

Office of the Superintendent of Schools  
Board Meeting of January 14, 2009

January 13, 2009

Financial Services  
Richard H. Hinds, Chief Financial Officer

**SUBJECT:           RATIFICATION OF THE 2009 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 tentative agreement for health insurance for calendar year 2009 as reflected in the attached 2009 Memorandum of Understanding (MOU).

The MOU addresses health insurance plan design, levels of benefits, employer contribution levels and employee/dependent rates. Employee-only coverage will continue to be paid by the School Board and the cost of dependent coverage will remain at 2008 levels. Plan design changes were agreed to that will result in a reduction to the premium increase which the Board approved at its December meeting.

UTD bargaining unit members ratified the MOU on January 8-9, 2009.

**RECOMMENDED:**           That The School Board of Miami-Dade County, Florida, ratify the 2009 Health Insurance Memorandum of Understanding with the United Teachers of Dade.

RHH/jmg

Replacement  
D-10

**MEMORANDUM OF UNDERSTANDING  
2009 HEALTH INSURANCE PLAN**

Pursuant to Appendix D, Section 2.A.1. of the contract between Miami-Dade County Public Schools (M-DCPS) and the United Teachers of Dade (UTD); M-DCPS has met with the exclusive bargaining agent, the 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 2009 Employee Benefits Plan proffered on December 17, 2008. This MOU addresses health insurance plan designs, including levels of benefits, employer contribution levels, and employee and dependent rates under said plans. In the 2009 calendar year, employee and dependent contribution rates will remain the same as the rates for the 2008 calendar year. The parties agree as follows:

1. M-DCPS and UTD agree to the attached Employee Benefits Plan for calendar year 2009.
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, 2009 through December 31, 2009 and provide for health insurance plan designs as indicated in the attached 2009 Plan Design Summary. The cost of dependent coverage will remain at 2008 levels.
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 of Miami-Dade County, Florida.

*ka*  
12/17/08  
D.T. [Signature]  
12/17/08

DATED at Miami, Florida this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

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

**UNITED TEACHERS OF DADE**

\_\_\_\_\_  
Dr. Solomon C. Stinson  
Chair

Date

\_\_\_\_\_  
Karen Aronowitz  
President

Date

\_\_\_\_\_  
Dr. Marta Pérez  
Vice Chair

Date

\_\_\_\_\_  
Alberto M. Carvalho  
Superintendent of Schools

Date

APPROVED AS TO FORM

\_\_\_\_\_  
School Board Attorney

*llh*  
*12/17/08*  
*D.T. [Signature]*  
*12/17/08*

Miami-Dade County Public Schools  
2009 Plan Design Summary

	POS		HMO Plans		HMO 3 NHE
	In-Networks	Non-Networks	HMO 63	HMO 62	
General Provisions					
Is a PCP election/professional required	No	No	No	No	Yes
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual deductible (IF)	None	\$500 / \$1,000	\$250 / \$500	\$500 / \$1,000	None
Annual Out-of-Pocket Max (excluding deductible)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,500 / \$3,000	None
Hospital Admission Copay	\$150/day, \$450/admit	70% after deductible	None-Deductible	None-Deductible	None
Plan Coinsurance	100%	70%	80%	80%	None
Outpatient Services					100%
Primary Care Physician office visit	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
Immunizations	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
Well Child Care	100% after \$30 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
Annual Physical	100% after app copay	70% after deductible	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay
					PCP: \$10 copay, Specialist: \$15 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	100% after \$10 copay
Mammograms	100%	100%	100%	100%	100%
Specialist Office Visit	100% after \$30 copay	70% after deductible	100% after \$20 copay	100% after \$15 copay	100% after \$25 copay
	Pre/Post-Natal visits covered at 100% after initial \$30 copay. Obstetrical/midwifery services covered at 100%		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.
Maternity Care	100% after \$100 copay	70% after deductible	80% after deductible	80% after deductible	100%
Outpatient Surgery	\$100 copay	70% after deductible			
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	100% after \$25 copay
Emergency Room (in-area hospital)	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 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	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	100% after \$20/\$60/\$100

United-Healthcare Standard PDL to become effective upon 2009 Health Plan Implementation  
Sited Pharmacy co-pays apply in all instances

Employee only coverage continues to be paid at 100 percent by the Board. Dependent cost to the employee will remain the same as the 2008 dependent cost.

12/17/08  
12/17/08

## Miami-Dade County Public Schools 2009 Health Insurance Rates

	2008 Monthly Rate	2009 Monthly Rate	2008 Employee Monthly Cost	2009 Employee Monthly Cost
<b>OPTIONAL FLEX (FLEX)</b>				
Employee Only	\$458.47	\$500.65	\$0.00	\$0.00
Spouse/Domestic Partner	\$492.67	\$537.99	\$ 328.00	\$ 328.00
Child/Children	\$428.24	\$467.64	\$ 276.75	\$ 276.75
Family	\$882.41	\$963.59	\$ 538.19	\$ 538.19
26-30 year old dependent *	n/a	\$425.55	n/a	\$ 425.55
<b>OPTIONAL FLEX (FLEX)</b>				
Employee Only	\$419.17	\$457.73	\$ (10.00) <sup>1</sup>	\$ (10.00) <sup>1</sup>
Spouse/Domestic Partner	\$450.45	\$491.90	\$ 195.25	\$ 195.25
Child/Children	\$391.54	\$427.57	\$ 166.49	\$ 166.49
Family	\$806.80	\$881.03	\$ 353.52	\$ 353.52
26-30 year old dependent *	n/a	\$389.07	n/a	\$ 389.07
<b>OPTIONAL FLEX (FLEX)</b>				
Employee Only	\$390.68	\$426.62	\$ (30.00) <sup>2</sup>	\$ (30.00) <sup>2</sup>
Spouse/Domestic Partner	\$419.81	\$458.44	\$ 142.56	\$ 142.56
Child/Children	\$364.90	\$398.47	\$ 117.36	\$ 117.36
Family	\$751.92	\$821.10	\$ 279.25	\$ 279.25
26-30 year old dependent *	n/a	\$362.63	n/a	\$ 362.63
<b>OPTIONAL FLEX (FLEX)</b>				
Employee Only	\$389.83	\$425.69	\$ (50.00) <sup>3</sup>	\$ (50.00) <sup>3</sup>
Spouse/Domestic Partner	\$418.92	\$457.47	\$ 90.25	\$ 90.25
Child (1) W/ EE	\$364.14	\$397.65	\$ 45.00	\$ 45.00
Children (2+) W/ EE	\$364.14	\$397.65	\$ 67.27	\$ 67.27
Family	\$750.31	\$819.34	\$ 213.56	\$ 213.56
26-30 year old dependent *	n/a	\$361.84	n/a	\$ 361.84
<b>OPTIONAL FLEX (FLEX)</b>				
Child (1) W/O EE	\$230.00	\$251.16	\$0.00	\$0.00
Children (2+) W/O EE	\$565.25	\$617.25	\$ 150.00	\$ 150.00

\* Rate is per dependent in addition to other dependent rates as shown

<sup>1</sup> Board Subsidy includes \$10 FLEX

<sup>2</sup> Board Subsidy includes \$30 FLEX

<sup>3</sup> Board Subsidy includes \$50 FLEX

*llh*  
 12/17/08  
*D.T. V...*  
 12/17/08