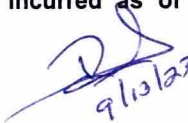



**MEMORANDUM OF UNDERSTANDING
2024 HEALTH INSURANCE PLAN**

Pursuant to Article XV, Section A of the Labor Contract between Miami-Dade County Public Schools (M-DCPS) and the Dade County School Maintenance Employee Committee (DCSMEC), the parties), the parties have met through a number of collective bargaining sessions and agreed to the strategies contained in this Memorandum of Understanding (MOU) including but not limited to the attached 2024 Healthcare monthly premiums, contributions, and subsidies effective January 1, 2024.

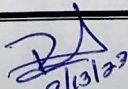
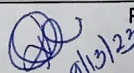
1. M-DCPS and DCSMEC agree to the attached Healthcare Plan Designs, Monthly Premium Equivalents, Contributions and Subsidies with an effective date of January 1, 2024. A full Open Enrollment will begin at an agreed upon time to provide time to educate our workforce. Both parties agree that the attached rates are subject to ratification of both parties. There will be no changes to employee cost share, dependent premium, and plan designs to the Cigna OAP Standard Plan and Cigna SureFit Plan. There will be a mutually agreed upon slight increase to the employee cost share and dependent premiums to the Cigna OAP High Plan, with no change in plan design. Additionally, 2018 Board contribution methodology for both employee and dependent coverage will continue to apply for employees hired in a benefits eligible position on or after January 1, 2018.
2. New Hires will continue to have a 90-calendar day waiting period for healthcare, life insurance and short-term disability. Coverage for new employee's health, life and short-term disability will be effective on the 91st day. Additionally, employee-paid benefits will be effective the first of the month following the first payroll deduction. New hires will be able to enroll in a plan of choice within 60 days from the date of hire, and if not selecting, they will be auto assigned to the Cigna SureFit Plan. The employee will remain enrolled in this option from the effective date for 12-months, and the balance of the Plan Year in which the 12-months are satisfied while a non-required annual open enrollment is offered.
3. For Calendar Year 2024, the "Spousal Surcharge", will continue to apply if an employee's spouse/domestic partner has coverage available from their own employer and enrolls in a M-DCPS Health Plan. If so, an additional annual surcharge of \$800 will be charged to the employee and deductions will be taken on a per pay basis.

At the time of enrollment, the employee will be required to certify whether their dependent's (spouse/domestic partner) employer provides them with medical coverage. If, after the commencement of the plan year, it is determined that the employee has provided incorrect information regarding dependent's (spouse/domestic partner) eligibility for coverage from their employer, the dependent's (spouse/domestic partner) coverage will be terminated on the first of the month following receipt of this information, and the employee will be responsible for any claims incurred as of that date of termination. No further action will be taken by the District.

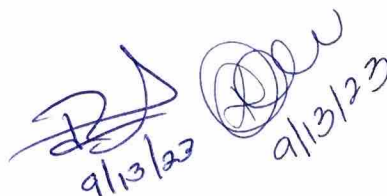
4. M-DCPS and DCSMEC agree to maintain the agreed upon salary band platform, which was implemented in 2016 with the Benefits Salary defined for employees on the HO, H1, & H2 Salary Schedules. Benefit salaries will be updated in October 2023 using the base salaries employees had on June 30, 2022. The Benefit Salary determines the employee and dependent healthcare premium contribution, as well as life insurance and disability payment levels.
5. M-DCPS and DCSMEC agree that in keeping with healthcare wellness initiatives, benefit eligible employees will be encouraged to have an annual physical aligned with their age, gender, and personal health history, plus register on www.mycigna.com. Furthermore, M-DCPS and DCSMEC will collaboratively work on identifying an initiative that increases awareness and engagement. M-DCPS and DCSMEC will schedule meetings within the fourth quarter of the 2023 calendar year and finalized an agreed upon strategy no later than April 30, 2024.
6. M-DCPS and DCSMEC agree that M-DCPS shall continue to maintain its current "opt out" feature at \$100.00 per month, based upon evidence of other group healthcare coverage.

To maintain enrollment in the opt-out election, employees must annually reapply their choice during the enrollment process and provide yearly documentation of alternative group or state-funded healthcare coverage. Additionally, this documentation should be included along with the completed Declination of Healthcare Coverage Affidavit.
7. M-DCPS and DCSMEC agree to continue providing a debit card for use with the medical flexible spending account (FSA) at no charge to the employee. The maximum amount is determined annually by the Internal Revenue Service (IRS).
8. Employees who choose dependent coverage will enroll eligible dependents in the healthcare selection in which the employee is enrolled and provide all required documentation for their dependents. Failure to submit required documentation will result in termination of dependent coverage.
9. Employees will continue to be eligible for Group Term Life Insurance and Flexible Benefits as approved by the School Board on July 24, 2019, Agenda Item E-150 and on October 2, 2019, Agenda Item E-142.
10. Pursuant to Board Policy 6332 all health insurance and flexible benefits solicitations related to collective bargaining as defined in all union contract shall be brought to the Benefits Selection Committee for review and vote. All "other benefits", whether paid for M-DCPS or the employee, shall not be added, materially altered or deleted without the prior agreement of DCSMEC.
11. M-DCPS will continue its use of Health Care Blue Book (HCBB) as the Transparency Tool application approved by the School Board at its meeting of October 21, 2020, Agenda Item E-147. M-DCPS and DCSMEC will continue to work through the Healthcare Sub-Committee to identify ways to educate employees on use of the HCBB tool in order to maximize the use of the

tool to incentivize employees towards the "Green" providers as those with the best quality and lowest facility costs.

12. M-DCPS and DCSMEC agree to conduct healthcare sub-committee meetings to discuss various issues on a quarterly basis. By mutual agreement, the sub-committee meetings may include all other bargaining unit representatives as well as representatives from employee associations and will review subjects including, but not limited to monthly financial dashboard for Fund 711, medical trends, transparency, wellness, etc.
13. M-DCPS and DCSMEC agree to work jointly on healthcare and wellness educational strategies that will be implemented throughout calendar year 2024.
14. This MOU is incorporated into the parties' current Collective Bargaining Agreement and is subject to the grievance and arbitration provisions therein.
15. This MOU is subject to ratification by members of the DCSMEC bargaining unit and the School Board.



Handwritten signatures and dates: 9/13/23 and 9/13/23.

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

Ms. Maria Teresa Rojas Date
Chair

Mr. Danny Espino Date
Vice Chair

Dr. Jose L. Dotres Date
Superintendent of Schools



**APPROVED AS TO FORM AND LEGAL
SUFFICIENCY**

Mr. Walter J. Harvey Date
General Counsel

**DADE COUNTY SCHOOL MAINTENANCE
EMPLOYEE COMMITTEE**


Mr. Howard Horne Date
President

Mr. Rolando Sardinias Date
Business Representative/Chief Negotiator


9/13/23 
9/13/23

Healthcare Plan Options	2024- OAP High		2024- OAP Standard		2023-SureFit4
Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Medical Benefits					Effective June 1, 2023 and thereafter Surefit will no longer require referrals
Deductible (Individual/Family)	\$550/\$1,100	\$1,100/\$2,200	\$800/\$1,600	\$1,600/\$3,200	\$150/\$250
Out of Pocket Max(Ind/Fam)(incl ded. & copay & Rx)	\$3,100/\$6,200	\$8,200/\$12,400	\$4,100/\$8,200	\$8,200/\$16,400	\$1,500/\$3,000
Coinurance	30%	50%	30%	50%	30%
Telemedicine	\$0	N/A	\$0	N/A	\$0
Primary Care Physician OV	\$25/ \$0 M-DCPS Clinic	50% AD	\$30/ \$0 M-DCPS Clinic	50% AD	\$20/ \$0 M-DCPS Clinic
CCN Specialist	\$50	50% AD	\$50	50% AD	\$50
Non-CCN Specialist	\$70	50% AD	\$75	50% AD	N.A.
Physical, Speech & Occupational Therapies (40 days per year)	\$35 PT, \$55 ST & OT	50% AD	\$55 PT, \$80 ST & OT	50% AD	\$35 PT, \$20 PCP/ \$50 SCP for ST & OT
Pulmonary Cardiac Therapy (40 days per year)	\$55	50% AD	\$70	50% AD	\$45
Chiropractic Care (30 days per year)	\$60	50% AD	\$70	50% AD	\$45
Convenience Care Centers	\$10	50% AD	\$15	50% AD	\$10
Urgent Care	\$45	\$45	\$45	\$45	\$40
Imaging	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based
Inpatient Hospital	30% AD	50% AD	30% AD	50% AD	30% AD
Outpatient Hospital and Major Diagnostics	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$100 at affiliated Non-hospital
Emergency Room	\$375/\$225 preferred facilities	\$375/\$225 preferred facilities	\$425/\$225 preferred facilities	\$425/\$225 preferred facilities	\$300/\$150 preferred facilities
Other - Hearing Aides	\$65 visit/ 30% AD for devices	Not covered	\$70 visit/ 30% AD for devices	Not covered	\$50 visit/ 30% AD for devices
Other - Bariatric Surgery	30% AD	Not covered	Not covered	Not covered	Not covered
Prescription Drug Benefits (50% Retail only out-of-network benefit)					
Prescription Drug Deductible (Ind/Fam)	N/A		N/A		N/A
Formulary					
Other - Insulin Copay Waiver					
Retail Drug Network (no coverage for maintenance meds after 3rd fill)					
Generic Seven Drug Classes ²	\$0		\$0		\$0
Generic	\$20 – no coverage for maintenance meds after 3 rd fill		\$20 – no coverage for maintenance meds after 3 rd fill		\$15 – no coverage for maintenance meds after 3 rd fill
Preferred Brand (Including Specialty Drugs)	\$55 – no coverage for maintenance meds after 3 rd fill		\$65 – no coverage for maintenance meds after 3 rd fill		\$40 – no coverage for maintenance meds after 3 rd fill
Non-Preferred Brand (Including Specialty Drugs)	\$150 – no coverage for maintenance meds after 3 rd fill		\$175 – no coverage for maintenance meds after 3 rd fill		\$125 – no coverage for maintenance meds after 3 rd fill
Mail Order Prescription (90 day supply)					
Generic Seven Drug Classes ²	\$0		\$0		\$0
Generic	\$40		\$40		\$30
Preferred Brand (Including Specialty Drugs)	\$140		\$160		\$80
Non-Preferred Brand (Including Specialty Drugs)	\$375		\$435		\$315


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MIAMI-DADE COUNTY PUBLIC SCHOOLS
Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
Effective 1/1/2024
Premium Rates and Contributions (For Employees Newly Eligible Hired after 01/01/2018)

To calculate your per pay deduction, multiply the employee monthly cost times twelve and then divided by the number of pay periods. 10-month employees- 20 pay periods, 11-month employee- 24 pay periods and 12-month employees- 26 pay periods.

EMPLOYEE SALARY BANDS	2024 Rates								
	2024 OAP High			2024 OAP Standard			2024 SureFit		
	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE MONTHLY COST	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE MONTHLY COST	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE MONTHLY COST
Salary Bands 1 (Under \$35K)									
Employee Only	\$918	\$876	\$42	\$891	\$877	\$14	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,607	\$592	\$2,131	\$1,683	\$448	\$2,070	\$1,652	\$418
EE + CH	\$1,819	\$1,387	\$432	\$1,763	\$1,443	\$320	\$1,713	\$1,419	\$294
EE + Family	\$3,483	\$2,354	\$1,129	\$3,374	\$2,490	\$884	\$3,275	\$2,439	\$836
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 2 (Over \$35K to \$54K)									
Employee Only	\$918	\$858	\$60	\$891	\$866	\$25	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,521	\$678	\$2,131	\$1,617	\$514	\$2,070	\$1,600	\$470
EE + CH	\$1,819	\$1,326	\$493	\$1,763	\$1,394	\$369	\$1,713	\$1,382	\$331
EE + Family	\$3,483	\$2,201	\$1,282	\$3,374	\$2,371	\$1,003	\$3,275	\$2,333	\$942
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 3 (Over \$55K to \$69K)									
Employee Only	\$918	\$840	\$78	\$891	\$856	\$35	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,383	\$816	\$2,131	\$1,506	\$625	\$2,070	\$1,521	\$549
EE + CH	\$1,819	\$1,223	\$596	\$1,763	\$1,312	\$451	\$1,713	\$1,326	\$387
EE + Family	\$3,483	\$1,923	\$1,560	\$3,374	\$2,158	\$1,216	\$3,275	\$2,177	\$1,098
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 4 (Over \$70K to \$89K)									
Employee Only	\$918	\$823	\$95	\$891	\$846	\$45	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,311	\$888	\$2,131	\$1,449	\$682	\$2,070	\$1,456	\$614
EE + CH	\$1,819	\$1,168	\$651	\$1,763	\$1,269	\$494	\$1,713	\$1,281	\$432
EE + Family	\$3,483	\$1,803	\$1,680	\$3,374	\$2,054	\$1,320	\$3,275	\$2,045	\$1,230
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 5 (Over \$90K)									
Employee Only	\$918	\$780	\$138	\$891	\$815	\$76	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,094	\$1,105	\$2,131	\$1,282	\$849	\$2,070	\$1,390	\$680
EE + CH	\$1,819	\$997	\$822	\$1,763	\$1,143	\$620	\$1,713	\$1,235	\$478
EE + Family	\$3,483	\$1,396	\$2,087	\$3,374	\$1,752	\$1,622	\$3,275	\$1,915	\$1,360
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00

Coverage Tier	2024		
	OAP High	OAP Standard	SureFit
Adult dependent	\$780	\$757	\$736




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MIAMI-DADE COUNTY PUBLIC SCHOOLS
Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
Effective 1/1/2024
Premium Rates and Contributions (For Employees Hired Before 1/1/2018)

To calculate your per pay deduction, multiply the employee monthly cost times twelve and then divided by the number of pay periods. 10-month employees- 20 pay periods, 11-month employee- 24 pay periods and 12-month employees- 26 pay periods.

EMPLOYEE SALARY BANDS	2024 Rates								
	2024 OAP High			2024 OAP Standard			2024 SureFit		
	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE MONTHLY COST	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE MONTHLY COST	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE MONTHLY COST
Salary Bands 1 (Under \$35K)									
Employee Only	\$918	\$876	\$42	\$891	\$877	\$14	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,919	\$280	\$2,131	\$1,948	\$183	\$2,070	\$1,911	\$159
EE + CH	\$1,819	\$1,606	\$213	\$1,763	\$1,629	\$134	\$1,713	\$1,601	\$112
EE + Family	\$3,483	\$2,987	\$496	\$3,374	\$3,021	\$353	\$3,275	\$2,957	\$318
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 2 (Over \$35K to \$54K)									
Employee Only	\$918	\$858	\$60	\$891	\$866	\$25	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,805	\$394	\$2,131	\$1,859	\$272	\$2,070	\$1,836	\$234
EE + CH	\$1,819	\$1,527	\$292	\$1,763	\$1,565	\$198	\$1,713	\$1,549	\$164
EE + Family	\$3,483	\$2,776	\$707	\$3,374	\$2,856	\$518	\$3,275	\$2,807	\$468
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 3 (Over \$55K to \$69K)									
Employee Only	\$918	\$840	\$78	\$891	\$856	\$35	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,615	\$584	\$2,131	\$1,705	\$426	\$2,070	\$1,724	\$346
EE + CH	\$1,819	\$1,387	\$432	\$1,763	\$1,452	\$311	\$1,713	\$1,469	\$244
EE + Family	\$3,483	\$2,387	\$1,096	\$3,374	\$2,556	\$818	\$3,275	\$2,583	\$692
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 4 (Over \$70K to \$89K)									
Employee Only	\$918	\$823	\$95	\$891	\$846	\$45	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,519	\$680	\$2,131	\$1,627	\$504	\$2,070	\$1,630	\$440
EE + CH	\$1,819	\$1,315	\$504	\$1,763	\$1,394	\$369	\$1,713	\$1,403	\$310
EE + Family	\$3,483	\$2,223	\$1,260	\$3,374	\$2,411	\$963	\$3,275	\$2,395	\$880
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00
Salary Bands 5 (Over \$90K)									
Employee Only	\$918	\$780	\$138	\$891	\$815	\$76	\$866	\$866	\$0
EE + SP/DP	\$2,199	\$1,228	\$971	\$2,131	\$1,403	\$728	\$2,070	\$1,537	\$533
EE + CH	\$1,819	\$1,090	\$729	\$1,763	\$1,227	\$536	\$1,713	\$1,338	\$375
EE + Family	\$3,483	\$1,660	\$1,823	\$3,374	\$1,994	\$1,380	\$3,275	\$2,209	\$1,066
Spouse/Domestic Partner Surcharge	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00	\$67.00	\$0.00	\$67.00

Coverage Tier	2024		
	OAP High	OAP Standard	SureFit
Adult dependent	\$780	\$757	\$736


 9/13/23
 
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