# AGREEMENT

BETWEEN

THE NEW MILFORD BOARD OF EDUCATION
AND
NEW MILFORD BOARD OF EDUCATION NURSES
LOCAL 1303-154 OF COUNCIL 4
AFSCME, AFL-CIO

July 1, 2024 to June 30, 2027

## TABLE OF CONTENTS

## PREAMBLE

This Agreement is made and entered into by and between the New Milford Board of Education and Local 1303-154 of Council #4, AFSCME, AFL-CIO.

The intent and purpose of this Agreement are to set forth certain terms and conditions of employment for the school nurses employed by the New Milford Board of Education, to provide for a mutually satisfactory settlement of grievances, to assure the efficient operation of the school health program and to promote the highest professional standards in school health nursing.

## ARTICLE I
## RECOGNITION

**Section 1.1**

The New Milford Board of Education (hereinafter called the "Board") recognizes Local 1303 of Council #4, American Federation of State, County and Municipal Employees (hereinafter called the "Union") as the exclusive representative of all permanent school nurses for the purposes of collective bargaining with respect to wages, hours and other conditions of employment pursuant to the Municipal Employer Relations Act.

**Section 1.2**

The terms "Board of Education" and "Board," as used in this agreement, shall mean the Board or its designee. The term "Superintendent of Schools" and "Superintendent," as used in this agreement, shall mean the Superintendent or his or her designee.

## ARTICLE II
## DUES DEDUCTION

**Section 2.1**

An employee retains the freedom of choice whether or not to become or remain a member of the Union. Dues or voluntary fees shall be remitted to the Union on a biweekly basis corresponding with employee payroll processing.

**Section 2.2**

Union dues shall be deducted by the Board from the paycheck of each employee who signs and remits to the Board an authorized form.

**Section 2.3**

The amount of dues deducted under this Article shall be remitted to AFSCME Council #4, 444 East Main Street, New Britain, CT no later than 15 calendar days after the payroll period in which such deduction is made, together with a list of employees for whom any such deduction is made.

**Section 2.4**

The Union shall indemnify and hold harmless the Board for any and all claims, demands, suits judgements, liability, expenses or damages incurred by the Board in compliance with this Article including the incursion of reasonable attorneys' fees.

## ARTICLE III
## DEFINITIONS

**Section 3.1 - School Nurse**

A registered professional nurse who performs school nursing activities independently as outlined by the New Milford School Health policies.

**Section 3.2**

The nurse must be a Registered Nurse (RN.) from a diploma-granting school and licensed by the State of Connecticut.

**Section 3.3**

In the absence of a qualified RN substitute, a LPN may be hired at a rate below that set forth in Appendix A.

## ARTICLE IV
## SENIORITY

**Section 4.1**

Seniority shall mean the total length of continuous employment in the bargaining unit. Seniority shall be deemed to be unbroken during any period of authorized leave or layoff up to two (2) years. Seniority shall not accrue, but shall be bridged, in the case of layoff and/or unpaid leave of absence.

**Section 4.2**

New employees shall serve a probationary period of sixty (60) work days. Upon the completion of the probationary period, the employees shall be granted seniority from the date of hire.

During the probationary period, the employee may be disciplined or discharged at will and neither the Union nor the employee shall have recourse to the grievance procedure of this Contract.

**Section 4.3**

If it becomes necessary to reduce the work force, the Board retains the right to make layoffs in the best interest of the school system. When experience and overall qualifications are considered by the Board to be equal, layoffs will be in accordance with seniority, the least senior employee first.

**Section 4.4**

Nurses terminated because of reduction in the work force shall be placed on the reappointment list for a period of two (2) years. Nurses on the reappointment list shall be notified by letter, certified mail-return receipt requested, of any nursing vacancies in the school system. Notification shall be in accordance with the most senior employee being notified first of any such vacancy, and having ten (10) days to respond to such notice.

Notification will be sent to the nurse's last address as on file with the Board of Education. Failure by a nurse to respond to the notice as provided above or a nurse's refusal of the position that is offered shall result in the nurse's name being removed from the reemployment list.

The Board shall not fill any such vacancy from the outside until all qualified nurses on the reappointment list have been given the opportunity to fill the positions.

For purposes of this Section "days" shall mean days when Central Office is open.

**Section 4.5**

At least fourteen (14) calendar days written notice of layoff shall be given to the employee by the Board. When that is not possible, severance pay will be ten (10) days pay. Termination or suspension without compensation may be made with just cause. For purposes of this Section "days" shall mean days when Central Office is open.

**Section 4.6**

Any bargaining unit member who voluntarily leaves shall give fourteen (14) calendar days written notice of resignation to the Board. Failure to provide the notice of resignation as required herein shall result in the forfeiture of any accrued but unpaid benefits.

## ARTICLE V
## WORK YEAR, HOURS OF WORK, COMPENSATION

**Section 5.1**

The work year for all nurses shall be all days when school is in session plus two (2) days (i.e., 181 + 2 = 183). In addition, the nurses will work four (4) days at their respective per diem rate, within the period of ten (10) days prior to the beginning of the school year (i.e., 183 + 4 = 187). Annual salaries for purposes of per-diem calculation are based upon one hundred eighty-seven days (187). Annual salaries for purposes of the salary schedule set forth in Appendix A shall be inclusive of six (6) paid holidays.

**Section 5.2**

A. The normal work day of personnel covered by this Agreement shall be seven (7) hours per day. The exact starting and ending times will be determined by the school principal and the employee in each school.

B. The Nurse Coordinator shall work eight (8) hours a day with a minimum of one (1) hour per day dedicated to the duties of the Nurse Coordinator.

C. Should a nurse or nurse coordinator be required to work or stay after school because of an operational need, field trip or school event, they shall be compensated at their per diem rate rounded to the nearest fifteen minute increment for all time spent beyond the regular work day.

**Section 5.3**

Principals may require, under emergency circumstances, that nurses work beyond their scheduled work day. The nurse will be paid at the regular rate for emergency and non-emergency work beyond the normal day for conferences and Planning and Placement Team meetings. If emergency or non-emergency work exceeds eight (8) hours in any one (1) given day, nurses will be compensated at one and one-half (1 1/2) times their regular rate for time worked beyond eight (8) hours.

**Section 5.4**

Nurses may request to leave early on days that students have an early dismissal and may leave the building after all buses have left.

**Section 5.5**

A registered nurse shall receive a twenty-five (25) minute paid lunch period with the understanding that he/she shall be available within the building on call if an emergency arises.

**Section 5.6**

Salary (Appendix A) and longevity schedules (Appendix B) are hereto attached and are part of this Agreement. Effective and retroactive to July 1, 2024, bargaining-unit members shall be placed on the appropriate band of the salary schedule set forth in Appendix A based upon each member's years of experience. For purposes of placement on the salary schedule for existing bargaining-unit members and new hires, "years of experience" shall be defined to mean years of professional service as a registered nurse in a position providing direct patient care as reasonably determined by the Superintendent or designee.

**Section 5.7**

Yearly evaluation conferences will be held between the school nurses and the building principals.

**Section 5.8**

Formal classroom teaching by a school nurse holding a bachelor's degree and a teaching certificate from the State Department of Education will be compensated at the rate of $6.50 for each hour of teaching in addition to the school nurse's regular rate of pay.

**Section 5.9**

Nurses required to use their vehicles in the course of their employment shall be paid at the current IRS rate in effect at that time.

## ARTICLE VI
## HOLIDAYS AND VACATIONS

**Section 6.1**

The nursing staff shall be relieved from duty on all school holidays and vacations recognized in the official school calendar. Of such holidays, each bargaining unit member shall be entitled to six (6) paid holidays each year, which shall be Thanksgiving and Christmas, the day before Christmas, the day before New Years Day, Martin Luther King Day, and Presidents Day. If school is in session during one of the aforementioned designated paid holidays, the administration shall designate a different day for the paid holiday.

To be eligible for a paid holiday, nurses must work the day immediately prior to, or after a holiday, unless the reason for not working is due to illness covered by accrued sick leave. In such case if a medical provider's certificate is presented, the nurse will be paid for the holiday. If the nurse does not provide a doctor's certificate, then the holiday may be charged off to a personal leave day.

## ARTICLE VII
## SICK LEAVE

**Section 7.1**

Sick leave shall be considered to be absence from duty with pay for illness or injury.

**Section 7.2**

Each employee shall be granted fifteen (15) paid sick leave days per year. Personal sick days shall be accumulative to a maximum of two hundred (200) days. Employees hired after July 1, 2021 shall accumulate up to 150 days.

**Section 7.3**

As employees of the New Milford Board of Education/Town of New Milford, workers compensation insurance is afforded in accordance with state law.

## ARTICLE VIII
## LEAVES OF ABSENCE

**Section 8.1**

A. Personal leave days may not exceed four (4) paid days per year and must be arranged twenty-four (24) hours or more in advance, except in case of emergency, with the building principal. These days shall be for reasons which are necessary and compelling (medical, legal, educational or personal). All such days shall be for business which cannot be arranged during non-working time.

B. Employees hired on or after July 1, 1995 will be entitled to three (3) personal days for necessary and compelling reasons.

C. One of the personal leave days allotted each year may be used without specifying the reason. Such days may not be used on the day prior to or after a holiday or school vacation without the written consent of the Superintendent or designee.

**Section 8.2**

Religious leave shall be granted with pay providing a religious service is required and cannot be accommodated outside school hours. Absences for religious reasons shall not exceed three (3) days per work year.

**Section 8.3**

For death in the immediate family - not exceed five (5) days per incident. The immediate family shall be defined as spouse, children, mother, father, brother, sister, mother-in-law, father-in-law, and step-children, grandparents, grandchildren, and guardians. An additional day, subject to the approval of the Superintendent, may be granted for a death that occurs out of state.

**Section 8.4**

Leave of absence without pay may be granted at the discretion of the Superintendent or his or her designee for valid reasons, such as family crisis up to one (1) year without loss of position on the salary schedule before the leave of absence.

**Section 8.5**

Leave of absence without pay may be granted at the discretion of the Superintendent or his or her designee for up to one (1) year to further or complete education without loss of seniority. Upon re-employment, the nurse will remain at the same salary level.

**Section 8.6**

During a leave of absence, a nurse will be given the option of maintaining all his/her insurance benefits provided he/she pays the premiums and subject to applicable plan eligibility rules. Malpractice insurance will be paid by the individual nurse during his/her leave of absence.

**Section 8.7**

The Board shall pay the difference between an employee's salary and the amount received for jury duty for a period of five (5) days as required by state law.

**Section 8.8**

Each nurse shall be allowed to utilize three (3) days of accumulated sick leave without loss of pay during each work year for illness in the nurse's immediate family, as defined in Section 8.3 of this Article, provided the nurse is the primary care giver for the immediate family member.

## ARTICLE IX
## HEALTH INSURANCE AND PENSION

**Section 9.1**

A. Effective July 1, 2024, the Board shall continue to offer nurses employed by the Board on a half-time or greater basis single, couple or family group health insurance benefits through the Connecticut State Partnership Plan 2.0 (SPP), subject to the conditions set forth herein.

B. The health plan benefits shall be as set forth in the SPP effective on July 1, 2024, including any subsequent amendments or modifications made to the SPP by the State and its employee representatives. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, and other administration provisions shall be as established by the SPP. For informational purposes, a summary of SPP benefits is set forth in Appendix C.

C. The premium rates shall be set by the SPP. The parties acknowledge that the rate set by the SPP will be adjusted to achieve a blended rate to provide retired certified employees with insurance coverage at the same rate offered to active employees, as required by statute.

D. The SPP contains a Health Enhancement Plan (HEP) component. All employees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose HEP non-participation or noncompliance penalties, those penalties (including increased monthly premium amounts) 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 HEP non-compliance premium cost increases shall be implemented through payroll deduction, and HEP non-compliance annual deductibles shall be implemented through claims administration.

E. In the event any of the following occur, the Board or the Union may reopen negotiations in accordance with mid-stream negotiation and arbitration provisions contained in the Connecticut General Statutes as to the sole issue of health insurance, including plan design and plan funding, premium cost share and/or introduction of replacement medical insurance in whole or in part:

i. If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change to the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical insurance plan offered herein; and/or

ii. If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are imposed so as to affect the Board, any of which amendments, changes, fees or charges (individually or collectively) would substantially increase the cost of the medical insurance plan offered herein; and/or

iii. If the cost of the medical insurance plan offered herein is expected to result in the triggering of an excise tax under The Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended, inter alia, by the Consolidated Appropriations Act of 2016 (P.L. 114-113) and/or if there is any material amendment to the ACA that would substantially increase the cost of the medical insurance plan offered herein.

F. In any negotiations triggered under paragraph "E" above and in successor collective bargaining agreement negotiations, the parties shall consider the health insurance set

forth in the Collective Bargaining Agreement as of 7/1/19 to be the baseline for such negotiations, and the parties shall consider the following additional factors:

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

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

G. An individual Comprehensive Dental Plan providing coverage for preventive services at 100%, general services at 80%, and major services at 50%, subject to an annual deductible for general and major services of $50 and a maximum benefit of $1,000 per calendar year shall be offered. The annual family deductible for general and major services is $150. Members shall elect family coverage pursuant to this sub-paragraph by the first week of any school year. For informational purposes, a summary of dental insurance benefits is set forth in Appendix C.

**Section 9.2**

An employee enrolled under the health insurance plan described above in Section 9.1 will participate in premium sharing by paying a percentage of the premium cost as follows:

Medical – Individual, Two Person and Family Coverage:

21% effective and retroactive to 7/1/2024;
22% effective 7/1/2025; and
22.5% effective 7/1/2026

Dental – Individual Coverage:

21% effective and retroactive to 7/1/2024;
22% effective 7/1/2025; and
22.5% effective 7/1/2026

Dental - Two-Person and Family
100%

The Board will maintain a "Section 125" Salary Reduction Agreement whereby the employee's share of health insurance premiums and allowable medical and dependent care expenses will be excluded from taxable income.

**Section 9.3**

Group Life Insurance will be provided in the amount of 25% of salary for each nurse, 100% of salary after the completion of three (3) years of service (life volume amounts rounded to the nearest $500).

**Section 9.4**

Malpractice insurance in the amount as follows:

Malpractice liability: $ 2,000,000 each claim
$ 4,000,000 aggregate

**Section 9.5**

Disputes concerning eligibility for or payment or non-payment of benefits under the group insurance program which the Board provides are to be taken up directly with the carrier by the employee involved and will not expose the Board to any liability whatever.

**Section 9.6**

Notwithstanding any other provision of this Agreement, disputes concerning eligibility for or the payment or non-payment of any benefits provided for herein shall not be subject to the Grievance Procedure set forth in this Agreement, except if disputes are a direct result of mistake(s) or omission(s) by the Board or its employees, and not due to failure by employee(s) to report changes in insurance status.

**Section 9.7**

The Board will have the option to change carriers to self insure in whole or in part, provided it does not reduce the level of benefits or service when viewed as a whole when compared to the high deductible health plan with health savings account (HDHP/HSA) that was in effect prior to the parties' transition to the State Partnership Plan 2.0; and/or in accordance with the Parties' MOU dated 12/1/19; and the Union is notified and allowed to review proposed changes prior to their implementation.

**Section 9.8**

Nurses may be eligible to participate in the Pension Plan for Town Employees, provided by the Town of New Milford. This provision is included for informational purposes only and shall not be subject to the grievance procedure.

**Section 9.9**

Long term disability coverage for employees who have been employed as a school nurse with the New Milford Board of Education for three (3) years or more and who become totally and permanently disabled in accordance with the following:

A. Monthly benefit payments equal to sixty-six and two-thirds percent (66-2/3%) of the employee's monthly salary (i.e., annual salary divided by twelve), up to a maximum benefit payment of $2,000 per month.

B. Benefit payments will begin ninety (90) days following the employee's last day worked or immediately after the employee has exhausted his/her sick leave benefits, whichever is later.

C. Benefit payments cease when the disability abates or when the employee first becomes eligible to receive retirement benefits, whichever is sooner, but in no event will benefits be paid hereunder beyond the month in which the employee reaches their social security retirement age.

Three months prior to completion of the third year of employment, the employee shall bring this provision to the attention of the employer so that coverage can begin once necessary insurance paperwork has been completed. The Board will provide the Union with a seniority list, annually.

**Section 9.10**

The Board shall contribute to the cost of insurance for nurses who are employed by the Board on a half-time or greater but less than full-time basis in a manner that corresponds to their less than full-time equivalent status. For instance, for a nurse who is employed on a .5 FTE basis the Board shall only be responsible for 50% of its full-time nurse insurance premium cost share with the remaining percentage paid for by the nurse if he or she elects to secure insurance benefits. Similarly, for a nurse who is employed on a .8 FTE basis the Board shall only be responsible for 80% of its full-time nurse insurance premium cost share with the remaining percentage paid for by the nurse if he or she elects to secure insurance benefits. Premium cost share payments for eligible less than full-time nurses shall be made through automatic payroll deduction. In providing such coverage the Board must adhere to all policy guidelines based on carrier requirements and policy.

**Section 9.11**

In each case where the name of a specific carrier has been used in this Article, the intent is to indicate a general type of insurance plan design and not to establish an exclusive relationship with a particular carrier.

## ARTICLE X
## MANAGEMENT RIGHTS AND SEVERABILITY

**Section 10.1**

Except to the extent modified by a provision of this contract, the New Milford Board of Education reserves and retains, solely and exclusively, all rights and authority to operate, manage, and administer the New Milford Public Schools, including all such rights and authority as existed prior to the execution of this contract.

**Section 10.2**

Any provisions of this agreement adjudged to be unlawful shall be treated for all purposes as null and void, but all other provisions of this Agreement shall continue in full force and effect.

## ARTICLE XI
## CONDITIONS OF EMPLOYMENT

**Section 11.1 - Appointment to Position**

Confirmation of appointment, job description and salary shall be in writing and given to each nurse and to the Union President.

**Section 11.2**

An electronic copy of this Agreement shall be posted to the District's website within thirty (30) days of filing of this contract of employment.

**Section 11.3**

School nurses shall be notified of programs being offered in the school system to other employees which in the opinion of the administration would be applicable to student health.

**Section 11.4**

An orientation of up to two (2) days conducted by nursing staff members assigned by the Superintendent or designee shall be scheduled prior to pupil days for any new nurse employed in the New Milford School System.

**Section 11.5**

Each school nurse is granted up to two (2) professional days with pay for the purpose of attending professional conferences, meetings, or workshops for professional growth and development. Such requests by the nurse must be submitted in writing and approved by the Superintendent or his/her designee.

Nurses will be paid for training mandated by the district or state if it is outside the parameters of their normal work schedule.

**Section 11.6**

There shall be monthly Staff Meetings for all nurses which shall normally be one (1) hour in duration. Such time shall be paid at the employee's normal hourly rate of pay, except for the Nurse Coordinator who will be compensated through her annual stipend.

**Section 11.7**

Bargaining unit employees, with the exception of the Nurse Coordinator, shall not be responsible for arranging for substitute coverages.

## ARTICLE XII
## GRIEVANCE PROCEDURE

**Section 12.1**

Any school nurse who has a complaint or grievance has the right to utilize the procedure as set forth in this Article. For purposes of this Agreement, a grievance shall be defined as any conflict in application, meaning or interpretation of a specific provision in this Agreement, or any other complaint arising from a discharge, suspension, discipline or demotion.

**Section 12.2**

A. The grievant may have the right to representation at any and every stage of this grievance procedure. Either the Board or the nurse may ask for another party to be present at any step as well as the designated grievance committees without prejudice.

B. A grievance must be brought within ten (10) days after the nurse knew or should have known of the act or condition on which the grievance is based. For purposes of this Section "days" shall mean days when Central Office is open.

**Section 12.3**

No one may act to deter a nurse from using the grievance procedure and his/her status will in no way be affected by his/her use of the grievance procedure.

**Section 12.4 - Step I**

The first step in the grievance procedure consists in the nurse's or his/her representative's presentation of his/her grievance in writing to his/her principal, who will promptly and courteously examine the facts of the matter, and who will try immediately to make a satisfactory adjustment of the grievance. A group grievance should be presented in the first instance to the lowest ranking supervisor common to all members of the group. No supervisor may refuse at any stage of the grievance procedure to hear a case on the grounds that a policy matter is involved. The principal shall render a decision in writing to the Union within a two (2) week period from the date of receipt of the grievance.

**Section 12.5 - Step II**

If a grievance is not satisfactorily resolved at Step I (see Section 12.4) within a two (2) week time limit, the grievance shall be submitted in writing to the Superintendent of Schools. The Superintendent of Schools shall have a two (2) week time limit to schedule a meeting with the grievant and/or his/her representatives, and within one (1) week time limit render a decision in writing to the Union.

**Section 12.6 - Step III**

If a grievance is not satisfactorily resolved at Step H (see Section 12.5) within a one (1) week time period from the receipt of the Superintendent's answer, the grievance shall be submitted in writing to a committee representative of the Board of Education, for consideration. The Board shall have a period of two (2) weeks to schedule a hearing and a two (2) week period to render a decision in writing.

**Section 12.7 - Step IV**

If a grievance is not satisfactorily resolved at Step III (see Section 12.6) within a two (2) week time period from the date of receipt of the Board decision, the Union shall submit in writing the matter before the State Board of Mediation and Arbitration, in accordance with its rules and regulations. The Board shall have the discretion to transfer any grievance submitted to the SBMA to the American Arbitration Association ("AAA") if the Board pays for the AAA filing fees and costs. The arbitration shall be final and binding, although subject to law. The arbitration costs shall be borne equally by both parties.

**Section 12.8**

No employee shall be discharged or otherwise disciplined without just cause. All disciplinary matters shall be handled in writing and include a statement regarding reasons for the action taken. The Union President and Council #4 staff representative shall be given copies of any such correspondence at the same time that the employee is notified.

**Section 12.9**

The Union President and one (1) employee shall not suffer any loss of pay for attendance at grievance, arbitration or Labor Board hearings if held during working hours.

## ARTICLE XIII
## PART-TIME EMPLOYEE COMPENSATION AND BENEFITS

**Section 13.1**

Nurses who are scheduled to work at least .5 but less than 1.0 of a full-time nurse's schedule shall be paid an hourly rate for each hour worked and shall receive paid time-off benefits on a

pro-rata basis. Said nurses shall also be eligible for insurance benefits on a pro-rata basis. Pension eligibility is determined by the terms of the Town of New Milford Pension Plan.

**Section 13.2**

Nurses who are scheduled to work less than .5 of the full-time nurse's schedule shall be paid an hourly rate for each hour worked and do not qualify for any other benefits.

**Section 13.3**

The provisions of this Article supersede any and all inconsistent provisions that may appear elsewhere in this Agreement.

## ARTICLE XIV
## DURATION

**Section 14.1**

The provisions of this Agreement shall be effective upon signing and shall continue and remain in full force and effect to and including June 30, 2027. Wage increases shall be retroactive to July 1, 2024 for employees on the payroll at the time of the execution of the Contract.

**IN WITNESS WHEREOF,** the parties hereto have caused these presents to be extended by their proper offices, hereunto duly authorized and their seals affixed hereto as of the date and year set forth below.

NEW MILFORD
BOARD OF EDUCATION

By _____
Leslie Sarich

Date: 2/12/26

LOCAL 1303-154 OF COUNCIL 4
AFSCME, AFL-CIO

By Christopher J. Sugar, Esq
Christopher Sugar

Date: February 9, 2026

By Mary Orcutt
Mary Orcutt

Date: 2/9/26

By Michelle Briggs, RN
~~Patricia Farquharson~~ Michelle Briggs

Date: 2/10/26

## APPENDIX A
## SALARY SCHEDULE

| Bands | YOE | 2024-25 | 2025-26 | 2026-27 |
|---|---|---|---|---|
| A | <5 | 49,482 | 51,159 | 52,894 |
| B | 5-9.9 | 50,274 | 51,978 | 53,740 |
| C | 10-14.9 | 51,078 | 52,810 | 54,600 |
| D | 15-19.9 | 51,895 | 53,654 | 55,473 |
| E | 20-24.9 | 52,725 | 54,512 | 56,360 |
| F | 25-29.9 | 53,569 | 55,385 | 57,263 |
| G | 30+ | 54,426 | 56,271 | 58,179 |

A band schedule based on years of experience was implemented effective 2024-25. Band A is 1.51% higher than the 2024-25 starting salary, and each successive band is 1.6% higher than the previous band.

A gross wage increase of 3.39% was applied to the salary schedule in both 2025-26 and 2026-27.

Each employee's base annual salary includes payment for 193 days, including holidays.

The number of work days is subject to adjustment in the event the Board either increases or decreases the number of days school is in session.

**Per Diem and Hourly Rates:** The per diem rate is calculated by dividing the annual salary by 187. In the event the Board either increases or decreases the number of days school is in session, the annual salary will be increased or decreased by 1/187 for each day added or reduced and the fraction for determining the per diem rate will be adjusted accordingly. The hourly rate is calculated by dividing the per diem rate by 7, or for the Nurse Coordinator, by 8.

**Bi-Weekly Base Payroll Amount:** The regular bi-weekly base payroll amount shall be computed as follows:

Annual Base Salary + Longevity + Stipends Divided by 21.

Nursing Coordinator: Effective upon signing and prorated in 2019-20: $5,000. As of 7/1/20: $6,000.

- The Nursing Coordinator shall be rotated in 4 equal rotations during the school year with two (2) employees per rotation (the administration shall assign the 2 nurses each rotation);
- Each nurse shall be paid a prorated amount of the stipend, which shall be 50% of ¼ of the stipend);
- The 2 nurses shall each share the our (1/2 hour each) of daily time necessary to perform the Nursing Coordinator duties; and
- The administration shall have the right to assign any nurse to the position in the event there is a vacancy due to illness, leave of absence, resignation, etc…

**Annual Stipend paid for further educational degrees:**

National School Nurse Certification - $1,750
Bachelor's Degree - $1,750
Masters' Degree – Bachelor's Degree Stipend plus $1,250

## APPENDIX B
## LONGEVITY

| Years of Service | Amount |
|---|---|
| 10-14 | $325 |
| 15-19 | $575 |
| 20 or more | $825 |

The foregoing amounts are non-accumulative. This benefit is only available to employees who began their employment on or before the date in 2019 when this 2018-21 Agreement was signed.

# APPENDIX C

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services
State of Connecticut: Expanded Access Partnership Plan

Coverage Period: 07/01/2025 – 06/30/2026
**Coverage for:** Individual/Family | **Plan Type:** POS

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered healthcare services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit https://osc.ct.gov/ctpartner/docs/State%20of%20CT%202023%20Partnership%20Medical-Plan-Document-Rev.03.2024.pdf For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copay, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at http://www.cciio.cms.gov or call Quantum Health at 1-833-740-3258 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **What is the overall deductible?** | In-network: **$350**/individual; **$1,400**/family. **Waived for Health Enhancement Program (HEP) Members**<br>Out-of-network: **$300**/individual; **$900**/family | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. Once you or a family member meets the individual deductible amount, the plan begins to pay for you or that family member. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| **Are there services covered before you meet your deductible?** | Yes. In-network primary care and specialist office visits, in-network preventive care, prescription drugs, emergency room care, in-network urgent care, in-network mental health and substance abuse outpatient services, and in-network eye exams are covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copay or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| **Are there other deductibles for specific services?** | No. | You don't have to meet deductibles for specific services. |
| **What is the out-of-pocket limit for this plan?** | Medical: In-network: **$2,000**/individual; **$4,000**/family; Out-of-network: **$2,300**/individual; **$4,900**/family<br>Prescription drugs: **$4,600**/individual; **$9,200**/family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out-of-pocket limit?** | Premiums, balance-billing charges, penalties for failure to obtain prior authorization for services and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **Will you pay less if you use a network provider?** | Yes. See https://carecompass.quantum-health.com/ or call 1-833-740-3258 for a list of network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| **Do you need a referral to see a specialist?** | No. | You can see the specialist you choose without a referral. |

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Tier 1 In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | No charge. Deductible does not apply. | $15 copay/visit | 20% coinsurance | None. |
| | Specialist visit | No charge. Deductible does not apply. | $15 copay/visit | 20% coinsurance | |
| | Preventive care/screening/ immunization | No charge. Deductible does not apply. | No charge. Deductible does not apply. | 20% coinsurance | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |

| | | | | | |
|---|---|---|---|---|---|
| **If you have a test** | Diagnostic and preventive test (blood work) | Site of Service Provider No charge. | 20% coinsurance | 40% coinsurance | None. |
| | Imaging (x-ray/CT/PET scans, MRIs) | No charge. | 20% coinsurance | 40% coinsurance | Prior authorization required for high-cost imaging such as MRI, CT/PET scans to avoid penalty of lesser of $500 or 20% of cost of services. |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Tier 1 In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| | Generic drugs | Preferred generic - Non-Maintenance: $5 copay/fill retail; Preferred generic - Maintenance: $5 copay/fill mail order or Maintenance drug pharmacy. Non-preferred generic: Non-Maintenance: $10 copay/fill retail; Non-preferred - Maintenance: $10 copay/fill mail order or Maintenance drug pharmacy. | | 20% coinsurance for non-participating pharmacy. | Deductible will not apply to prescription drug coverage.. No charge for generic preventive care drugs (e.g., FDA-approved generic contraceptives) or brand name preventive care drugs if generic drugs are not medically appropriate). Check the details at https://carecompass.ct.gov/state/pharmacy/ |

| | | | | |
|---|---|---|---|---|
| **If you need drugs to treat your illness or condition** More information about **prescription drug coverage** is available at https://carecompass.ct.gov/state/pharmacy/ | Preferred brand drugs | Non-Maintenance: $25 copay/fill retail; Maintenance: $25 copay/initial fill mail order/Maintenance drug pharmacy. | 20% coinsurance for non-participating pharmacy. | Maintenance drugs must be filled by mail order or maintenance drug pharmacy after first initial retail fill. Penalty may apply if brand name drug is requested when a generic is available. Prescription drugs purchased at a retail pharmacy are limited to a maximum of a 30-day supply; prescription drugs purchased through mail order or maintenance drug pharmacy are limited to a maximum of a 90-day supply. For some prescription drugs, prior authorization may be required. Prescription drug coverage is separately administered. |
| | Non-preferred brand drugs | Non-Maintenance: $40 copay/fill retail; Maintenance: $40 copay/initial fill mail order/Maintenance drug pharmacy. | 20% coinsurance for non-participating pharmacy. | |
| | Specialty drugs | No charge for specialty drugs if enrolled in PrudentRx program. Same as non-preferred brand drugs if not enrolled in PrudentRx program. | Not covered | |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Tier 1 In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services. |
| | Physician/surgeon fees | No charge | | 20% coinsurance | |

| | | | | |
|---|---|---|---|---|
| **If you need immediate medical attention** | Emergency room care | $250 copay/visit. | $250 copay/visit | Copay waived if admitted or if no reasonable medical alternative. |
| | Emergency medical transportation | No charge | No charge | None. |
| | Urgent care | $15 copay/visit | 20% coinsurance | None. |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | No charge | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services.<br>No coverage in excess of cost of a semi-private room unless medically necessary. |
| | Physician/surgeon fees | No charge | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services. |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Tier 1 In- Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you need mental health, behavioral** | Outpatient services | $15 copay/visit | | 20% coinsurance | None. |

| | | | | |
|---|---|---|---|---|
| **health, or substance abuse services** | Inpatient services | No charge | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services. |
| **If you are pregnant** | Office visits | $15 copay/first visit only | 20% coinsurance | Cost sharing does not apply for preventive care services.<br>Depending on the type of services, a copay, coinsurance, or deductible may apply.<br>Maternity care may include tests and services described within another section (i.e., ultrasound). |
| | Childbirth/delivery professional services | No charge | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services. |
| | Childbirth/delivery facility services | No charge | 20% coinsurance | |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Tier 1 In-Netowrk Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you need help recovering or have other special health needs** | Home health care | No charge | | | Limit: 200 visits/calendar year. |
| | Rehabilitation services | No charge | | 20% coinsurance | Prior authorization required (except for pre-1999 retirees) to avoid penalty of lesser of $500 or 20% of covered services.<br>In-network speech therapy limit: 30 visits/calendar year. Limit does not apply to treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of oropharynx.<br>Out-of-network physical, occupational, chiropractic, speech & autism therapy limit: 30 visits/condition/calendar year. |
| | Habilitation services | No charge | | 20% coinsurance | None. |
| | Skilled nursing care | No charge | | 20% coinsurance | Out-of-network services limit: 60 days/calendar year.<br>Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services. |
| | Durable medical equipment | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of cost of services. |
| | Hospice services | No charge | | 20% coinsurance | Out-of-network in-home hospice limit: 200 visits/calendar year.<br>Out-of-network inpatient hospice limit: 60 days/calendar year.<br>Prior authorization required for inpatient services to avoid penalty of lesser of $500 or 20% of cost of services. |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Tier 1 In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If your child needs dental or eye care** | Children's eye exam | $15 copay/visit<br>Deductible does not apply. | | 50% coinsurance | Limit: 1 visit/calendar year. |
| | Children's glasses | Not covered | | Not covered | You must pay 100% of this service, even in-network. |
| | Children's dental check-up | Not covered | | Not covered | You must pay 100% of this service, even in-network. |

Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Children's dental check-up
- Children's glasses
- Cosmetic surgery
- Dental care (Adult)
- Long-term care
- Non-emergency care outside the U.S. (urgent care covered).
- Routine foot care

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Acupuncture (covered only if medically necessary for osteoarthritis or nausea and vomiting associated with surgery, chemotherapy or pregnancy)
- Bariatric surgery (prior authorization required)
- Chiropractic care (limit: 30 out-of-network visits/year)
- Hearing aid (limit: 1 set per 36 month period; prior authorization may be required for bone-anchored devices)
- Infertility treatment (prior authorization required)
- Private duty nursing (prior authorization required)
- Routine eye care (Adult) (limit: 1 exam/year)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or http://www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

Quantum Health
5240 Blazer Parkway
Dublin, OH 43017
1-833-740-3258

CVS/Caremark
Prescription Claim Appeals MC109
P.O. Box 52084
Phoenix, AZ 85072-2084
Fax: 866-443-1172

Additionally, a consumer assistance program can help you file your appeal. Contact the Connecticut Office of the Healthcare Advocate at 866-466-4446.

**Does this plan provide Minimum Essential Coverage? Yes**
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**
Para obtener asistencia en Español, llame al 800-922-2232.
Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-922-2232.
如果需要中文的帮助，请拨打这个号码 800-922-2232.
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 800-922-2232.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copays and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

| | |
|---|---|
| The plan's overall deductible | $350 |
| Specialist copayment | $15 |
| Hospital (facility) | $0 |
| Other | $0 |

**This EXAMPLE event includes services like:**
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

| | |
|---|---|
| **Total Example Cost** | **$12,700** |

**In this example, Peg would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $350 |
| Copays | $25 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $60 |
| **The total Peg would pay is** | **$435** |

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

| | |
|---|---|
| The plan's overall deductible | $350 |
| Specialist copayment | $15 |
| Hospital (facility) | $0 |
| Other | $0 |

**This EXAMPLE event includes services like:**
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

| | |
|---|---|
| **Total Example Cost** | **$5,600** |

**In this example, Joe would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $120 |
| Copays | $190 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $0 |
| **The total Joe would pay is** | **$310** |

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

| | |
|---|---|
| The plan's overall deductible | $350 |
| Specialist copayment | $15 |
| Hospital (facility) | $0 |
| Other | $0 |

**This EXAMPLE event includes services like:**
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

| | |
|---|---|
| **Total Example Cost** | **$2,800** |

**In this example, Mia would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $350 |
| Copays | $320 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $0 |
| **The total Mia would pay is** | **$670** |

**NOTE:** These numbers assume the patient does not participate in the plan's Health Enhancement Program (HEP). If you participate in HEP, you may be able to reduce your cost. For more information about HEP, please visit https://carecompass.ct.gov/hep/

The **plan** would be responsible for the other costs of these EXAMPLE-covered services.

# *Cigna Dental Benefit Summary*
# *New Milford Town and Board of Education – DENT2*
# *Plan Renewal Date: 07/01/2025*

**Administered by:** Cigna Health and Life Insurance Company

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

| ***DPPO*** | | | | |
|---|---|---|---|---|
| ***Network Options*** | ***In-Network:*** **Total 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 | $1,000 | | $1,000 | |
| ***Calendar Year Deductible*** Individual Family | $50 $150 | | $50 $150 | |
| ***Benefit Highlights*** | ***Plan Pays*** | ***You Pay*** | ***Plan Pays*** | ***You Pay*** |
| ***Class I: Diagnostic & Preventive*** Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain (Note: This service is administered at the in-network coinsurance level.) | 100% No Deductible | No Charge | 100% No Deductible | No Charge |
| ***Class II: Basic Restorative*** Restorative: fillings (Includes composite (white/tooth-colored) fillings on molars.) Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments | 80% After Deductible | 20% After Deductible | 80% After Deductible | 20% After Deductible |
| ***Class III: Major Restorative*** Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures | 50% After Deductible | 50% After Deductible | 50% After Deductible | 50% After Deductible |

| ***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 submitted amounts in the geographic area. The dentist may balance bill up to their usual fees. |
| ***Cross Accumulation*** | All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network. |
| ***Calendar Year Benefits Maximum*** | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. |
| ***Calendar Year Deductible*** | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. |
| ***Pretreatment Review*** | Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed. |
| ***Alternate Benefit Provision*** | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to composite (white/tooth-colored) fillings on molars. |
| ***Oral Health Integration Program**** | The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum.<br>For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24. |
| ***Timely Filing*** | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| ***Benefit Limitations:*** | |
| Missing Tooth Limitation | For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense. |
| Oral Evaluations/Exams | 2 per calendar year. |
| X-rays (routine) | Bitewings: 2 per calendar year. |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months. |
| Cleanings | 2 per calendar year, including periodontal maintenance procedures following active therapy. |
| Fluoride Application | 1 per calendar year for children under age 19. |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14. |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 19. |
| Crowns, Bridges, Dentures and Partials | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |
| Denture and Bridge Repairs | Reviewed if more than once. |
| Denture Relines, Rebases and Adjustments | Covered if more than 6 months after installation. |
| Prosthesis Over Implant | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |

***Benefit Exclusions:***
Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations; splinting;
- Prosthodontic: precision or semi-precision attachments;
- Implants: implants or implant related services;
- Orthodontics: orthodontic treatment;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

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

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

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

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