

**MEMORANDUM OF UNDERSTANDING
2009 HEALTH INSURANCE PLAN**

Pursuant to Article XV, Section 1 of the contract between Miami-Dade County Public Schools (M-DCPS) and the Dade County School Administrators' Association (DCSAA), M-DCPS has met with the exclusive bargaining agent, DCSAA, 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 February 5, 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 DCSAA agree to the attached Plan Design Summary for calendar year 2009.
2. M-DCPS and DCSAA 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 DCSAA bargaining unit and the School Board of Miami-Dade County, Florida.

Added

CMB 2/15/09
D.T.W.
2/15/09

DATED at Miami, Florida this _____ day of _____, 2009.

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

**DADE COUNTY SCHOOL
ADMINISTRATORS' ASSOCIATION**

Dr. Solomon C. Stinson
Chair

Date

Mr. Charles Burdeen
Executive Director

Date

Dr. Marta Pérez
Vice Chair

Date

Added

Alberto M. Carvalho
Superintendent of Schools

Date

APPROVED AS TO FORM

School Board Attorney

DMB 2/15/09
D.T. WDK
2/15/09

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

General Provisions	POS		HMO Plans		HMO 3 NHP	
	In-Network	Non-Network	HMO 63	HMO 62	HMO 61	HMO 60
General Provisions						
is a PCP election/referral required	No	No	No	No	Yes	Yes
Lifetime Maximum	Unlimited	\$2,000,000 per individual	Unlimited	Unlimited	Unlimited	Unlimited
Annual deductible (UF)	None	\$500 / \$1,000	\$250 / \$500	\$500 / \$1,000	None	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	None
Hospital Admission Copay	\$150/day; \$450/admit	70% after deductible	None-Deductible	None-Deductible	None	None
Plan Coinsurance	100%	70%	80%	80%	100%	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	100% after \$10 copay
Immunizations	100% after \$15 copay	70% after deductible	100% after \$20 copay	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay
Well Child Care	100% after \$20 copay	70% after deductible	100% after \$20 copay	100% after \$10 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	100% after \$10 copay
				100% after \$15 copay, Specialist: \$15 copay	100% after \$15 copay, Specialist: \$25 copay	100% after \$15 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	100% after \$10 copay
Mammograms	100%	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	100% after \$25 copay
	Pre/Post-Natal visits covered at 100% after initial \$30 copay. Obstetric/maternity 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.	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	80% after deductible	80% after deductible
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	\$0 copay	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 \$15 copay	100% after \$25 copay	100% after \$25 copay
Prescription Drugs						
Retail Generic / Formulary Brand / Non-Formulary	100% after \$10/\$50/\$50	70% after deductible	100% after \$10/\$50/\$50	100% after \$10/\$50/\$50	100% after \$10/\$50/\$50	100% after \$10/\$50/\$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	100% after \$20/\$60/\$100

United-Healthcare 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.

* 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.

Handwritten:
 C.M. 2/15/09
 T.W. 2/15/09
 2/15/09

Added