MEMORANDUM OF UNDERSTANDING
2027 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 2027 Healthcare monthly premiums, contributions, and subsidies effective January 1, 2027.

1. M-DCPS and DCSMEC agree to the attached Healthcare Plan Designs, Monthly Premiums Equivalents, Contributions and Subsidies with an effective date of January 1, 2027. A full open enrollment will begin at the agreed upon time to provide time to educate our workforce. To maintain their benefits, employees must enroll during the full open enrollment period; otherwise, their current benefits will end on December 31, 2026, 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 continuation of $0 increases to employee-only premiums on two plans options, $0 increases for children's coverage, with the exception of employees moving up a salary band and continue to offer of a $0 cost 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 referrals requirement, minimal plan design changes, and the three rate tables associated with employees hired date. The SureFit Plan network has expanded, with participating in-network providers now available through a statewide offering.

2. M-DCPS and DCSMEC agree that newly eligible employees 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. Newly eligible employees must enroll in a plan of their choice within 60 days of becoming benefits eligible; employees who do not make a selection will be automatically enrolled in the Cigna SureFit Plan and will remain in that plan for 12 months, plus the remainder of the plan year in which the 12-month period concludes, until the next full open enrollment period. Employees who have a break in benefits due to a Leave of Absence shall be treated the same as employees who have maintained continuous coverage.

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. However, the current salary band levels have been reviewed and expanded, employees' cost share will be based on their 2025 Benefits Salaries. 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.

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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 and DCSMEC agree that M-DCPS will continue its use of Valenz-Health Care Blue Book (HCBB) 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 the 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. M-DCPS and DCSMEC agree to collaborate on educational materials and internal advertising to promote the use of HCBB in an effort to achieve cost savings and increase employee compensation.

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. Additionally, M-DCPS will amend the agreement with Lantern to include Cardiac Services at no cost to the participating employee. Finally, M-DCPS and DCSMEC agree to collaborate on educational materials and internal advertising to promote the use of Lantern in an effort to

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achieve cost savings and increase employee compensation.

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 as needed. 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 2027.

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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THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

Ms. Maria Teresa Rojas — Date
Chair

Ms. Monica Colucci — Date
Vice Chair

Mr. Rafael A. Villalobos — 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 E. Horne — Date
President

Mr. David Sears — Date
Business Representative/Chief Negotiator

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MIAMI-DADE COUNTY PUBLIC SCHOOLS
Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
Effective 1/1/2027
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.

	2027 Rates											
	Extended Network				Focused Network				SureFit Network			
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	2026 EMPLOYEE PAYROLL COST	2027 EMPLOYEE PAYROLL COST	MONTHLY PREMIUM	BOARD PAYS	2026 EMPLOYEE PAYROLL COST	2027 EMPLOYEE PAYROLL COST	MONTHLY PREMIUM	BOARD PAYS	2026 EMPLOYEE PAYROLL COST	2027 EMPLOYEE PAYROLL COST
Salary Bands 1 (Under $39K)												
Employee Only	$1,123	$997	$126	$126	$1,090	$1,076	$14	$14	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$2,117	$574	$574	$2,607	$2,315	$293	$293	$2,533	$2,294	$239	$239
EE + CH	$2,226	$1,929	$297	$297	$2,157	$2,023	$134	$134	$2,096	$1,984	$112	$112
EE + Family	$4,261	$3,471	$790	$790	$4,128	$3,665	$463	$463	$4,007	$3,654	$353	$353
Salary Bands 2 (Over $39K to $60K)												
Employee Only	$1,123	$943	$180	$180	$1,090	$1,065	$25	$25	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,881	$810	$810	$2,607	$2,172	$435	$435	$2,533	$2,182	$351	$351
EE + CH	$2,226	$1,814	$412	$412	$2,157	$1,959	$198	$198	$2,096	$1,932	$164	$164
EE + Family	$4,261	$3,139	$1,123	$1,123	$4,128	$3,447	$681	$681	$4,007	$3,489	$518	$518
Salary Bands 3 (Over $60K to $77K)												
Employee Only	$1,123	$889	$234	$234	$1,090	$1,055	$35	$35	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,513	$1,178	$1,178	$2,607	$1,926	$682	$682	$2,533	$2,014	$519	$519
EE + CH	$2,226	$1,638	$588	$588	$2,157	$1,846	$311	$311	$2,096	$1,852	$244	$244
EE + Family	$4,261	$2,571	$1,690	$1,690	$4,128	$3,055	$1,074	$1,074	$4,007	$3,189	$818	$818
Salary Bands 4 (Over $77K to $99K)												
Employee Only	$1,123	$838	$285	$285	$1,090	$1,045	$45	$45	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,311	$1,380	$1,380	$2,607	$1,801	$806	$806	$2,533	$1,873	$660	$660
EE + CH	$2,226	$1,532	$694	$694	$2,157	$1,788	$369	$369	$2,096	$1,786	$310	$310
EE + Family	$4,261	$2,301	$1,960	$1,960	$4,128	$2,868	$1,260	$1,260	$4,007	$3,044	$963	$963
Salary Bands 5 (Over $99K)												
Employee Only	$1,123	$709	$414	$414	$1,090	$1,014	$76	$76	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$715	$1,975	$1,975	$2,607	$1,443	$1,165	$1,165	$2,533	$1,733	$800	$800
EE + CH	$2,226	$1,221	$1,005	$1,005	$2,157	$1,621	$536	$536	$2,096	$1,721	$375	$375
EE + Family	$4,261	$1,434	$2,827	$2,827	$4,128	$2,311	$1,817	$1,817	$4,007	$2,675	$1,333	$1,333

	2027		
Coverage Tier	Extended Network	Focused Network	SureFit Network
Adult dependent	$955	$927	$901

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MIAMI-DADE COUNTY PUBLIC SCHOOLS
Proposed Healthcare Monthly Premium Equivalents, Contributions and Subsidies
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	2027 Rates											
	Extended Network				Focused Network				SureFit Network			
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	2026 EMPLOYEE PAYROLL COST	2027 EMPLOYEE PAYROLL COST	MONTHLY PREMIUM	BOARD PAYS	2026 EMPLOYEE PAYROLL COST	2027 EMPLOYEE PAYROLL COST	MONTHLY PREMIUM	BOARD PAYS	2026 EMPLOYEE PAYROLL COST	2027 EMPLOYEE PAYROLL COST
Salary Bands 1 (Under $39K)												
Employee Only	$1,123	$997	$126	$126	$1,090	$1,076	$14	$14	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,571	$1,120	$1,120	$2,607	$1,891	$717	$717	$2,533	$1,906	$627	$627
EE + CH	$2,226	$1,710	$516	$516	$2,157	$1,837	$320	$320	$2,096	$1,802	$294	$294
EE + Family	$4,261	$2,604	$1,657	$1,657	$4,128	$2,999	$1,129	$1,129	$4,007	$3,123	$884	$884
Salary Bands 2 (Over $39K to $60K)												
Employee Only	$1,123	$943	$180	$180	$1,090	$1,065	$25	$25	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,384	$1,307	$1,307	$2,607	$1,785	$822	$822	$2,533	$1,828	$705	$705
EE + CH	$2,226	$1,613	$613	$613	$2,157	$1,788	$369	$369	$2,096	$1,765	$331	$331
EE + Family	$4,261	$2,351	$1,911	$1,911	$4,128	$2,846	$1,282	$1,282	$4,007	$3,004	$1,003	$1,003
Salary Bands 3 (Over $60K to $77K)												
Employee Only	$1,123	$889	$234	$234	$1,090	$1,055	$35	$35	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,107	$1,584	$1,584	$2,607	$1,607	$1,000	$1,000	$2,533	$1,709	$824	$824
EE + CH	$2,226	$1,474	$752	$752	$2,157	$1,706	$451	$451	$2,096	$1,709	$387	$387
EE + Family	$4,261	$1,933	$2,328	$2,328	$4,128	$2,568	$1,560	$1,560	$4,007	$2,791	$1,216	$1,216
Salary Bands 4 (Over $77K to $99K)												
Employee Only	$1,123	$838	$285	$285	$1,090	$1,045	$45	$45	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$947	$1,744	$1,744	$2,607	$1,516	$1,091	$1,091	$2,533	$1,612	$921	$921
EE + CH	$2,226	$1,385	$841	$841	$2,157	$1,663	$494	$494	$2,096	$1,664	$432	$432
EE + Family	$4,261	$1,725	$2,536	$2,536	$4,128	$2,448	$1,680	$1,680	$4,007	$2,687	$1,320	$1,320
Salary Bands 5 (Over $99K)												
Employee Only	$1,123	$709	$414	$414	$1,090	$1,014	$76	$76	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$481	$2,210	$2,210	$2,607	$1,249	$1,358	$1,358	$2,533	$1,513	$1,020	$1,020
EE + CH	$2,226	$1,128	$1,098	$1,098	$2,157	$1,537	$620	$620	$2,096	$1,618	$478	$478
EE + Family	$4,261	$1,070	$3,192	$3,192	$4,128	$2,041	$2,087	$2,087	$4,007	$2,385	$1,622	$1,622

	2027		
Coverage Tier	Extended Network	Focused Network	SureFit Network
Adult dependent	$955	$927	$901

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MIAMI-DADE COUNTY PUBLIC SCHOOLS
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	2027 Rates											
	Extended Network				Focused Network				SureFit Network			
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYROLL COST	2026 EMPLOYEE PAYROLL COST	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYROLL COST	2026 EMPLOYEE PAYROLL COST	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYROLL COST	2026 EMPLOYEE PAYROLL COST
Salary Bands 1 (Under $39K)												
Employee Only	$1,123	$997	$126	$126	$1,090	$1,076	$14	$14	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$1,139	$1,551	$1,551	$2,607	$1,406	$1,201	$1,201	$2,533	$1,465	$1,068	$1,068
EE + CH	$2,226	$1,538	$688	$688	$2,157	$1,624	$533	$533	$2,096	$1,595	$501	$501
EE + Family	$4,261	$1,928	$2,334	$2,334	$4,128	$2,507	$1,621	$1,621	$4,007	$2,518	$1,489	$1,489
Salary Bands 2 (Over $39K to $60K)												
Employee Only	$1,123	$943	$180	$180	$1,090	$1,065	$25	$25	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$983	$1,708	$1,708	$2,607	$1,323	$1,285	$1,285	$2,533	$1,406	$1,127	$1,127
EE + CH	$2,226	$1,451	$775	$775	$2,157	$1,585	$572	$572	$2,096	$1,568	$528	$528
EE + Family	$4,261	$1,720	$2,541	$2,541	$4,128	$2,387	$1,741	$1,741	$4,007	$2,426	$1,581	$1,581
Salary Bands 3 (Over $60K to $77K)												
Employee Only	$1,123	$889	$234	$234	$1,090	$1,055	$35	$35	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$758	$1,932	$1,932	$2,607	$1,185	$1,422	$1,422	$2,533	$1,318	$1,215	$1,215
EE + CH	$2,226	$1,331	$894	$894	$2,157	$1,521	$636	$636	$2,096	$1,526	$570	$570
EE + Family	$4,261	$1,391	$2,871	$2,871	$4,128	$2,175	$1,953	$1,953	$4,007	$2,265	$1,742	$1,742
Salary Bands 4 (Over $77K to $99K)												
Employee Only	$1,123	$838	$285	$285	$1,090	$1,045	$45	$45	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$621	$2,070	$2,070	$2,607	$1,112	$1,495	$1,495	$2,533	$1,244	$1,288	$1,288
EE + CH	$2,226	$1,252	$974	$974	$2,157	$1,485	$672	$672	$2,096	$1,490	$605	$605
EE + Family	$4,261	$1,218	$3,043	$3,043	$4,128	$2,080	$2,048	$2,048	$4,007	$2,184	$1,823	$1,823
Salary Bands 5 (Over $99K)												
Employee Only	$1,123	$709	$414	$414	$1,090	$1,014	$76	$76	$1,060	$1,060	$0	$0
EE + SP/DP	$2,691	$229	$2,461	$2,461	$2,607	$899	$1,709	$1,709	$2,533	$1,170	$1,363	$1,363
EE + CH	$2,226	$1,026	$1,200	$1,200	$2,157	$1,382	$775	$775	$2,096	$1,456	$639	$639
EE + Family	$4,261	$685	$3,577	$3,577	$4,128	$1,764	$2,364	$2,364	$4,007	$1,949	$2,058	$2,058

	2027		
Coverage Tier	Extended Network	Focused Network	SureFit Network
Adult dependent	$955	$927	$901

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2027 Healthcare Plan Design Comparison Chart

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

AD = after deductible, OV = office visit

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