

Business Operations
Ofelia San Pedro, Deputy Superintendent

**SUBJECT: RATIFICATION OF THE 2008 HEALTH INSURANCE
MEMORANDUM OF UNDERSTANDING BETWEEN THE
MIAMI-DADE COUNTY PUBLIC SCHOOLS AND THE UNITED
TEACHERS OF DADE**

COMMITTEE: SCHOOL SUPPORT ACCOUNTABILITY

**LINK TO DISTRICT
STRATEGIC PLAN: NEGOTIATE AND DEVELOP CONTRACTS WITH EACH
BARGAINING UNIT**

Pursuant to provisions of the labor contract between the Miami-Dade County Public Schools (M-DCPS) and the United Teachers of Dade (UTD), the parties have reached a tentative agreement on the attached 2008 Health Insurance Memorandum of Understanding (MOU).

The tentative agreement provides that the 2008 health insurance plan year designs, levels of benefits, and employee and dependent rates will remain the same as the 2007 health insurance plan.

UTD bargaining unit members ratified the 2008 Health Insurance Memorandum of Understanding on Wednesday, May 7, 2008.

RECOMMENDED: That The School Board of Miami-Dade County, Florida, ratify the 2008 Health Insurance Memorandum of Understanding with the United Teachers of Dade.

OSP:jmg

**MEMORANDUM OF UNDERSTANDING
2008 HEALTH INSURANCE PLAN**

Pursuant to Appendix D, Section 2.A.1. of the M-DCPS/UTD Contract, The School Board of Miami-Dade County, Florida (School Board) has met with the exclusive bargaining agent, the United Teachers of Dade (UTD) through a number of collective bargaining sessions and the parties have agreed to the health insurance plan contained in this Memorandum of Understanding (MOU) and as outlined in the attached 2008 Employee Benefits Plan proffered on April 21, 2008. This MOU addresses health insurance plan designs, including levels of benefits, employer contribution levels, and employee and dependent rates under said plans. The 2008 plan year designs, level of benefits, and employee and dependent rates will remain the same as in 2007.

1. M-DCPS and UTD agree to the attached Employee Benefits Plan for calendar year 2008.
2. M-DCPS and UTD agree that M-DCPS will continue to pay the entire cost of employee only health insurance coverage for the time period of January 1, 2008 through December 31, 2008 and provide for the same health insurance plans (all options) that were in effect for calendar year 2007. Dependent premium costs shall continue at the same amounts as calendar year 2007.
3. This MOU is incorporated into the parties' current Collective Bargaining Agreement and is subject to the grievance and arbitration provisions therein.
4. This MOU is subject to ratification by members of the UTD bargaining unit and the School Board.

*CU 4/21/08
KCL 4/21/08*

DATED at Miami, Florida this _____ day of _____, 2008.

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

UNITED TEACHERS OF DADE

Agustin J. Barrera
Chair

Date

Karen Aronowitz
President

Date

Perla Tabares Hantman
Vice Chair

Date

Rudolph F. Crew
Superintendent of Schools

Date

APPROVED AS TO FORM

School Board Attorney

4/21/08
4/21/08/Ka

Miami-Dade County Public Schools

2008 Plan Design Summary

	POS		HMO Plans	
	In-Network	Non-Network	HMO 63	HMO 62 HMO 3 HHP
General Provisions				
Is a PCP election/referral required	No	No	No	Yes
Lifetime Maximum	Unlimited	\$2,000,000 per individual	Unlimited	Unlimited
Annual deductible (if)	None	\$500 / \$1,000	\$250 / \$500	\$500 / \$1,000
Annual Out-of-Pocket Max (excluding deductible)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Hospital Admission Copay	\$150/day; \$450/admit	70% after deductible	None-Deductible	None-Deductible
Plan Continuance	100%	70%	80%	100%
Outpatient Services				
Primary Care Physician office visit	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay
Immunizations	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay
Well Child Care	100% after \$30 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay
Annual Physical	100% after app copay	70% after deductible	100% after \$20 copay	100% after \$10 copay
			100% after	100% after
			PCP: \$10 copay, Specialist: \$15 copay	PCP: \$10 copay, Specialist: \$25 copay
GYN visit	100% after \$15 copay for annual wellness exam, \$30 copay for all other visits	Not covered	100% after \$20 copay	100% after \$15 copay
Mammograms	100%	100%	100%	100%
Specialist Office Visit	100% after \$30 copay	70% after deductible	100% after \$20 copay	100% after \$25 copay
			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 \$25 copay.
Malemtiy Care	100% after \$100 copay	70% after deductible	80% after deductible	100%
Outpatient Surgery	\$100 copay	70% after deductible	80% after deductible	100%
Out-Patient Diagnosis & Treatment-Hospital Based	\$0 copay	70% after deductible		
Out-Patient Diagnosis & Treatment-Non-Hospital Based				
Bariatric Surgery	Hospital admission copay	Not covered	100% after \$20 copay	100% after \$15 copay
Emergency Room (in-area hospital)	100% after \$100 copay	100% after \$100 copay	100% after \$100 copay	100% after \$100 copay
Prescription Drugs				
Retail Generic / Formulary Brand / Non-Formulary	100% after \$10/\$30/\$50	70% after deductible	100% after \$10/\$30/\$50	100% after \$10/\$30/\$50
Mail Generic / Formulary Brand / Non-Formulary	100% after \$20/\$60/\$100	N/A	100% after \$20/\$60/\$100	100% after \$20/\$60/\$100

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EMPLOYEE	DEPENDENT	TIER	2008 CONTRIBUTION		
HMO 063	HMO 062	Children (2+) W/EE	\$	137.36	
		Family	\$	299.25	
		Spouse	\$	162.56	
	HMO 063	Children (2+) W/EE	\$	166.49	
		Employee	\$	-	
		Family	\$	353.52	
		HMO 3 NHP	Spouse	\$	195.25
			Child (1) W/EE	\$	85.00
			Children (2+) W/EE	\$	107.27
	Point-of-Service	Point-of-Service	Family	\$	253.56
			Spouse	\$	130.25
			Children (2+) W/EE	\$	266.75
	Point-of-Service	Family	\$	528.19	
		Spouse	\$	318.00	
FT - \$100 Flex (Opt Out)	HMO 3 NHP	Child (1) W/O EE	\$	-	
		Children (2+) W/O EE	\$	150.00	
HMO 62	HMO 062	Children (2+) W/EE	\$	117.36	
		Employee	\$	-	
		Family	\$	279.25	
	HMO 063	HMO 063	Spouse	\$	142.56
			Children (2+) W/EE	\$	146.49
			Family	\$	333.52
	HMO 3 NHP	HMO 3 NHP	Spouse	\$	175.25
			Child (1) W/EE	\$	65.00
			Children (2+) W/EE	\$	87.27
	Point-of-Service	Point-of-Service	Family	\$	233.56
			Spouse	\$	110.25
			Children (2+) W/EE	\$	246.75
		Point-of-Service	Family	\$	508.19
			Spouse	\$	298.00
NHP HMO	HMO 062	Children (2+) W/EE	\$	97.36	
		Family	\$	259.25	
		Spouse	\$	122.56	
	HMO 063	HMO 063	Children (2+) W/EE	\$	126.49
			Family	\$	313.52
			Spouse	\$	155.25
	HMO 3 NHP	HMO 3 NHP	Child (1) W/EE	\$	45.00
			Children (2+) W/EE	\$	67.27
			Employee	\$	-
	Point-of-Service	Point-of-Service	Family	\$	213.56
			Spouse	\$	90.25
			Children (2+) W/EE	\$	226.75
		Point-of-Service	Family	\$	488.19
			Spouse	\$	278.00
Point-of-Service (POS)	HMO.062	Children (2+) W/EE	\$	147.36	
		Family	\$	309.25	
		Spouse	\$	172.56	
	HMO 063	HMO 063	Children (2+) W/EE	\$	176.49
			Family	\$	363.52
			Spouse	\$	205.25
	HMO 3 NHP	HMO 3 NHP	Child (1) W/EE	\$	95.00
			Children (2+) W/EE	\$	117.27
			Family	\$	263.56
	Point-of-Service	Point-of-Service	Spouse	\$	140.25
			Children (2+) W/EE	\$	276.75
			Employee	\$	-
		Point-of-Service	Family	\$	538.19
			Spouse	\$	328.00

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UnitedHealthcare Choice Plus Point of Service (POS)

There are no Board-paid FlexPlan options available when you select the Point of Service Plan. If you want to purchase Flexible Benefits for Employee, Employee and Family or your Family only, refer to the FlexPlan Benefit pages for coverage. You may select the POS plan for yourself and enroll your children in the NHP HMO 3 child/children tier of coverage.

Dependent Healthcare Premiums for POS

You may select different healthcare coverage for yourself and your dependents. Your per pay premiums are based upon your healthcare plan selection.

If you select POS	These are the Dependent Healthcare Rates			
	POS	HMO 63	HMO 62	NHP HMO 3
20 Pay Employees				
Spouse/Domestic Partner	\$196.80	\$123.15	\$103.54	\$84.15
Child (ren)	\$166.05	\$105.89	\$88.42	\$70.36
Family	\$322.91	\$218.11	\$185.55	\$158.14
24 Pay Employees				
Spouse/Domestic Partner	\$164.00	\$102.63	\$86.28	\$70.13
Child (ren)	\$138.38	\$88.25	\$73.68	\$58.64
Family	\$269.10	\$181.76	\$154.63	\$131.78
26 Pay Employees				
Spouse/Domestic Partner	\$151.38	\$94.73	\$79.64	\$64.73
Child (ren)	\$127.73	\$81.46	\$68.01	\$54.12
Family	\$248.40	\$167.78	\$142.73	\$121.64

All amounts are per-pay-period deductions. Rates are effective through 12/31/08.

4/21/08 CB
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UnitedHealthcare Choice HMO 63

Employer-Paid FlexPlan Options for UnitedHealthcare Choice HMO 63

If you enroll in the HMO 63 plan, the Board has agreed to contribute a Flex Dollar amount of \$10.00 per month toward a FlexPlan Option. Choose the option that best fits your benefit needs from Option 51 through 56 below. If you choose dependent medical coverage, you will be automatically assigned to Option 56. **Flex dollars for employees who select dependent medical coverage will be used to reduce the amount you pay for medical dependent premium rates.** Benefits in the options are for the **EMPLOYEE ONLY**. You may select the HMO 63 plan for yourself and enroll your children in the NHP HMO 3 child/children tier of coverage.

Page	Options	51	52	53	54	55	56
70	CompBenefits Dental Plans S = Standard Plan	S					
80	Optix Vision Plan			●			
94	Hospital Indemnity Coverage Daily Benefit	\$50/day	\$100/day				
96	Life Insurance		\$20,000	\$10,000	\$10,000		
89	Short-Term Disability Standard Upgrade				●		
	Cash Option* Monthly Contribution					\$10/mo	
	Dependent Medical Premium Offset Monthly Contribution						\$10/mo

* Subject to withholdings and FICA taxes

Dependent Healthcare Premiums for HMO 63

You may select different healthcare coverage for yourself and your dependents. Your per pay premiums are based upon your healthcare plan selection.

If you select HMO 63	These are the Dependent Healthcare Rates			
	POS	HMO 63	HMO 62	NHP HMO 3
20 Pay Employees				
Spouse/Domestic Partner	\$190.80	\$117.15	\$97.54	\$78.15
One Child	N/A	N/A	N/A	\$51.00
Two or More Children	\$160.05	\$99.89	\$82.42	\$64.36
Family	\$316.91	\$212.11	\$179.55	\$152.14
24 Pay Employees				
Spouse/Domestic Partner	\$159.00	\$97.63	\$81.28	\$65.13
One Child	N/A	N/A	N/A	\$42.50
Two or More Children	\$133.38	\$83.25	\$68.68	\$53.64
Family	\$264.10	\$176.76	\$149.63	\$126.78
26 Pay Employees				
Spouse/Domestic Partner	\$146.77	\$90.12	\$75.03	\$60.12
One Child	N/A	N/A	N/A	\$39.23
Two or More Children	\$123.12	\$76.84	\$63.40	\$49.51
Family	\$243.78	\$163.16	\$138.12	\$117.03

All amounts are per-pay-period deductions. Rates are effective through 12/31/08.

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4/21/08 llk

Employer-Paid FlexPlan Options for UnitedHealthcare Choice HMO 62

If you enroll in the HMO 62, the Board has agreed to contribute a Flex Dollar amount of \$30.00 per month toward a FlexPlan Option. Choose the option that best fits your benefit needs from Options 60 through 69 below. If you choose dependent medical coverage, you will be automatically assigned to option 69. **Flex dollars for employees who select dependent medical coverage will be used to reduce the amount you pay for dependent medical premium rates.** Benefits in the Options below are for the **EMPLOYEE ONLY**. You may select the HMO 62 plan for yourself and enroll your children in the NHP HMO 3 child/children tier of coverage.

Page	Options	60	61	62	63	64	65	66	67	68	69
70	CompBenefits Dental Plans S = Standard Plan H = High Plan	S	H		S		H				
79	MetLife Dental S = Standard			S		S					
80	Optix Vision Plan		●	●							
83	ARAG Legal Plan*	●					●				
94	Hospital Indemnity Coverage Daily Benefit	\$50/day	\$100/day	\$50/day	\$50/day	\$100/day					
89	Short-Term Disability Standard Upgrade	●	●			●					
91	Long-Term Disability 1 = Level 1				1						
96	Life Insurance			\$10,000		\$10,000	\$10,000				
61	Medical Expense FSA Monthly Contribution								\$30/mo		
	Cash Option* Monthly Contribution									\$30/mo	
104	401(k)** Monthly Contribution							\$30/mo			
	Dependent Medical Premium Offset Monthly Contribution										\$30/mo

* Subject to withholdings and FICA taxes

** Subject to FICA tax

Dependent Healthcare Premiums for HMO 62

You may select different healthcare coverage for yourself and your dependents. Your per pay premiums are based upon your healthcare plan selection.

If you select HMO 62	These are the Dependent Healthcare Rates			
	POS	HMO 63	HMO 62	NHP HMO 3
20 Pay Employees				
Spouse/Domestic Partner	\$178.80	\$105.15	\$85.54	\$66.15
One Child	N/A	N/A	N/A	\$39.00
Two or More Children	\$148.05	\$87.89	\$70.42	\$52.36
Family	\$304.91	\$200.11	\$167.55	\$140.14
24 Pay Employees				
Spouse/Domestic Partner	\$149.00	\$87.63	\$71.28	\$55.13
One Child	N/A	N/A	N/A	\$32.50
Two or More Children	\$123.38	\$73.25	\$58.68	\$43.64
Family	\$254.10	\$166.76	\$139.63	\$116.78
26 Pay Employees				
Spouse/Domestic Partner	\$137.54	\$80.88	\$65.80	\$50.88
One Child	N/A	N/A	N/A	\$30.00
Two or More Children	\$113.88	\$67.61	\$54.17	\$40.28
Family	\$234.55	\$153.93	\$128.88	\$107.80

All amounts are per-pay-period deductions. Rates are effective through 12/31/08.

4/21/08 ck
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Neighborhood Health Partnership (NHP HMO 3)

Neighborhood Health Partnership (NHP) HMO 3

A traditional HMO plan with no deductible, Hospital Admission charge and a low co-payment for physician visits.

With the NHP HMO 3 plan, you must select a Primary Care Physician (PCP) within the Tri-County area. Each member of your family may select a different PCP. Your PCP will direct all your healthcare needs. If you require a specialist, testing or hospital stay, your PCP must provide you with a referral.

All admissions to participating hospitals must be done by an In-Network physician. This plan has In-Network physicians in Miami-Dade, Broward and Palm Beach counties only.

Employer-Paid FlexPlan Options for UNITED NHP HMO 3

If you enroll in the NHP HMO 3, the Board has agreed to contribute a Flex Dollar amount of \$50.00 per month toward a FlexPlan Option. Choose the option that best fits your benefit needs from Options 71 through 81 below. If you choose dependent medical coverage, you will be automatically assigned to option 81. **Flex dollars for employees who select dependent medical coverage will be used to reduce the amount you pay for dependent medical premium rates.**

Dependent Healthcare Premiums for NHP HMO 3

See the following page for per pay premiums. →

Benefits in the Options below are for the **EMPLOYEE ONLY**.

Page	Options	71	72	73	74	75	76	77	78	79	80
70	CompBenefits Dental Plans S = Standard Plan H = High Plan	H	H	S							
79	MetLife Dental S = Standard H = High				H	S		S			
80	Optix Vision Plan	●		●	●		●				
83	ARAG Legal Plan*	●	●	●							
94	Hospital Indemnity Coverage Daily Benefit	\$50/day		\$50/day	\$100/day	\$50/day	\$50/day	\$100/day			
89	Short-Term Disability Standard Upgrade	●				●		●			
91	Long-Term Disability 1 = Level 1; 2 = Level 2; 3 = Level 3		1	1		2	3	1			
96	Life Insurance	\$30,000	\$10,000		\$10,000		\$10,000	\$10,000			
61	Medical Expense FSA Monthly Contribution									\$50/mo	
	Cash Option* Monthly Contribution										\$50/mo
104	401(k)** Monthly Contribution								\$50/mo		
	Dependent Medical Premium Offset Monthly Contribution										

* Subject to withholdings and FICA taxes

** Subject to FICA tax

All amounts are per-pay-period deductions. Rates are effective through 12/31/08.

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Neighborhood Health Partnership (NHP HMO 3)

Dependent Healthcare Premiums for NHP HMO 3

You may select different healthcare coverage for yourself and your dependents. Your per pay premiums are based upon your healthcare plan selection.

If you select NHP HMO 3	These are the Dependent Healthcare Rates			
	POS	HMO 63	HMO 62	NHP HMO 3
20 Pay Employees				
Spouse/Domestic Partner	\$166.80	\$93.15	\$73.54	\$54.15
One Child	N/A	N/A	N/A	\$27.00
Two or More Children	\$136.05	\$75.89	\$58.42	\$40.36
Family	\$292.91	\$188.11	\$155.55	\$128.14
24 Pay Employees				
Spouse/Domestic Partner	\$139.00	\$77.63	\$61.28	\$45.13
One Child	N/A	N/A	N/A	\$22.50
Two or More Children	\$113.38	\$63.25	\$48.68	\$33.64
Family	\$244.10	\$156.76	\$129.63	\$106.78
26 Pay Employees				
Spouse/Domestic Partner	\$128.31	\$71.65	\$56.57	\$41.65
One Child	N/A	N/A	N/A	\$20.77
Two or More Children	\$104.65	\$58.38	\$44.94	\$31.05
Family	\$225.32	\$144.70	\$119.65	\$98.57

All amounts are per-pay-period deductions. Rates are effective through 12/31/08.

Dependent Healthcare Premiums for NHP HMO 3 "One Child" Only

Employees may select the POS or HMO 62 for themselves and enroll their one child in the NHP HMO 3 Child/children tier of coverage. If the coverage is for one child only, the lower rates shown for the NHP HMO 3 "One Child" program will be substituted.

At this time, the online enrollment Web site is not programmed to allow for selection of this One Child option. Employees who select coverage for themselves in the POS or HMO 62 and elect the child/children tier of coverage in NHP HMO 3 to cover one child will be identified after Open Enrollment and the rate for that coverage will be changed to the NHP HMO 3 One Child rate.

Deductions taken during the month of January, 2008 will not reflect the adjusted NHP HMO 3 One Child Only amount. Employees who have the higher deductions taken from their paycheck in January will receive refunds in subsequent paychecks.

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