

**MEMORANDUM OF UNDERSTANDING
2026 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 2026 Healthcare monthly premiums, contributions, and subsidies effective January 1, 2026.

1. M-DCPS and DCSMEC agree to the attached Healthcare Plan Designs, Monthly Premiums Equivalentents, Contributions and Subsidies with an effective date of January 1, 2026. A full open enrollment will begin at the agreed upon time to provide time to educate our workforce. In order to maintain their benefits, employees must enroll during the full open enrollment period; otherwise, their current benefits will end on December 31, 2025, with the exception of the disability plans. Both parties agree that the attached rates are subject to ratification of both parties. The Board's contribution strategy will focus on guiding employees toward cost-effective solutions by aligning premiums with claims experience and addressing dependent subsidies, while ensuring \$0 increases to employee-only premiums on two plan options, \$0 increases for children's coverage, and the continued offering of a \$0 cost plan option. The strategy will also allow participating employees to completely avoid cost increases for family coverage by shifting plans. Additionally, three plans will continue to be offered with no referral requirements, minimal plan design changes, and three rate tables based on each employee's date of hire.
2. New hires will continue to have a 90-calendar day waiting period for healthcare, life insurance, and short-term disability. Coverage for new employees' 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. 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 each October to reflect current salary levels, with the amounts determined annually as of June 30 of the previous year. The Benefit Salary determines the employee and dependent healthcare premium contribution, as well as life insurance and disability payment levels. M-DCPS and DCSMEC agree to establish a joint subcommittee that will work collaboratively to review and address healthcare salary banding and the overall premium contribution structure for the 2026 plan year. The committee shall present their recommendations for the 2026-2027 school year by March 20, 2026
4. 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 will continue

to monitor the current incentive and will continue to discuss future potential incentives increasing awareness and participation.

5. 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. M-DCPS and DCSMEC will continue to discuss strategies to increase education on alternative coverage when available and appropriate.
6. 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). M-DCPS and DCSMEC agree to collaborate on educational materials and internal advertising to promote the use of the medical FSA so that more employees can utilize this cost-saving feature.
7. 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.
8. Employees will continue to be eligible for Group Term Life Insurance and Flexible Benefits as approved by the School Board.
9. Pursuant to Board Policy 6332, all health insurance and flexible benefits solicitations related to collective bargaining as defined in all union contracts 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.
10. M-DCPS will continue its use of Healthcare Bluebook (HCB) as the Transparency Tool application approved by the School Board. M-DCPS and DCSMEC will continue to work through the Healthcare Sub-Committee to identify ways to educate employees on use of the HCB 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.
11. M-DCPS and DCSMEC agree that M-DCPS will continue to utilize Lantern as a point solution to improve healthcare quality, reduce overall plan costs, and provide covered procedures for participating employees with zero out-of-pocket costs. Bariatric surgery and other weight loss surgeries will exclusively be covered via Lantern regardless of what M-DCPS healthcare plan an employee chooses. Additionally, M-DCPS will expand their participation with Lantern to increase the number of procedures and treatments which are covered without cost to the participating employee with the intention of providing employees with additional options. Finally, M-DCPS and DCSMEC agree to collaborate on educational materials and internal advertising to promote the use of Lantern in an effort to achieve cost savings and increase employee compensation.

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12. M-DCPS and DCSMEC agree to collaborate on educational materials and internal advertising to promote the use of our CareATC Health and Wellness Centers in an effort to achieve cost savings and increase employee compensation.
13. 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. M-DCPS shall email the monthly financial dashboard for Fund 711 to DCSMEC.
14. M-DCPS and DCSMEC agree to work jointly on healthcare and wellness educational strategies that will be implemented throughout calendar year 2026.
15. This MOU is incorporated into the parties' current Collective Bargaining Agreement and is subject to the grievance and arbitration provisions therein.
16. This MOU is subject to ratification by members of the DCSMEC bargaining unit and the School Board.

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MIAMI-DADE COUNTY PUBLIC SCHOOLS

Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
Effective 1/1/2026

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 divide by the number of pay periods. 10-month employees- 20 pay period, 11-month employee-24 pay periods and 12-month employees- 26 pay periods.

2026 Rates

EMPLOYEE SALARY BAND	Extended Network				Focused Network				SureFit Network			
	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST
Salary Bands 1 (Under \$35K)												
Employee Only	\$1,071	\$945	\$42	\$126	\$1,040	\$1,026	\$14	\$14	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$1,992	\$280	\$574	\$2,487	\$2,194	\$183	\$293	\$2,416	\$2,177	\$159	\$239
EE + CH	\$2,123	\$1,826	\$213	\$297	\$2,058	\$1,924	\$134	\$134	\$1,999	\$1,887	\$112	\$112
EE + Family	\$4,065	\$3,275	\$496	\$790	\$3,938	\$3,475	\$353	\$463	\$3,822	\$3,469	\$318	\$353
Salary Bands 2 (Over \$35K to \$54K)												
Employee Only	\$1,071	\$891	\$60	\$180	\$1,040	\$1,015	\$25	\$25	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$1,757	\$394	\$810	\$2,487	\$2,052	\$272	\$435	\$2,416	\$2,065	\$234	\$351
EE + CH	\$2,123	\$1,711	\$292	\$412	\$2,058	\$1,860	\$198	\$198	\$1,999	\$1,835	\$164	\$164
EE + Family	\$4,065	\$2,943	\$707	\$1,123	\$3,938	\$3,257	\$518	\$681	\$3,822	\$3,304	\$468	\$518
Salary Bands 3 (Over \$55K to \$69K)												
Employee Only	\$1,071	\$837	\$78	\$234	\$1,040	\$1,005	\$35	\$35	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$1,388	\$584	\$1,178	\$2,487	\$1,805	\$426	\$682	\$2,416	\$1,897	\$346	\$519
EE + CH	\$2,123	\$1,535	\$432	\$588	\$2,058	\$1,747	\$311	\$311	\$1,999	\$1,755	\$244	\$244
EE + Family	\$4,065	\$2,375	\$1,096	\$1,690	\$3,938	\$2,864	\$818	\$1,074	\$3,822	\$3,004	\$692	\$818
Salary Bands 4 (Over \$70K to \$89K)												
Employee Only	\$1,071	\$786	\$95	\$285	\$1,040	\$995	\$45	\$45	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$1,186	\$680	\$1,380	\$2,487	\$1,681	\$504	\$806	\$2,416	\$1,756	\$440	\$660
EE + CH	\$2,123	\$1,429	\$504	\$694	\$2,058	\$1,689	\$369	\$369	\$1,999	\$1,689	\$310	\$310
EE + Family	\$4,065	\$2,105	\$1,260	\$1,960	\$3,938	\$2,678	\$963	\$1,260	\$3,822	\$2,859	\$880	\$963
Salary Bands 5 (Over \$90K)												
Employee Only	\$1,071	\$657	\$138	\$414	\$1,040	\$964	\$76	\$76	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$991	\$971	\$1,975	\$2,487	\$1,322	\$728	\$1,165	\$2,416	\$1,616	\$533	\$800
EE + CH	\$2,123	\$1,118	\$729	\$1,005	\$2,058	\$1,522	\$536	\$536	\$1,999	\$1,624	\$375	\$375
EE + Family	\$4,065	\$1,238	\$1,823	\$2,827	\$3,938	\$2,121	\$1,380	\$1,817	\$3,822	\$2,490	\$1,066	\$1,333

Coverage Tier	2026		
	Extended Network	Focused Network	SureFit Network
Adult dependent	\$911	\$884	\$859

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MIAMI-DADE COUNTY PUBLIC SCHOOLS
Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
 Effective 1/1/2026
Premium Rates and Contributions (For Employees Hired on and after 1/1/2018 and before 1/1/2025)

To calculate your per pay deduction, multiply the employee monthly cost times twelve and then divide 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.

	2026 Extended Network						2026 Focused Network						2026 SureFit Network					
	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST		
EMPLOYEE SALARY BANDS																		
Salary Bands 1 (Under \$35K)																		
Employee Only	\$1,071	\$945	\$42	\$126	\$1,040	\$1,026	\$14	\$14	\$1,011	\$1,011	\$14	\$14	\$1,011	\$1,011	\$0	\$0		
EE + SP/DP	\$2,566	\$1,446	\$592	\$1,120	\$2,487	\$1,770	\$448	\$717	\$2,416	\$1,789	\$448	\$717	\$2,416	\$1,789	\$418	\$627		
EE + CH	\$2,123	\$1,607	\$432	\$516	\$2,058	\$1,738	\$320	\$320	\$1,999	\$1,705	\$294	\$294	\$1,999	\$1,705	\$294	\$294		
EE + Family	\$4,065	\$2,408	\$1,129	\$1,657	\$3,938	\$2,809	\$884	\$1,129	\$3,822	\$2,938	\$884	\$1,129	\$3,822	\$2,938	\$836	\$884		
Salary Bands 2 (Over \$35K to \$54K)																		
Employee Only	\$1,071	\$891	\$60	\$180	\$1,040	\$1,015	\$25	\$25	\$1,011	\$1,011	\$25	\$25	\$1,011	\$1,011	\$0	\$0		
EE + SP/DP	\$2,566	\$1,260	\$678	\$1,307	\$2,487	\$1,665	\$514	\$822	\$2,416	\$1,711	\$514	\$822	\$2,416	\$1,711	\$470	\$705		
EE + CH	\$2,123	\$1,510	\$493	\$613	\$2,058	\$1,689	\$369	\$369	\$1,999	\$1,668	\$369	\$369	\$1,999	\$1,668	\$331	\$331		
EE + Family	\$4,065	\$2,155	\$1,282	\$1,911	\$3,938	\$2,656	\$1,003	\$1,282	\$3,822	\$2,819	\$1,003	\$1,282	\$3,822	\$2,819	\$942	\$1,003		
Salary Bands 3 (Over \$55K to \$69K)																		
Employee Only	\$1,071	\$837	\$78	\$234	\$1,040	\$1,005	\$35	\$35	\$1,011	\$1,011	\$35	\$35	\$1,011	\$1,011	\$0	\$0		
EE + SP/DP	\$2,566	\$982	\$816	\$1,584	\$2,487	\$1,487	\$625	\$1,000	\$2,416	\$1,592	\$625	\$1,000	\$2,416	\$1,592	\$549	\$824		
EE + CH	\$2,123	\$1,371	\$596	\$752	\$2,058	\$1,607	\$451	\$451	\$1,999	\$1,612	\$451	\$451	\$1,999	\$1,612	\$387	\$387		
EE + Family	\$4,065	\$1,737	\$1,560	\$2,328	\$3,938	\$2,378	\$1,216	\$1,560	\$3,822	\$2,606	\$1,216	\$1,560	\$3,822	\$2,606	\$1,098	\$1,216		
Salary Bands 4 (Over \$70K to \$89K)																		
Employee Only	\$1,071	\$786	\$95	\$285	\$1,040	\$995	\$45	\$45	\$1,011	\$1,011	\$45	\$45	\$1,011	\$1,011	\$0	\$0		
EE + SP/DP	\$2,566	\$822	\$888	\$1,744	\$2,487	\$1,396	\$682	\$1,091	\$2,416	\$1,495	\$682	\$1,091	\$2,416	\$1,495	\$614	\$921		
EE + CH	\$2,123	\$1,282	\$651	\$841	\$2,058	\$1,564	\$494	\$494	\$1,999	\$1,567	\$494	\$494	\$1,999	\$1,567	\$432	\$432		
EE + Family	\$4,065	\$1,529	\$1,680	\$2,536	\$3,938	\$2,258	\$1,320	\$1,680	\$3,822	\$2,502	\$1,320	\$1,680	\$3,822	\$2,502	\$1,230	\$1,320		
Salary Bands 5 (Over \$90K)																		
Employee Only	\$1,071	\$657	\$138	\$414	\$1,040	\$964	\$76	\$76	\$1,011	\$1,011	\$76	\$76	\$1,011	\$1,011	\$0	\$0		
EE + SP/DP	\$2,566	\$357	\$1,105	\$2,210	\$2,487	\$1,129	\$849	\$1,358	\$2,416	\$1,396	\$849	\$1,358	\$2,416	\$1,396	\$680	\$1,020		
EE + CH	\$2,123	\$1,025	\$822	\$1,098	\$2,058	\$1,438	\$620	\$620	\$1,999	\$1,521	\$620	\$620	\$1,999	\$1,521	\$478	\$478		
EE + Family	\$4,065	\$873	\$2,087	\$3,192	\$3,938	\$1,851	\$1,622	\$2,087	\$3,822	\$2,200	\$1,622	\$2,087	\$3,822	\$2,200	\$1,360	\$1,622		

	2026		
Coverage Tier	Extended Network	Focused Network	SureFit Network
Adult dependent	\$911	\$884	\$859

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MIAMI-DADE COUNTY PUBLIC SCHOOLS

**Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
Effective 1/1/2026**

Premium Rates and Contributions (For Employees Hired on and after 1/1/2025)

To calculate our 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	2026 Extended Network				2026 Focused Network				2026 SureFit Network			
	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST	MONTHLY PREMIUM	BOARD PAYS	2025 EMPLOYEE COST	2026 EMPLOYEE COST
Salary Bands 1 (Under \$35K)												
Employee Only	\$1,071	\$945	\$42	\$126	\$1,040	\$1,026	\$14	\$14	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$1,015	\$838	\$1,551	\$2,487	\$1,286	\$751	\$1,201	\$2,416	\$1,348	\$712	\$1,068
EE + CH	\$2,123	\$1,435	\$604	\$688	\$2,058	\$1,525	\$533	\$533	\$1,999	\$1,498	\$501	\$501
EE + Family	\$4,065	\$1,731	\$1,621	\$2,334	\$3,938	\$2,317	\$1,489	\$1,621	\$3,822	\$2,333	\$1,425	\$1,489
Salary Bands 2 (Over \$35K to \$54K)												
Employee Only	\$1,071	\$891	\$60	\$180	\$1,040	\$1,015	\$25	\$25	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$858	\$907	\$1,708	\$2,487	\$1,202	\$803	\$1,285	\$2,416	\$1,289	\$751	\$1,127
EE + CH	\$2,123	\$1,348	\$655	\$775	\$2,058	\$1,486	\$572	\$572	\$1,999	\$1,471	\$528	\$528
EE + Family	\$4,065	\$1,524	\$1,741	\$2,541	\$3,938	\$2,197	\$1,581	\$1,741	\$3,822	\$2,241	\$1,503	\$1,581
Salary Bands 3 (Over \$55K to \$69K)												
Employee Only	\$1,071	\$837	\$78	\$234	\$1,040	\$1,005	\$35	\$35	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$634	\$1,015	\$1,932	\$2,487	\$1,065	\$889	\$1,422	\$2,416	\$1,201	\$810	\$1,215
EE + CH	\$2,123	\$1,229	\$738	\$894	\$2,058	\$1,421	\$636	\$636	\$1,999	\$1,429	\$570	\$570
EE + Family	\$4,065	\$1,194	\$1,953	\$2,871	\$3,938	\$1,984	\$1,742	\$1,953	\$3,822	\$2,080	\$1,620	\$1,742
Salary Bands 4 (Over \$70K to \$89K)												
Employee Only	\$1,071	\$786	\$95	\$285	\$1,040	\$995	\$45	\$45	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$497	\$1,074	\$2,070	\$2,487	\$992	\$935	\$1,495	\$2,416	\$1,128	\$859	\$1,288
EE + CH	\$2,123	\$1,149	\$784	\$974	\$2,058	\$1,386	\$672	\$672	\$1,999	\$1,394	\$605	\$605
EE + Family	\$4,065	\$1,022	\$2,048	\$3,043	\$3,938	\$1,890	\$1,823	\$2,048	\$3,822	\$1,999	\$1,718	\$1,823
Salary Bands 5 (Over \$90K)												
Employee Only	\$1,071	\$657	\$138	\$414	\$1,040	\$964	\$76	\$76	\$1,011	\$1,011	\$0	\$0
EE + SP/DP	\$2,566	\$105	\$1,249	\$2,461	\$2,487	\$779	\$1,068	\$1,709	\$2,416	\$1,053	\$908	\$1,363
EE + CH	\$2,123	\$923	\$924	\$1,200	\$2,058	\$1,282	\$775	\$775	\$1,999	\$1,360	\$639	\$639
EE + Family	\$4,065	\$488	\$2,364	\$3,577	\$3,938	\$1,573	\$2,058	\$2,364	\$3,822	\$1,764	\$1,816	\$2,058

Coverage Tier	2026		
	Extended Network	Focused Network	SureFit Network
Adult dependent	\$911	\$884	\$859

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2026 Healthcare Plan Design Comparison Chart

Coverage	OAP EXTENDED NETWORK PLAN		LOCALPLUS FOCUSED NETWORK PLAN		SUREFIT NETWORK PLAN	
	In-Network	OAP Network	In-Network	LocalPlus Network	In-Network Only	TriCounty SureFit Network
	No		No		No	
Medical Network Basis	\$650/\$1,300	\$1,300/\$2,600	\$1,000/\$2,000	\$2,000/\$4,000	\$150/\$250	\$150/\$250
PCP Coordination of Medical Care	\$3,300/\$6,600	\$6,600/\$13,200	\$4,500/\$9,000	\$9,000/\$18,000	\$1,500/\$3,000	\$1,500/\$3,000
Medical Benefits						
Deductible (Individual/Family)	30%	50%	30%	50%	30%	30%
Out of Pocket Max (Ind/Fam) (incl ded. & copay % (N/A))	\$0	N/A	\$0	N/A	\$0	\$0
Coinurance	\$25/\$0 M-DCPS Clinic	50% AD	\$30/\$0 M-DCPS Clinic	50% AD	\$20/\$0 M-DCPS Clinic	\$20/\$0 M-DCPS Clinic
Telemedicine	\$50	50% AD	\$60	50% AD	\$50	\$50
Primary Care Physician OV	\$70	50% AD	\$60	50% AD	N.A.	N.A.
Tier 1 Specialist	\$0	50% AD	\$0	50% AD	\$0	\$0
Non-Tier 1 Specialist	\$35	50% AD	\$55	50% AD	\$35	\$35
Behavioral Health OV	\$55 ST, OT	50% AD	\$60 ST, OT	50% AD	\$20 PCP/\$50 SCP	\$20 PCP/\$50 SCP
Speech & Occupational Therapies (40 days per year)	\$55	50% AD	\$70	50% AD	\$45	\$45
Pulmonary Cardiac Therapy (40 days per year)	\$60	50% AD	\$70	50% AD	\$45	\$45
Chiropractic Care (30 days per year)	\$10	50% AD	\$15	50% AD	\$10	\$10
Convenience Care Centers	\$45		\$45		\$40	\$40
Urgent Care	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	30% AD, or \$100 at non-hospital based
Imaging	30% AD	50% AD	30% AD	50% AD	30% AD	30% AD
Inpatient Hospital	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	30% AD or \$100 at affiliated Non-hospital
Outpatient Hospital and Major Diagnostics	\$375/\$25 preferred facilities	50% AD	\$425/\$225 preferred facilities	50% AD	\$300/\$150 preferred facilities	\$300/\$150 preferred facilities
Emergency Room	\$65 visit/ 30% AD for devices	Not covered	\$70 visit/ 30% AD for devices	Not covered	\$50 visit/ 30% AD for devices	\$50 visit/ 30% AD for devices
Other - Hearing Aids						
Prescription Drug Benefits (50% Retail only out-of-network benefit)						
Prescription Drug Deductible (Ind/Fam)	N/A		N/A		N/A	N/A
Formulary	Same across all plans		Same across all plans		Same across all plans	Same across all plans
Other - Insulin Copay Waiver	Yes		Yes		Yes	Yes
Generic Seven Drug Classes	\$0		\$0		\$0	\$0
Generic	\$20		\$20		\$15	\$15
Generic ADD & ADHD	\$15		\$15		\$15	\$15
Preferred Brand	\$55		\$65		\$40	\$40
Non-Preferred Brand	\$150		\$175		\$125	\$125
Specialty	\$150 Min/\$250 Max, 30% Coinsurance		\$175 Min/\$275 Max, 30% Coinsurance		\$125 Min/\$225 Max, 30% Coinsurance	\$125 Min/\$225 Max, 30% Coinsurance
Retail & Mail Prescription (90 Day Supply)						
Generic Seven Drug Classes	\$0		\$0		\$0	\$0
Generic	\$40		\$40		\$30	\$30
Generic ADD & ADHD	\$30		\$30		\$30	\$30
Preferred Brand	\$140		\$160		\$80	\$80
Non-Preferred Brand	\$375		\$435		\$315	\$315
Specialty	N/A		N/A		N/A	N/A

¹ Broward, Dade and Palm Beach Counties, FL 2-90 Day supply on Seven Drug Classes related to the following conditions: Asthma, Blood Pressure, Blood Thinners, Cholesterol, Diabetes, Osteoporosis, Prenatal Vitamins
AD = after deductible, OV = office visit