

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 MIAMI-  
DADE COUNTY PUBLIC SCHOOLS AND THE DADE COUNTY  
SCHOOL MAINTENANCE EMPLOYEE COMMITTEE**

**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 Miami-Dade County Public Schools (M-DCPS) and the Dade County School Maintenance Committee (DCSMEC), the parties have reached a 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.

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

RHH:jmg

Replacement  
D-11

**MEMORANDUM OF UNDERSTANDING  
2009 HEALTH INSURANCE PLAN**

Pursuant to Article XV, Section A.1. of the contract between Miami-Dade County Public Schools (M-DCPS) and the Dade County School Maintenance Employee Committee (DCSMEC), M-DCPS has met with the exclusive bargaining agent, DCSMEC, 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 Plan Design Summary proffered on January 7, 2009. 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 DCSMEC agree to the attached Plan Design Summary for calendar year 2009.
2. M-DCPS and DCSMEC 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 agreement by members of the DCSMEC Negotiating Team and the School Board of Miami-Dade County, Florida.

*J.T.W. 1/7/09*  
*J.M.C.*

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

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

**DADE COUNTY SCHOOL  
MAINTENANCE EMPLOYEE  
COMMITTEE**

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

Date

\_\_\_\_\_  
Mr. Joseph Cortese  
Business Representative

Date

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

Date

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

Date

APPROVED AS TO FORM

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

*J.T. Williams - 1/7/09*  
*J.A.C. - 1/7/09*

# Miami-Dade County Public Schools 2009 Plan Design Summary

General Provisions	POS		HMO Plans		
	In-Network	Non-Network	HMO 83	HMO 82	HMO 3 NHP
Is a PCP election/referral required	No	No	No	No	Yes
Lifetime Maximum	Unlimited	\$2,000,000 per individual	Unlimited	Unlimited	Unlimited
Annual deductible (IF)	None	\$500 / \$1,000	\$250 / \$500	\$560 / \$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%	100%
<b>Outpatient Services</b>					
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	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	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	Hospital Admission copay	Not covered			
Bariatric Surgery	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay	100% after \$200 copay
Emergency Room (in-area hospital)	100% after \$100 copay	70% after deductible	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

UnitedHealthcare Standard PDL to become effective upon 2009 Health Plan Implementation  
Stated 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.

*Handwritten:* J.T.W. 1/7/09  
A.C. 1/7/09