

February 10, 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 AMERICAN FEDERATION OF STATE,  
                 COUNTY, AND MUNICIPAL EMPLOYEES, LOCAL 1184**

**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 American Federation of State, County, and Municipal Employees (AFSCME), Local 1184, the parties 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.

AFSCME bargaining unit members ratified the MOU on February 9, 2009.

**RECOMMENDED:**      That The School Board of Miami-Dade County, Florida, ratify the 2009 Health Insurance Memorandum of Understanding with the American Federation of State, County, and Municipal Employees, Local 1184.

RHH:jmg

Revised  
Replacement  
D-10

**MEMORANDUM OF UNDERSTANDING  
2009 HEALTH INSURANCE PLAN**

Pursuant to Appendix II, Section 2.A. of the contract between Miami-Dade County Public Schools (M-DCPS) and the American Federation of State, County, and Municipal Employees (AFSCME), Local 1184, M-DCPS has met with the exclusive bargaining agent, AFSCME, 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 30, 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 AFSCME agree to the attached Plan Design Summary for calendar year 2009.
2. M-DCPS and AFSCME 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 AFSCME bargaining unit and the School Board of Miami-Dade County, Florida.

Added

AA - 1-30-09  
D.T.UD 1/30/09

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

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

**AMERICAN FEDERATION OF STATE,  
COUNTY, AND MUNICIPAL  
EMPLOYEES, LOCAL 1184**

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

Date

\_\_\_\_\_  
Mr. Sherman Henry  
President

Date

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

Date

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

Date

APPROVED AS TO FORM

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

Added

*SA* 1-30-09

*J.T.V.* 1-30-09

**Miami-Dade County Public Schools  
2009 Plan Design Summary - effective March 1, 2009**

General Provisions	POS		HMO Plans		HMO 3 RHP
	In-Network	Non-Network	HMO 63	HMO 62	
Is a PCP election/referral required	No	No	No	No	Yes
Lifetime Maximum	Unlimited	\$2,000,000 per individual	Unlimited	Unlimited	Unlimited
Annual deductible (UF)	None	\$500 / \$1,000	\$250 / \$500	\$500 / \$1,000	None
Annual Out-of-Pocket Max (excluding deductible)	\$1,500 / \$3,000	\$3,000 / \$3,000	\$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%
Outpatient Services					
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
Maternity Care	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.
Outpatient Surgery	100% after \$100 copay	70% after deductible	80% after deductible	80% after deductible	100%
Out-Patient Diagnosis & Treatment-Hospital Based	\$100 copay	70% after deductible	70% after deductible	70% after deductible	
Out-Patient Diagnosis & Treatment-Non-Hospital Based	\$0 copay	70% after deductible	70% after deductible	70% after deductible	
Bariatric Surgery	Hospital Admission copay.	Not covered			
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

UnitedHealthcare Standard PDL to become effective upon 2008 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.

\* Effective upon 2009 plan design changes, emergency room co-pay would increase from \$100 to \$200, which is waived in the event of a hospital admission, with the exception of Jackson Hospital systems (Jackson Memorial, Jackson North, and Jackson South) as well as Cedars/UM Hospital, which will continue to have an emergency room co-payment of \$100.

*S. H. S. 1-30-09*  
*D. T. S. 1-30-09*

Added