

Business Operations
Ofelia San Pedro, Deputy Superintendent

**SUBJECT: RATIFICATION OF THE 2007 MEMORANDUM OF
UNDERSTANDING BETWEEN MIAMI-DADE COUNTY PUBLIC
SCHOOLS AND THE FLORIDA STATE LODGE, FRATERNAL
ORDER OF POLICE**

COMMITTEE: SCHOOL SUPPORT ACCOUNTABILITY

Pursuant to provisions of the labor contract between Miami-Dade County Public Schools and the Florida State Lodge, Fraternal Order of Police (FOP), the parties have reached agreement on the attached Health Insurance Plan (2007) Memorandum of Understanding.

The agreement provides health insurance and flexible benefits plan designs including employee and dependent rates under said plans. The agreement was ratified by members of the bargaining unit on November 17, 2006.

RECOMMENDED: That The School Board of Miami-Dade County, Florida, approve the Health Insurance Plan (2007) Memorandum of Understanding with the Florida State Lodge, Fraternal Order of Police.

OSP:jmg

MEMORANDUM OF UNDERSTANDING (MOU)

2007 HEALTH INSURANCE PLAN

Pursuant to Article XXI, Section 1 of the M-DCPS/FOP Contract, The School Board of Miami-Dade County, Florida has met with the exclusive bargaining agent, the Florida State Lodge, Fraternal Order of Police (FOP) through a number of collective bargaining sessions and the parties have agreed to the health insurance plans contained in this Memorandum of Understanding as outlined in the attached M-DCPS Proposal #1 - FOP - Proposal for 2007 Healthcare Program (also referred to as the "Health Insurance Plan") proffered on July 21, 2006. The agreement addresses health insurance plan designs and employee and dependent rates under said plans.

1. M-DCPS and FOP agree to the attached Health Insurance Plans (pp 1-6) for calendar year 2007 attached hereto and made a part hereof.
2. M-DCPS and FOP agree that M-DCPS shall continue to pay the entire cost of employee only health insurance coverage for benefit eligible employees in calendar year 2007.
3. M-DCPS and FOP agree that the Health Insurance Plan will be effective and commence on January 1, 2007.
4. M-DCPS and FOP agree that M-DCPS shall continue to subsidize the cost of dependent health care on the UnitedHealthcare (United) Point of Service (POS), Health Maintenance Organization (HMO) 63, HMO 62 and the Neighborhood Health Partnership (NHP) HMO for employees who select any type of health insurance coverage for eligible dependents as outlined in M-DCPS Proposal #12 - FOP - Revised Proposal for 2007 Healthcare Program (proffered on July 12, 2006).
5. M-DCPS and FOP agree that M-DCPS shall continue to maintain its current "opt out" feature at \$100.00 per month.
6. M-DCPS and FOP agree that M-DCPS will have a Maintenance of Benefits (MOB) for calendar year 2007 as it relates to United and NHP benefits, premiums, co-payments and insurance amounts as well as Rx formulary which will not change from what has been agreed upon effective January 1, 2007, except where co-payments can be reduced.
7. M-DCPS and FOP agree to continue providing a debit card for use with the medical flexible spending account at no charge to the employee.

8. This MOU is subject to ratification.

DATED at Miami, Florida this ____ day of _____, 2007.

**THE SCHOOL BOARD OF MIAMI-
DADE COUNTY, FLORIDA**

**FLORIDA STATE LODGE
FRATERNAL ORDER OF POLICE**

Agustin J. Barrera Date
Chair

Joe Puleo Date
Staff Representative

Dr. Martin Karp Date
Vice Chair

Howard Giraldo Date
President

Rudolph F. Crew Date
Superintendent of Schools

APPROVED AS TO FORM

School Board Attorney

M-DCPS Proposal #1 – FOP Proposal for 2007 Healthcare Program

1. Maintain Board subsidies for dependent care so that the employee portion on a percentage basis remains at 2006 levels
2. Subsidize UnitedHealthcare's newly acquired Neighborhood Health Partnership (NHP) HMO product so that dependent rates on all three tiers are commensurate with the lowest cost HMO proposal received from any of the proposers, with an expected increase in employees selecting dependent coverage
3. Subsidize One Child and Two or more children rates so that rates for this coverage are commensurate with the lowest cost proposal received from any of the proposers. These subsidized rates will be available to all employees for their eligible dependents whether the employee is provided Board-paid coverage or not
4. Enhance prescription drug plan to reduce employee co-pays by 50% for retail and mail order maintenance drugs for conditions related to Asthma, Diabetes, Cardiac/Circulatory/Hypertension/Cholesterol.
5. Provide flex credits: \$10 to HMO 63, \$30 to HMO 62, \$50 to NHP HMO
6. Offer Alternative, Limited Health Plan to employees and their eligible dependents on a voluntary basis for those employees who are not provided Board-paid coverage, as well as eligible dependents of employees who are provided Board-paid coverage

2006 vs. 2007 Monthly Employee Cost Comparison

POS	2006			2007		
	2006 Mo. Rate	Total EE Cost	% Paid by EE	2007 Mo. Rate	Total EE Cost	% Paid by EE
Employee Only	\$408.95	\$0.00	0%	\$405.29	\$0.00	0%
Employee + Spouse	\$848.41	\$328.57	39%	\$840.81	\$328.00	39%
Employee + Children	\$790.94	\$277.23	35%	\$783.86	\$276.75	35%
Employee + Family	\$1196.05	\$539.12	45%	\$1185.34	\$538.19	45%
					Total EE Cost Net of Flex	Total EE Cost Net of Flex
					\$0.00	\$0.00
					\$328.57	\$328.00
					\$277.23	\$276.75
					\$539.12	\$538.19

HMO 63	2006			2007		
	2006 Mo. Rate	Total EE Cost	% Paid by EE	2007 Mo. Rate	Total EE Cost	% Paid by EE
Employee Only	\$373.90	\$0.00	0%	\$370.55	\$0.00	0%
Employee + Spouse	\$775.70	\$205.60	27%	\$768.75	\$205.25	27%
Employee + Children	\$723.15	\$176.79	24%	\$716.67	\$176.49	24%
Employee + Family	\$1093.55	\$364.14	33%	\$1083.76	\$363.52	33%
					Total EE Cost Net of \$10 Flex	Total EE Cost Net of \$10 Flex
					\$0.00	\$0.00
					\$185.60	\$205.25
					\$156.79	\$176.49
					\$364.14	\$363.52

HMO 62	2006			2007		
	2006 Mo. Rate	Total EE Cost	% Paid by EE	2007 Mo. Rate	Total EE Cost	% Paid by EE
Employee Only	\$348.48	\$0.00	0%	\$345.36	\$0.00	0%
Employee + Spouse	\$722.95	\$172.86	24%	\$716.48	\$172.56	24%
Employee + Children	\$673.98	\$147.62	22%	\$667.94	\$147.36	22%
Employee + Family	\$1019.19	\$309.78	30%	\$1010.06	\$309.25	30%
					Total EE Cost Net of \$30 Flex	Total EE Cost Net of \$30 Flex
					\$0.00	\$0.00
					\$132.86	\$172.56
					\$107.62	\$147.36
					\$209.78	\$309.25

NHP	2006			2007		
	2006 Mo. Rate	Total EE Cost	% Paid by EE	2007 Mo. Rate	Total EE Cost	% Paid by EE
Employee Only	N/A	\$0.00	0%	\$344.61	\$0.00	0%
Employee + Spouse	N/A	\$0.00	0%	\$714.94	\$140.25	19%
Employee + Children	N/A	\$0.00	0%	\$666.51	\$117.27	17%
Employee + Family	N/A	\$0.00	0%	\$1007.89	\$263.56	26%
One Child	N/A	\$0.00	0%	\$203.32	\$95.00	46%
Two or more children	N/A	\$0.00	0%	\$499.68	\$250.00	50%
					Total EE Cost Net of \$50 Flex	Total EE Cost Net of \$50 Flex
					\$0.00	\$0.00
					\$140.25	\$140.25
					\$117.27	\$117.27
					\$263.56	\$263.56
					\$95.00	\$95.00
					\$250.00	\$250.00

Prescription Drug Plan Design Comparison - POS

Member Pays:	2006		2007	
	Current Prescription Drug Plan Design	Prescription Drug Plan Design	Alternative Prescription Drug Plan Design	
	In-Network	In-Network	Select Maintenance Prescriptions*	
Generic	\$10	\$10	\$5	
Preferred Brand	\$30	\$30	\$15	
Non-Preferred Brand	\$50	\$50	\$25	
Mail Order				
Generic	\$20	\$20	\$10	
Preferred Brand	\$60	\$60	\$30	
Non-Preferred Brand	\$100	\$100	\$50	

* Maintenance prescriptions for 3 Chronic Conditions: Asthma, Diabetes, Cardiac/Circulatory/Hypertension/Cholesterol

2007 Healthcare Plan Design

UnitedHealthcare Point of Service (POS)

General Provisions	In-Network	Non-Network
Is a PCP election/referral required	No	No
Lifetime Maximum	Unlimited	\$2,000,000 per Individual
Annual Deductible (WF)	None	\$500 / \$1,000
Annual Out-of-Pocket (Max. excluding deductible)	\$1,500 / \$3,000	\$3,000 / \$6,000
Hospital Admission Copay	\$150/day, \$450/admit	70% after deductible
Plan Coinsurance	100%	70%
Outpatient Services		
Primary Care Physician office visit	100% after \$15 copay	70% after deductible
Immunizations	100% after \$15 copay	70% after deductible
Well Child Care	100% after \$30 copay	70% after deductible
Annual Physical	100% after app copay	70% after deductible
GYN visit	100% after \$15 copay for annual wellness exam, \$30 copay for all other visits	Not covered
Mammograms	100%	100%
Specialist Office Visit	100% after \$30 copay Pre/Post-Natal visits covered at 100% after initial \$30 copay Obstetrical/infertility services covered at 100%	70% after deductible
Maternity Care		70% after deductible
Outpatient Surgery	100% after \$100 copay	70% after deductible
Out-Patient Diagnosis & Treatment-Hospital Based	\$100 copay	70% after deductible
Out-Patient Diagnosis & Treatment-Non-Hospital Based	\$0 copay	70% after deductible
Bariatric Surgery	Hospital Admission copay	Not covered
Emergency Room (in-area hospital)	100% after \$100 copay	100% after \$100 copay
Prescription Drugs		
Retail Generic / Formulary Brand / Non-Formulary	100% after \$10/\$30/\$50	70% after deductible
Mail Generic / Formulary Brand / Non-Formulary	100% after \$20/\$60/\$100	N/A

**UnitedHealthcare Health Maintenance Organizations (HMO)
(In-Network Only)**

	HMO 63	HMO 62	HMO 3 NHP
HMO General Provisions	No	No	Yes
Is a PCP election/referral required			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual deductible (UF)	\$250 / \$500	\$500 / \$1,000	None
Annual Out-of-Pocket Max (excluding deductible)	\$1,500 / \$3,000	\$1,500 / \$3,000	None
Hospital Admission Copay	None-Deductible	None-Deductible	None
Plan Coinsurance	80%	80%	100%
Outpatient Services			
Primary Care Physician office visit	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
Immunizations	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
Well Child Care	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
Annual Physical	100% after \$20 copay	100% after \$10 copay, PCP; \$10 copay, Specialist; \$15 copay	100% after PCP; \$10 copay, Specialist; \$25 copay
GYN visit	100% after \$20 copay	100% after \$15 copay	100% after \$10 copay
Mammograms	100%	100%	100%
Specialist Office Visit	100% after \$20 copay	100% after \$15 copay	100% after \$25 copay
Maternity Care	Pre/Post-Natal visits covered at 100% after initial \$20 copay; Other care reimbursed at 80% after deductible	Pre/Post-Natal visits covered at 100% after initial \$15 copay; Other care reimbursed at 80% after deductible	Pre/Post-Natal visits covered at 100% after initial \$25 copay.
Outpatient Surgery	80% after deductible	80% after deductible	100%
Oral Surgery (related medical services only)	100% after \$20 copay	100% after \$15 copay	100% after \$25 copay
Emergency Room (in-area hospitals)	100% after \$100 copay	100% after \$100 copay	100% after \$100 copay
Prescription Drugs			
Retail Generic / Formulary Brand / Non-Formulary	100% after \$10/\$35/\$50	100% after \$10/\$30/\$50	100% after \$10/\$30/\$50
Mail Generic / Formulary Brand / Non-Formulary	100% after \$20/\$60/\$100	100% after \$20/\$60/\$100	100% after \$20/\$60/\$100

Alternative, Limited Health Plan

The Board approved the addition of an alternative, limited health plan through CareAccess Health Plan, Inc. to be offered to employees and their eligible dependents on a voluntary basis for those employees who are not provided Board-paid coverage, as well as eligible dependents of employees who are provided Board-paid coverage. Employees may contact CareAccess directly to obtain coverage at the following per member (covered participant) per month rates:

Inpatient and Outpatient Combined Rates		
	Per Member	Per Member
Age Band	High Option	Low Option
0-25	\$118.00	\$108.00
26-35	\$132.35	\$122.28
36-45	\$157.90	\$146.23
46-55	\$186.05	\$185.15
56-64	\$288.90	\$278.85
65 +	\$422.80	\$412.45

Brief summary of CareAccess plan design:

General Provisions	High Option	Low Option
Is a PCP election/referral required	Yes	Yes
Annual Benefit Maximum (Outpatient Only)	\$25,000	\$25,000
Annual deductible (I/F)	N/A	N/A
Annual Out-of-Pocket Max (excluding deductibles)	N/A	N/A
Hospital Admission Benefit (Provided through Market)	\$500/day up to 100 days/confinement	\$500/day up to 100 days/confinement
Plan Coinsurance	None	None
Inpatient Surgery Benefit (Provided through Market)	\$2,000 /1 per year	\$2,000 /1 per year
Outpatient Services		
Primary Care Physician office visit	100% after \$10 copay Included in PCP office visit copay	100% after \$20 copay Included in PCP office visit copay
Immunizations		
Well Child Care	100% after \$10 copay	100% after \$20 copay
Annual Physical	100% after app copay	100% after app copay
GYN visit	\$25 specialist	\$35 specialist
Mammograms	\$25 specialist	\$35 specialist
Specialist Office Visit	100% after \$25 copay	100% after \$35 copay
Maternity Care (Pre and Post Natal)	100% after \$25 copay	100% after \$35 copay
Outpatient Surgery*	\$750 max after \$100 copay/episode	\$750 max after \$200 copay/episode
Oral Surgery	N/A	N/A
Emergency Room (in-area hospital)	\$300 (1 for injury/ 1 for sickness/year)	\$300 (1 for injury/ 1 for sickness/year)
Prescription Drugs**		
Retail Generic / Formulary Brand / Non-Formulary	\$7/25/25	\$15/35/35
Mail Generic / Formulary Brand / Non-Formulary	N/A	N/A

*In addition, Market pays for 1 outpatient surgery per calendar year at \$800

**Plan pays maximum \$1,200 per year, maximum \$100 per month, no carry over. Monthly limit not combined with specialty injectables limit or immunization limits