family**

#### RULES APPLICABLE TO ALL PLANS

Brand Drugs as substitutes for available Generic Drugs (without coverage exception request)	The same co-payment you would pay for a Generic Drug, plus the difference in price between the Generic Drug and the Brand Drug*
Generic Substitution	Required unless Prescribing Physician submits a Coverage Exception Request, attesting that Brand Drug is Medically Necessary
Non-Preferred Drug utilization	Higher co-pay required unless Prescribing Physician submits a Coverage Exception Request attesting that Non-Preferred Brand is Medically Necessary
Prior Authorizations and Other Clinical Programs	Required for Certain Drugs—See Attachment A
Benefit Period	One Calendar Year
Diabetes Co-pay	None

Chronic Conditions Health Enhancement Program	Co-pays may be waived or reduced for medications to treat: Asthma, Diabetes, COPD, Hyperlipidemia, Hypertension, heart failure or heart disease
Refill Policy	Per Plan Sponsor standard guidelines
Formulary	CVS Caremark Standard Drug List

\* If the Co-payment is greater than the Maximum Allowable Amount (see definition below) or the billed charge for the medication, the Member will pay the lower amount.

#### **COVERED BENEFITS**

Prescription Drugs

Maintenance Prescription Drugs Certain Preventive Medications

#### **BENEFITS BY PHARMACY TYPE**

##### **Participating Retail Pharmacy Benefits**

When a Covered Drug is dispensed by a Participating Pharmacy, the Participating Pharmacy will accept the Maximum Allowable Amount and will make no charge to the Member except for any applicable Co-payment or Cost-Share. Payment will be made to the Participating Pharmacy by CVS Caremark, except for Co-payments or Cost-Shares that are payable by Member at the Participating Pharmacy.

##### **Non-Participating Pharmacy Benefits**

When a Covered Drug is dispensed by a Non-Participating Retail Pharmacy the Member shall pay for the prescription out-of-pocket, and then will be reimbursed upon submitting a proper claim for reimbursement to CVS Caremark. Reimbursement is only available for Covered Services less any applicable Co-payment or Cost-Share, after review and approval of the claim. Reimbursement is based on the Maximum Allowable Amount (defined below) for Non-Participating Pharmacies. Claims must be filed with CVS Caremark within 2 years after the prescription for the Covered Drug has been filled. The receipt must accompany the claim.

#### **PRESCRIPTION DRUGS REQUIRING PRIOR AUTHORIZATION**

When a Covered Drug which requires Prior Authorization is prescribed for a Member, the Member or the Member's representative must call CVS Caremark at 1-800-294-5979, or fax a written request for prior authorization to CVS Caremark, at 1-888-836-0730.

#### **Prescription Drugs with Managed Elements (Subject to change):**

Drug Class/ Name	Criteria
Abstral	Prior Authorization required
Actemra	Prior Authorization required
Actiq	Prior Authorization required
Amerge	Quantity limit: 9 tablets per 30 days
Amevive	Prior Authorization required
Axert	Quantity limit: 12 tablets per 30 days
Caverject	Quantity Limit: 6 units per 30 days
Cialis	Quantity limit: 6 tablets per 30 days
Cialis, 5 mg	Prior Authorization required, limited to those diagnosed with
Cimzia	Prior Authorization required
Edex	Quantity Limit: 6 units per 30 days
Enbrel	Prior authorization required
Fentora	Prior Authorization required
Frova	Quantity limit: 9 tablets per 30 days
Genotropin	Prior Authorization required (no coverage for ISS)
Growth Hormones	Prior Authorization required (no coverage for ISS)
Humatrope	Prior Authorization required (no coverage for ISS)

Humira	Prior Authorization required
Imitrex Injection Kits	Quantity limit: 4 kits per 30 days
Imitrex Nasal inhaler	Quantity limit: 12 units per 30 days
Imitrex tablets	Quantity limit: 9 tablets per 30 days
Imitrex Vials	Quantity limit: 10 vials (5ml) per 30 days
Incivek	Prior Authorization required
Increlex	Prior Authorization required (no coverage for ISS)
Infergen	Prior Authorization required
Intron A	Prior Authorization required
Kineret	Prior Authorization required
Lazanda	Prior Authorization required
Levitra	Quantity limit: 6 tablets per 30 days
Maxalt tablet	Quantity limit: 12 tablets per 30 days
Maxalt-MLT tablets	Quantity limit: 12 tablets per 30 days
Migranal nasal inhaler	Quantity limit: 1 kit ( 8 units) per 30 days
Muse	Quantity Limit: 6 units per 30 days
Norditropin	Prior Authorization required (no coverage for ISS)
Nutropin/AQ	Prior Authorization required (no coverage for ISS)
Nuvigil	Prior Authorization required
Omnitrope	Prior Authorization required (no coverage for ISS)
Onsolis	Prior Authorization required
Orencia	Prior Authorization required
Pegasys	Prior Authorization required
Peg-Intron	Prior Authorization required
Provigil	Prior Authorization required
Relpax	Quantity limit: 12 tablets/ 30 days
Remicade	Prior Authorization required
Ribavirin	Prior Authorization required
Rituxan	Prior Authorization required
Saizen	Prior Authorization required (no coverage for ISS)
Serostim	Prior Authorization required
Simponi	Prior Authorization required
Stadol Nasal Spray ( <i>available as</i>	Quantity limit: 2 bottle per 30 days; available as generic only
Staxyn	Quantity Limit: 6 tablets per 30 days
Stelara	Prior Authorization required
Subsys	Prior Authorization required
Sumavel DosePro	Quantity limit: 12 DosePros per 30 days
Tev-Tropin	Prior Authorization required (no coverage for ISS)
Treximet	Quantity limit: 9 tablets per 30 days
Viagra	Quantity limit: 6 tablets per 30 days
Victrelis	Prior Authorization required
Xyrem	Prior Authorization required
Zomig Nasal Spray	Quantity limit: 12 inhalers per 30 days
Zomig/Zomig ZMT tablets	Quantity limit: 12 tablets per 30 days



# Cigna Dental Benefit Summary

## PLAN 5

**Plan Effective Date: 07/01/2018**



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.

Cigna Dental PPO				
Network Options	In-Network: State of Connecticut Network		Non-Network: See Non-Network Reimbursement	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, & III expenses	Unlimited		Unlimited	
Annual Deductible Individual Family	\$0 \$0		\$0 \$0	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Sealants Brush Biopsy	100% No Deductible	0% No Deductible	100% No Deductible	0% No Deductible
Class II: Basic Restorative Fillings Fluoride Application Periodontal Maintenance Emergency Care to Relieve Pain Oral Surgery – Simple Extractions Root Canal Therapy / Endodontics Denture Adjustments and Repairs Repairs to Bridges, Crowns and Inlays Stainless Steel/Resin Crowns	80% No Deductible	20% No Deductible	80% No Deductible	20% No Deductible
Class III: Major Restorative Crowns Inlays / Onlays Prosthesis Over Implant Space Maintainers Oral Surgery – All Except Simple Extractions Surgical Extractions of Impacted Teeth Periodontal Scaling and Root Planing Osseous Surgery	67% No Deductible	33% No Deductible	67% No Deductible	33% No Deductible
Class IV: Orthodontia	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 Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider charges in the geographic area.			



<b>Cross Accumulation</b>	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.
<b>Annual Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Late Entrant Limitation Provision</b>	No coverage until next open enrollment.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
<b>Oral Health Integration Program</b>	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24.
<b>Benefit Limitations:</b>	
Missing Tooth Limitation	Not applicable.
Oral Exams	2 per calendar year
X-rays (routine)	Bitewings: 1 per calendar year
X-rays (non-routine)	Full mouth: 1 every 5 calendar years; Panorex: 1 every 5 calendar years
Cleanings	2 routine and 2 periodontal cleanings per calendar year
Fluoride Application	2 per calendar year for children under 16 years of age
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 3 calendar years on children under 16
Space Maintainers	Limited to non-orthodontic treatment for children under age 19
Periodontal Treatment	Various limitations depending on the service, Frequency limit of once per 24 months
Periodontal Surgery	Various limitations depending on the service, Frequency limit of once per 36 months
Inlays and Crowns	Replacement every 7 years if unserviceable and cannot be repaired
Dentures, Bridges and Partials	Not Covered
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	1 per 7 years 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.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not listed under Benefit Highlights;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;	
Periodontic: bite registrations; splinting; Prosthodontic: precision or semi-precision attachments;	
Implants: implants or implant related services; Orthodontics: orthodontic treatment;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; Replacement of a lost or stolen appliance; Services performed primarily for cosmetic reasons; Personalization;	
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 Reimbursable Charge.	
Contracted providers are not obligated to provide discounts on non-covered services and may charge their usual fees.	

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.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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**State of Connecticut  
Cigna Dental Care (\*DHMO)  
Patient Charge Schedule**

*This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.*

**Important Highlights**

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You must verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontist and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 7 by calling Customer Services at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.
- Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- The administration of I.V. sedation, general anesthesia, and/or Nitrous Oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.
- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

**92364**





Code	Procedure description	SCTI9
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145).		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$0.00
D9430	Office visit for observation – No other services performed	\$0.00
D9450	Case presentation – Detailed and extensive treatment planning	\$0.00
D0120	Periodic oral evaluation – Established patient	\$0.00
D0140	Limited oral evaluation – Problem focused	\$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver	\$0.00
D0150	Comprehensive oral evaluation – New or established patient	\$0.00
D0160	Detailed and extensive oral evaluation - problem focused, by report ( <i>limit 2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i> )	\$0.00
D0170	Reevaluation – Limited, problem focused (not postoperative visit)	\$0.00
D0180	Comprehensive periodontal evaluation – New or established patient	\$45.00
D0210	X-rays intraoral – Complete series of radiographic images ( <i>limit 1 every 3 years</i> )	\$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	\$0.00
D0230	X-rays intraoral – Periapical – Each additional radiographic image	\$0.00
D0240	X-rays intraoral – Occlusal radiographic image	\$0.00
D0270	X-rays (bitewing) – Single radiographic image	\$0.00
D0272	X-rays (bitewings) – 2 radiographic images	\$0.00
D0273	X-rays (bitewings) – 3 radiographic images	\$0.00
D0274	X-rays (bitewings) – 4 radiographic images	\$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	\$0.00
D0330	X-rays (panoramic radiographic image) – ( <i>limit 1 every 3 years</i> )	\$0.00
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw ( <i>only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year</i> )	\$200.00

Code	Procedure description	SCTI9
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$220.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$220.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium <i>(only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366, or D0367 per calendar year)</i>	\$240.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures <i>(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)</i>	\$240.00
D0431	Oral cancer screening using a special light source	\$50.00
D0460	Pulp vitality tests	\$14.00
D0470	Diagnostic casts	\$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	\$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	\$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	\$0.00
D1110	Prophylaxis (cleaning) – Adult <i>(limit 2 per calendar year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$45.00
D1120	Prophylaxis (cleaning) – Child <i>(limit 2 per calendar year)</i>	\$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	\$30.00
	Coverage for treatment by a Pediatric Dentist ends on your child's 7th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 7th birthday.	
D1206	Topical application of fluoride varnish – <i>(limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.</i>	\$0.00
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year.	\$15.00
D1208	Topical application of fluoride - excluding varnish <i>(limit 2 per calendar year)</i> <i>There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.</i>	\$0.00



Code	Procedure description	SCTI9
	Additional topical application of fluoride - excluding varnish in addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride) per calendar year	\$15.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant – Per tooth	\$17.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	\$17.00
D1510	Space maintainer – Fixed – Unilateral	\$110.00
D1515	Space maintainer – Fixed – Bilateral	\$170.00
D1555	Removal of fixed space maintainer	\$0.00
Restorative (fillings, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	\$6.00
D2150	Amalgam – 2 surfaces, primary or permanent	\$6.00
D2160	Amalgam – 3 surfaces, primary or permanent	\$12.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	\$18.00
D2330	Resin-based composite – 1 surface, anterior	\$6.00
D2331	Resin-based composite – 2 surfaces, anterior	\$13.00
D2332	Resin-based composite – 3 surfaces, anterior	\$18.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	\$88.00
D2390	Resin-based composite crown, anterior	\$88.00
D2391	Resin-based composite – 1 surface, posterior	\$47.00
D2392	Resin-based composite – 2 surfaces, posterior	\$59.00
D2393	Resin-based composite – 3 surfaces, posterior	\$82.00
D2394	Resin-based composite – 4 or more surfaces, posterior	\$115.00
Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit). Coverage for replacement of crowns and bridges is limited to 1 every 5 years.		

Code	Procedure description	SCTI9
	Per tooth charge for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) Services. Same day in-office CAD/CAM (ceramic) Services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.	\$150.00
D2510	Inlay – Metallic – 1 surface	\$380.00
D2520	Inlay – Metallic – 2 surfaces	\$380.00
D2530	Inlay – Metallic – 3 or more surfaces	\$380.00
D2542	Onlay – Metallic – 2 surfaces	\$440.00
D2543	Onlay – Metallic – 3 surfaces	\$440.00
D2544	Onlay – Metallic – 4 or more surfaces	\$440.00
D2740	Crown – Porcelain/ceramic substrate	\$460.00
D2750	Crown – Porcelain fused to high noble metal	\$420.00
D2751	Crown – Porcelain fused to predominantly base metal	\$370.00
D2752	Crown – Porcelain fused to noble metal	\$400.00
D2780	Crown – 3/4 cast high noble metal	\$430.00
D2781	Crown – 3/4 cast predominantly base metal	\$380.00
D2782	Crown – 3/4 cast noble metal	\$410.00
D2790	Crown – Full cast high noble metal	\$430.00
D2791	Crown – Full cast predominantly base metal	\$380.00
D2792	Crown – Full cast noble metal	\$410.00
D2794	Crown – Titanium	\$430.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$12.00
D2915	Re-cement or re-bond cast indirectly fabricated or prefabricated post and core	\$12.00
D2920	Re-cement or re-bond crown	\$12.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	\$145.00
D2930	Prefabricated stainless steel crown – Primary tooth	\$92.00



Code	Procedure description	SCT19
D2931	Prefabricated stainless steel crown – Permanent tooth	\$92.00
D2932	Prefabricated resin crown	\$120.00
D2933	Prefabricated stainless steel crown with resin window	\$145.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	\$145.00
D2940	Protective restoration	\$13.00
D2950	Core buildup – Including any pins when required	\$97.00
D2951	Pin retention – Per tooth – In addition to restoration	\$18.00
D2952	Post and core – In addition to crown, indirectly fabricated	\$150.00
D2954	Prefabricated post and core – In addition to crown	\$125.00
D2960	Labial veneer (resin laminate) – Chairside	\$105.00
D6210	Pontic – Cast high noble metal	\$420.00
D6211	Pontic – Cast predominantly base metal	\$380.00
D6212	Pontic – Cast noble metal	\$410.00
D6214	Pontic – Titanium	\$430.00
D6240	Pontic – Porcelain fused to high noble metal	\$420.00
D6241	Pontic – Porcelain fused to predominantly base metal	\$380.00
D6242	Pontic – Porcelain fused to noble metal	\$410.00
D6245	Pontic – Porcelain/ceramic	\$425.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	\$420.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	\$430.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	\$370.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	\$370.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	\$390.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	\$400.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	\$430.00



Code	Procedure description	SCT19
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	\$430.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	\$370.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	\$370.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	\$390.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	\$410.00
D6624	Retainer inlay – Titanium	\$420.00
D6634	Retainer onlay – Titanium	\$420.00
D6740	Retainer crown – Porcelain/ceramic	\$470.00
D6750	Retainer crown – Porcelain fused to high noble metal	\$430.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	\$380.00
D6752	Retainer crown – Porcelain fused to noble metal	\$410.00
D6780	Retainer crown – 3/4 cast high noble metal	\$430.00
D6781	Retainer crown – 3/4 cast predominantly base metal	\$380.00
D6782	Retainer crown – 3/4 cast noble metal	\$410.00
D6790	Retainer crown – Full cast high noble metal	\$430.00
D6791	Retainer crown – Full cast predominantly base metal	\$380.00
D6792	Retainer crown – Full cast noble metal	\$410.00
D6794	Retainer crown – Titanium	\$430.00
	Complex rehabilitation – Additional charge per unit for multiple crown units/complex rehabilitation ( <i>6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines</i> )	\$135.00
D6930	Re-cement or re-bond fixed partial denture	\$12.00
<b>Endodontics (root canal treatment, excluding final restorations)</b>		
D3110	Pulp cap – Direct (excluding final restoration)	\$14.00
D3120	Pulp cap – Indirect (excluding final restoration)	\$14.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	\$89.00

Code	Procedure description	SCTI9
D3221	Pulpal debridement, primary and permanent <i>(not to be used when root canal is done on the same day)</i>	\$83.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	\$89.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	\$275.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	\$320.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	\$440.00
D3331	Treatment of root canal obstruction – Nonsurgical access	\$130.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	\$130.00
D3333	Internal root repair of perforation defects	\$130.00
D3346	Retreatment of previous root canal therapy – Anterior	\$395.00
D3347	Retreatment of previous root canal therapy – Bicuspid	\$445.00
D3348	Retreatment of previous root canal therapy – Molar	\$565.00
D3410	Apicoectomy/periradicular surgery – Anterior	\$360.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	\$385.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	\$420.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$150.00
D3430	Retrograde filling per root	\$89.00
Periodontics (treatment of supporting tissues [gum and bone] of the teeth) periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the patient charge schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months when covered on the patient charge schedule.		
D4210	Gingivectomy or gingivoplasty – 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$105.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$105.00
D4240	Gingival flap (including root planing) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$305.00
D4241	Gingival flap (including root planing) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$165.00
D4245	Apically positioned flap	\$280.00



Code	Procedure description	SCT19
D4249	Clinical crown lengthening – Hard tissue	\$340.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – 4 or more contiguous teeth or tooth bounded spaces per quadrant	\$540.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – 1 to 3 contiguous teeth or tooth bounded spaces per quadrant	\$310.00
D4263	Bone replacement graft – First site in quadrant	\$290.00
D4264	Bone replacement graft – Each additional site in quadrant	\$225.00
D4266	Guided tissue regeneration – Resorbable barrier per site	\$380.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	\$430.00
D4270	Pedicle soft tissue graft procedure	\$415.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$415.00
D4277	Free soft tissue graft procedure (including recipient donor surgical sites), first tooth implant or edentulous ( <i>missing</i> ) tooth position in graft	\$415.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous ( <i>missing</i> ) tooth position in same graft site	\$210.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant ( <i>limit 4 quadrants per consecutive 12 months</i> )	\$110.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth – per quadrant ( <i>limit 4 quadrants per consecutive 12 months</i> )	\$60.00
D4355	Full mouth debridement to allow evaluation and diagnosis ( <i>1 per lifetime</i> )	\$84.00
D4381	Localized delivery of antimicrobial agents per tooth	\$45.00
D4910	Periodontal maintenance ( <i>only covered after active periodontal therapy</i> )	\$77.00
Prosthetics (removable tooth replacement – dentures) includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.		
D5110	Full upper denture	\$535.00
D5120	Full lower denture	\$535.00
D5130	Immediate full upper denture	\$575.00
D5140	Immediate full lower denture	\$575.00
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	\$400.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	\$400.00
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	\$625.00

Code	Procedure description	SCTI9
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	\$625.00
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	\$430.00
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	\$430.00
D5410	Adjust complete denture – Upper	\$38.00
D5411	Adjust complete denture – Lower	\$38.00
D5421	Adjust partial denture – Upper	\$38.00
D5422	Adjust partial denture – Lower	\$38.00
Repairs to prosthetics		
D5510	Repair broken complete denture base	\$71.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	\$71.00
D5610	Repair resin denture base	\$71.00
D5630	Repair or replace broken clasp - Per tooth	\$88.00
D5640	Replace broken teeth – Per tooth	\$71.00
D5650	Add tooth to existing partial denture	\$71.00
D5660	Add clasp to existing partial denture - Per tooth	\$88.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	\$210.00
D5711	Rebase complete lower denture	\$210.00
D5720	Rebase upper partial denture	\$210.00
D5721	Rebase lower partial denture	\$210.00
D5730	Reline complete upper denture – Chairside	\$120.00
D5731	Reline complete lower denture – Chairside	\$120.00
D5740	Reline upper partial denture – Chairside	\$120.00
D5741	Reline lower partial denture – Chairside	\$120.00
D5750	Reline complete upper denture – Laboratory	\$185.00



Code	Procedure description	SCTI9
D5751	Reline complete lower denture – Laboratory	\$185.00
D5760	Reline upper partial denture – Laboratory	\$185.00
D5761	Reline lower partial denture – Laboratory	\$185.00
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	\$305.00
D5811	Interim complete denture – Lower	\$305.00
D5820	Interim partial denture – Upper	\$255.00
D5821	Interim partial denture – Lower	\$255.00
Implant Services - Surgical Placement of Implants (D6010, D6012, D6040, and D6050 have a limit of 1 implant per calendar year with a replacement of 1 per 10 years)		
D6010	Surgical placement of implant body: Endosteal implant	\$1,025.00
D6012	Surgical placement of interim implant body for transitional prosthesis: Endosteal implant	\$390.00
D6040	Surgical placement: Eposteal implant	\$940.00
D6050	Surgical placement: Transosteal implant	\$920.00
D6055	Connecting bar - Implant supported or abutment supported (limit 1 per calendar year)	\$1,170.00
D6056	Prefabricated abutment - Includes modification and placement (limit 1 per calendar year)	\$355.00
D6057	Custom fabricated abutment - Includes placement (limit 1 per calendar year)	\$455.00
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis (limit 1 per calendar year)	\$65.00
D6090	Repair implant supported prosthesis, by report (limit 1 per calendar year)	\$130.00
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment (limit 1 per calendar year)	\$60.00
D6095	Repair implant abutment, by report (limit 1 per calendar year)	\$245.00
D6100	Implant removal, by report (limit 1 per calendar year)	\$245.00
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure (limit 1 per calendar year)	\$125.00
D6102	Debridement and osseous contouring of a periimplant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, flap entry and closure (limit 1 per calendar year)	\$240.00

Code	Procedure description	SCT19
D6103	Bone graft for repair of periimplant defect - does not include flap entry and closure ( <i>limit 1 per calendar year</i> )	\$290.00
D6104	Bone graft at time of implant placement ( <i>limit 1 per calendar year</i> )	\$290.00
D6190	Radiographic/surgical implant index, by report ( <i>limit 1 per calendar year</i> )	\$165.00
Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.		
	Per tooth charge for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) Services. Same day in-office CAD/CAM (ceramic) Services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.	\$150.00
D6058	Abutment supported porcelain/ceramic crown	\$760.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$720.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$670.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$700.00
D6062	Abutment supported cast metal crown (high noble metal)	\$720.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$670.00
D6064	Abutment supported cast metal crown (noble metal)	\$700.00
D6065	Implant supported porcelain/ceramic crown	\$760.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$720.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$720.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$760.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	\$720.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$670.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	\$700.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	\$720.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	\$670.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	\$700.00



Code	Procedure description	SCTI9
D6075	Implant supported retainer for ceramic fixed partial denture	\$760.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	\$720.00
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	\$720.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$51.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$51.00
D6094	Abutment supported crown (titanium)	\$720.00
D6110	Implant /abutment supported removable denture for edentulous arch – Maxillary	\$835.00
D6111	Implant /abutment supported removable denture for edentulous arch – Mandibular	\$835.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Maxillary	\$925.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Mandibular	\$925.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Maxillary	\$835.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Mandibular	\$835.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Maxillary	\$925.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Mandibular	\$925.00
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	\$720.00
	Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional charge per unit for multiple crown units/complex rehabilitation (6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)	\$135.00
Oral surgery (includes routine postoperative treatment) Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.		
D7111	Extraction of coronal remnants – Deciduous tooth	\$12.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	\$12.00
D7210	Surgical removal of erupted tooth – Removal of bone and/or section of tooth	\$89.00
D7220	Removal of impacted tooth – Soft tissue	\$71.00
D7230	Removal of impacted tooth – Partially bony	\$145.00
D7240	Removal of impacted tooth – Completely bony	\$185.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	\$200.00

Code	Procedure description	SCT19
D7250	Surgical removal of residual tooth roots – Cutting procedure	\$89.00
D7251	Coronectomy – Intentional partial tooth removal	\$145.00
D7260	Oroantral fistula closure	\$200.00
D7261	Primary closure of a sinus perforation	\$200.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$14.00
D7280	Surgical access of an unerupted tooth ( <i>excluding wisdom teeth</i> )	\$14.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$8.00
D7285	Incisional biopsy of oral tissue - Hard (bone, tooth) ( <i>tooth related - not allowed when in conjunction with another surgical procedure</i> )	\$145.00
D7286	Incisional biopsy of oral tissue - Soft (all others) ( <i>tooth related - not allowed when in conjunction with another surgical procedure</i> )	\$110.00
D7287	Exfoliative cytological sample collection	\$78.00
D7288	Brush biopsy – Transepithelial sample collection	\$78.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$89.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$45.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	\$120.00
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	\$64.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	\$14.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	\$14.00
D7471	Removal of lateral exostosis – Maxilla or mandible	\$14.00
D7472	Removal of torus palatinus	\$14.00
D7473	Removal of torus mandibularis	\$14.00
D7485	Surgical reduction of osseous tuberosity	\$120.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	\$14.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	\$20.00
D7880	Occlusal orthotic device, by report - ( <i>limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i> )	\$425.00



Code	Procedure description	SCTI9
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach <i>(limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)</i>	\$850.00
D7952	Sinus augmentation via a vertical approach <i>(limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)</i>	\$640.00
D7953	Bone replacement graft for ridge preservation - per site <i>(limit 1 per calendar year; only covered in conjunction with the surgical placement of implant)</i>	\$100.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	\$14.00
D7963	Frenuloplasty	\$20.00
Orthodontics (tooth movement) Orthodontic treatment (maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)		
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	\$480.00
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	\$480.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	\$500.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	\$515.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	\$515.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$67.00
D8670	Periodic orthodontic treatment visit	
	Children – Up to 19th birthday:	
	24-month treatment fee	\$2,280.00
	Charge per month for 24 months	\$95.00
	Adults:	
	24-month treatment fee	\$3,000.00
	Charge per month for 24 months	\$125.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	\$345.00
D8999	Unspecified orthodontic procedure – By report <i>(orthodontic treatment plan and records)</i>	\$195.00

Code	Procedure description	SCT19
General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the patient charge schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or IV sedation when used for the purpose of anxiety control or patient management.		
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$90.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	\$90.00
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	\$0.00
D9440	Office visit – After regularly scheduled hours	\$66.00
Miscellaneous services		
D9940	Occlusal guard – By report ( <i>limit 1 per 24 months</i> )	\$265.00
D9941	Fabrication of athletic mouthguard - ( <i>limit 1 per 12 months</i> )	\$110.00
D9951	Occlusal adjustment – Limited	\$58.00
D9952	Occlusal adjustment – Complete	\$255.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays ( <i>all other methods of bleaching are not covered</i> )	\$165.00
This may contain CDT Codes and/or portions of, or excerpts from the Code on Dental Procedures and Nomenclature (CDT Code) contained within the current version of the "Dental Procedure Codes", a copyrighted publication provided by the American Dental Association. The American Dental Association does not endorse any codes which are not included in its current publication"		



## After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll free number listed on your ID card or plan materials.

Multiple ways to locate a \*DHMO Network General Dentist:

- On-line provider directory at [www.cigna.com](http://www.cigna.com)
- On-line provider directory on [myCigna.com](http://myCigna.com)
- Call the number located on your ID card to:
  - Use the Dental Office Locator via Speech Recognition
  - Speak to a Customer Service Representative

**EMERGENCY:** If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

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\*The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features.

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