

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 FLORIDA STATE LODGE, FRATERNAL
 ORDER OF POLICE**

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 Florida State Lodge, Fraternal Order of Police (FOP), 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.

FOP unit members ratified the MOU on March 16, 2009.


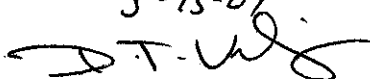
RECOMMENDED: That The School Board of Miami-Dade County, Florida, ratify the 2009 Health Insurance Memorandum of Understanding with the Florida State Lodge, Fraternal Order of Police.

RHH:jmg

**MEMORANDUM OF UNDERSTANDING
2009 HEALTH INSURANCE PLAN**

Pursuant to Article XXI, Section 1 of the contract between Miami-Dade County Public Schools (M-DCPS) and the Florida State Lodge, Fraternal Order of Police (FOP), M-DCPS has met with the exclusive bargaining agent, FOP, 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 March 13, 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 FOP agree to the attached Plan Design Summary for calendar year 2009.
2. M-DCPS and FOP 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 FOP bargaining unit and the School Board of Miami-Dade County, Florida.


3-13-09
 3-13-09

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

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

**FLORIDA STATE LODGE,
FRATERNAL ORDER OF POLICE**

Dr. Solomon C. Stinson
Chair

Date _____
Mr. Howard Giraldo
President

Date

Dr. Marta Pérez
Vice Chair


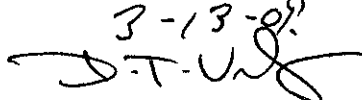
Date

Alberto M. Carvalho
Superintendent of Schools

Date

APPROVED AS TO FORM

School Board Attorney


3-13-09
 3-13-09

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

General Provisions	POS		HMO Plans	
	In-Network	Non-Network	HMO 63	HMO 3/NHP
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	None
Annual Out-of-Pocket Max (excluding deductible)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	None
Hospital Admission Copay	\$150/day, \$450/admit	70% after deductible	None-Deductible	None
Plan Coinsurance	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
			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 \$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 \$25 copay.
Maternity 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	80% after deductible	100%
Out-Patient Diagnosis & Treatment-Non-Hospital Based				
Bariatric Surgery	Hospital Admission copay	Not covered	Not covered	Not covered
Emergency Room (in-area hospital)	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
Mail Generic / Formulary Brand / Non-Formulary	100% after \$20/\$60/\$100	N/A	100% after \$20/\$60/\$100	100% after \$20/\$60/\$100

United-Healthcare 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 Medical Hospital, which will continue to have an emergency room co-payment of \$100.

[Handwritten signature]
3-13-09