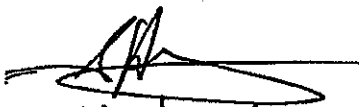


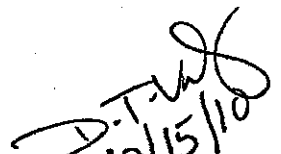
M-DCPS PROPOSAL #2 (REVISED 2)

APPENDIX III – CLASSIFICATION PLAN AND POLICIES

T. SALARY AND SALARY SCHEDULES

- I. Full-time 10-month and 12-month employees in an active pay status on November 1 and active at the time of Board ratification will be eligible to receive a One-time Award. The Award will be rendered in a lump sum payment and will be equal to 1.0% of the employee's base salary that is in effect on the date of Board ratification. The One-time Award is not subject to retirement contributions.
- II. Permanent Part-time employees in an active pay status on November 1 and active at the time of Board ratification will be eligible to receive a One-time Award of \$150. The Award will be rendered in a lump sum payment for one assignment only. The One-time Award of \$150 is not subject to retirement contributions.
- III. The B4, B5, and U3, salary schedules shall continue at the same pay rates effective July 1, 2009 and employees will remain on their current step and paygrade.


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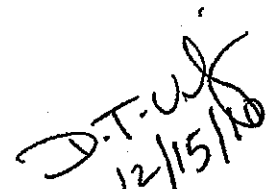

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**MEMORANDUM OF UNDERSTANDING
2011 HEALTH INSURANCE PLAN**

Pursuant to Appendix II, Section 2.A. of the Labor Contract between the Miami-Dade County Public Schools (M-DCPS) and the American Federation of State, County, and Municipal Employees, Local 1184 (AFSCME), the parties have met through a number of collective bargaining sessions and have agreed to the health insurance plan contained in this Memorandum of Understanding (MOU) and as outlined in the attached 2011 Plan Design and Employee Contribution Structure for calendar year 2011. This MOU addresses health insurance plan designs, including levels of benefits and employer contribution levels.

1. M-DCPS and AFSCME agree to the attached 2011 Plan Design and Employee Contribution Structure for calendar year 2011.
2. M-DCPS and AFSCME agree that the 2011 Plan Design will be effective January 1, 2011 through December 31, 2011.
3. M-DCPS and AFSCME agree that M-DCPS shall continue to maintain its current "opt out" feature at \$100.00 per month, based upon certification of other healthcare coverage. Employees who "opt out" shall not receive the flex benefit dollars identified in number 6 below.
4. M-DCPS and AFSCME agree to continue providing a debit card for use with the medical flexible spending account at no charge to the employee.
5. Employees who choose dependent coverage will enroll eligible dependents in the healthcare selection in which the employee is enrolled.
6. M-DCPS agrees to a contribution for calendar year 2011 of \$280.00 per eligible employee enrolled in the District 2011 health plan to be used for Board paid flexible benefits to include Vision, Dental, Legal, Term Life, Long Term Disability, ID Watchdog Identity Theft and Hospital Indemnity Insurance, to offset the cost of dependent coverage or in cash on a payroll basis. Fifty dollars of the \$280 to be used for flexible benefits will be funded from the settlement agreement in AAA Case# 32 390 00698 02.


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**Employee Contribution Structure 2011
Employees Receive OAP 20 Coverage for Free
Open Access Plus (OAP)**

	(1) Up to \$25k Enrollment	(2) >\$25k up to \$40k Enrollment	(3) >\$40k up to \$55k Enrollment	(4) >\$55k up to \$85k Enrollment
	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month
Employee	OAP 20	OAP 20	OAP 20	OAP 20
EE+ Spouse	\$0	\$0	\$0	\$0
EE + Child(ren)	\$122	\$182	\$286	\$331
EE + Family	\$90	\$140	\$228	\$265
	\$230	\$326	\$460	\$528

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CIGNA Healthcare 2011 Plan Design

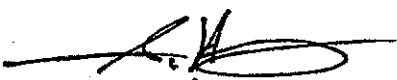
Open Access Plus (OAP)20 - CIGNA National Network Platform

BENEFIT INFORMATION	OAP 20 Plan	
	In-Network	Out-of-Network
Calendar Year Plan Deductible Individual / Family Maximum	\$250 / \$500	\$1,000 / \$2,000
Calendar Year Out-of-Pocket Maximum Individual / Family Maximum	Excluding Plan Deductible \$1,500 / \$3,000	Excluding Plan Deductible \$6,000 / \$12,000
Coinsurance	CIGNA HealthCare pays 80% of eligible charges. You pay 20% of charges after plan deductible.	CIGNA HealthCare pays 60% of eligible charges. You pay 40% of charges after plan deductible.
Precertification - Inpatient - PHS+ (required for all inpatient admissions)	Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for noncompliance.
Precertification - Outpatient - PHS+ (required for selected outpatient procedures and diagnostic testing or outpatient services)	Coordinated by your physician	Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance.
Lifetime Maximum	Unlimited	Unlimited
Pre-existing Condition Limitation	No	No
BENEFIT HIGHLIGHTS		
Physician Services		
Primary Care Physician (PCP) Office Visit	\$20 copayment per office visit	40% of charges**
Specialty Physician Office Visit Consultant and Referral Physician Services	\$40 copayment per office visit	40% of charges**
Allergy Treatment/Injections - PCP or Specialty Physician	\$20 or \$40 copayment per office visit or actual charge, whichever is less	40% of charges**
Allergy Serum (dispensed by physician in office)	No charge	40% of charges**
Second Opinion Consultations (provided on voluntary basis)	\$20 or \$40 copayment per office visit	40% of charges**
Surgery Performed in the Physician's Office- PCP or Specialty Physician	\$20 or \$40 copayment per office visit	40% of charges**
Preventive Care		
Routine Preventive Care for Children to age 16 (including routine immunizations)	\$20 or \$40 copayment per office visit	40% of charges
Immunizations	No charge, no plan deductible	40% of charges**
Routine Preventive Care for Children and Adults from age 16 (including routine immunizations) Unlimited maximum per calendar year	\$20 or \$40 copayment per office visit	Covered in-network
Immunizations	No charge, no plan deductible	Covered in-network only
Annual Well Woman Exam	\$20 copayment per office visit	40% of charges**

* Services are subject to calendar year deductible

** Out-of-network services are subject to calendar year deductible and maximum reimbursable charge limitations. Providers may bill the member the difference between their billed charge and the maximum reimbursable charge as determined by the benefit plan.

† In-network and out-of-network services apply to the same treatment or dollar maximum.


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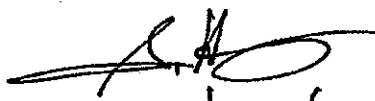
CIGNA Healthcare 2011 Plan Design

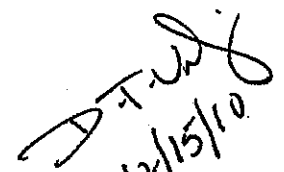
	OAP 20 Plan	
	In-Network	Out-of-Network
Preventive Mammograms	No charge, no plan deductible	No charge, no plan deductible
Diagnostic Mammograms Outpatient Facility – Hospital Based	No charge, no plan deductible	40% of charges**
Diagnostic Mammograms Outpatient Facility – Non-Hospital Based	No charge (no copay applied)	40% of charges**
PSA, and Pap Tests	\$20 or \$40 copayment per office visit	40% of charges**
Inpatient Hospital Services including: Semi-Private Room and Board Diagnostic/Therapeutic Lab and X-ray Drugs and Medication Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy MRIs, MRAs, CAT Scans, PET Scans, etc.	20% of charges*	40% of charges* Precertification required
Inpatient Hospital Doctor's Visits/ Consultations	20% of charges*	40% of charges**
Inpatient Hospital Professional Services	20% of charges*	40% of charges**
Outpatient Facility Services – Hospital Based - includes: Operating Room, Recovery Room, Procedure Room and Treatment Room and Observation Room including: Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy	20% of charges*	40% of charges**
Outpatient Facility Services – Non-Hospital Based	\$100 copayment per facility visit	40% of charges**
Physician & Outpatient Professional Services	No charge, no plan deductible	40% of charges**
Laboratory Services (includes preadmission testing)		
Physician's Office	\$20 or \$40 copayment per office visit	40% of charges**
Outpatient Hospital Facility	No charge, no plan deductible	40% of charges**
Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)	No charge	No charge, except if not a true emergency, then 40% of charges**
Independent Lab Facility	No charge, no plan deductible	40% of charges**
Radiology Services (includes pre-admission testing)		
Physician's Office	No charge after PCP or Specialist per visit copay	40% after plan deductible
Outpatient Hospital Based Facility	20%, after deductible	40% after plan deductible
Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit)	No charge	No charge (except if not a true emergency, then 40% after plan deductible)
Independent X-ray facility (non-hospital based)	100% after \$100 copay per visit	40% after plan deductible

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CIGNA Healthcare 2011 Plan Design

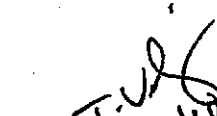
	OAP 20 Plan	
	In-Network	Out-of-Network
Advanced Radiological Imaging (MRIs, MRAs, CAT Scans, PET Scans, etc.)		
Inpatient Facility	20% of charges*	40% of charges**
Outpatient Facility- Hospital Based	20% of charges*	40% of charges**
Outpatient Facility- Non-Hospital Based	\$100 scan copayment	40% of charges**
Emergency Room (billed by facility as part of the Emergency Room visit)	No charge	No charge; except if not a true emergency, then 40% of charges**
Physician's Office <i>Note: The scan copayment will be administered on a per type of scan per day basis</i>	\$100 scan copayment	40% of charges**
Short-Term Rehabilitative Therapy and Cardiac Rehabilitation Services (includes cardiac rehab, physical, speech, occupational & pulmonary rehab therapy) 40 days maximum per calendar year# per each therapy <i>Note: therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.</i>	\$20 or \$40 copayment per office visit	40% of charges**
Chiropractic Care 30 days maximum per calendar year# Office Visit	\$40 copayment per office visit	40% of charges**
Emergency and Urgent Care Services Physician's Office – PCP or Specialty Physician	\$20 or \$40 copayment per office visit	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise 40% of charges**
Hospital Emergency Room	\$200 copayment per visit (copay waived if admitted)	
Hospital Emergency Room – JMH Facilities	\$100 copayment per visit (copay waived if admitted)	
Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)	No charge	
Urgent Care Facility or Outpatient Facility	\$50 copayment per visit (copay waived if admitted)	
Convenience Care Clinics	\$20 copayment per facility visit	
Ambulance	\$50 copayment	
Maternity Care Services Initial Office Visit to Confirm Pregnancy <i>Note: A copayment applies for OB/GYN visits. If your doctor is listed as a PCP in the provider directory, you will pay a PCP copayment. If your doctor is listed as a specialist, you will pay the specialist copayment.</i>	\$20 or \$40 copayment for initial office visit	40% of charges**
All subsequent Prenatal Visits, Postnatal Visits	No charge	40% of charges**
Obstetrical/Midwifery – Physician's Delivery Charges (i.e. global maternity fee)	20% of charges*	40% of charges**
Office Visits not included in the total maternity fee performed by OB or Specialty Physician	\$20 or \$40 copayment per office visit	40% of charges**
Delivery - Facility (Inpatient Hospital/Birthing Center Charges)	20% of charges*	40% of charges*, precertification required

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In-network and out-of-network services apply to the same treatment or dollar maximum.


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CIGNA Healthcare 2011 Plan Design

	OAP 20 Plan	
	In-Network	Out-of-Network
Inpatient Services at Other Health Care Facilities Skilled Nursing, Rehabilitation Hospital and Sub-Acute Facilities 90 days maximum per calendar year [#] combined for all facilities listed	20% of charges*	40% of charges**
Home Health Services – Includes outpatient private duty nursing when approved as medically necessary 16 hour maximum per day [#]	\$20 copayment per day	40% of charges**
Family Planning Services Office Visits (lab & radiology tests, counseling)	\$20 or \$40 copayment per office visit	Covered in-network only
Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility	20% of charges*	Covered in-network only
Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based	20% of charges* \$100 copayment per facility visit	Covered in-network only Covered in-network only
Physician's Services – Inpatient Physician's Services – Outpatient Physician's Office	20% of charges* No charge, no plan deductible \$20 or \$40 copayment per office visit	Covered in-network only Covered in-network only Covered in-network only
Infertility Services Office Visit (lab & radiology tests, counseling)-PCP or Specialty Physician	\$20 or \$40 copayment per office visit	Covered in-network only
Treatment/Surgery (excludes artificial insemination, invitro fertilization, GIFT, ZIFT, etc.) Inpatient Facility	20% of charges*	Covered in-network only
Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based	20% of charges* \$100 copayment per facility visit	Covered in-network only Covered in-network only
Physician's Services - Inpatient Physician's Services - Outpatient	20% of charges* No charge, no plan deductible	Covered in-network only Covered in-network only
TMJ - Surgical and Non-Surgical-case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity. Physician's Office	\$20 or \$40 copayment per office visit	40% of charges**
Inpatient Facility	20% of charges*	40% of charges*, precertification required
Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based	20% of charges* \$100 copayment per facility visit	40% of charges** 40% of charges**
Physician's Services - Inpatient Physician's Services - Outpatient	20% of charges* No charge, no plan deductible	40% of charges** 40% of charges**
Bariatric Surgery Physician's Office	Not covered	Not covered
Inpatient Facility Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based		
Physician's Services - Inpatient Physician's Services - Outpatient		

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[#] In-network and out-of-network services apply to the same treatment or dollar maximum.

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CIGNA Healthcare 2011 Plan Design

	OAP 20 Plan	
	In-Network	Out-of-Network
Mental Health		
Inpatient – Unlimited maximum per calendar year	20% of charges*	40% of charges*
Outpatient Mental Health (includes Individual, Group Therapy and Intensive Outpatient services) – Unlimited maximum per calendar year	\$20 copayment per office visit	40% of charges**
Outpatient Facility – Hospital Based	20% of charges*	40% of charges**
Outpatient Facility – Non-Hospital Based	\$100 copayment per facility visit	40% of charges**
<i>Note: Non-surgical treatment procedures (including Intensive Outpatient) are not subject to the outpatient facility copayment or outpatient facility deductible.</i>		
Substance Abuse		
Inpatient – Unlimited maximum per calendar year	20% of charges*	40% of charges*
Outpatient Substance Abuse (includes Individual and Intensive Outpatient services) – Unlimited maximum per calendar year	\$20 copayment per office visit	40% of charges**
Outpatient Facility – Hospital Based	20% of charges*	40% of charges**
Outpatient Facility – Non-Hospital Based	\$100 copayment per facility visit	40% of charges**
<i>Note: Non-surgical treatment procedures (including Intensive Outpatient) are not subject to the outpatient facility copay or outpatient facility deductible.</i>		
Durable Medical Equipment		
Unlimited maximum per calendar year	\$100 copayment per item per year	40% of charges**
External Prosthetic Appliances		
Unlimited maximum per calendar year	\$100 copayment per item per year	40% of charges**
Consumable Medical Supplies (Example: ostomy supplies, oxygen, etc.)	20% of charges*	40% of charges**
Prescription Drugs		
CIGNA Pharmacy Retail Drug Program		
Generic*** drugs on the Prescription Drug List for a 30-day supply	\$10 copayment per prescription/refill	40% of charges, no plan deductible
Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30- day supply	\$30 copayment per prescription/refill	40% of charges, no plan deductible
Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 30-day supply	\$50 copayment per prescription/refill	40% of charges, no plan deductible
CIGNA Tel-Drug Mail Order Drug Program		
Generic*** drugs on the Prescription Drug List for a 90-day supply	\$20 copayment per prescription/refill	Covered in-network only
Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90- day supply	\$60 copayment per prescription/refill	Covered in-network only
Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 90-day supply	\$100 copayment per prescription/refill	Covered in-network only
***Designated as per generally-accepted industry sources and adopted by CG.		
Please note: If a brand name drug, for which a generic exists is determined to be medically necessary, the retail cost of that drug is \$50; Home Delivery cost is \$100. To be eligible, your physician must submit evidence of medical necessity through the CIGNA Pharmacy appeal process. The Appeal Form is found on the MDCPS Benefit Website.		

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12/15/10

ARTICLE XXV -- TERMS OF AGREEMENT AND REOPENING

- A. It is agreed and understood that this Contract and each of its provisions shall be effective and constitute a legally-binding contract upon approval by the Miami-Dade County School Board and ratification by members of the bargaining unit represented by the American Federation of State, County, and Municipal Employees, Local 1184, pursuant to Florida Statutes, Chapter 447.309.
- B. In the event either party does not ratify this Contract, both parties agree to return to the bargaining table for further negotiations.
- C. The terms of this Contract are for three years provided:
 - 1. The terms and conditions of employment will be effective from July 1, 2009, and shall continue until midnight, June 30, 2012, provided, however, each party may also reopen wages for 2010-2011 and 2011-2012 reopener negotiations.
- D. If the Florida Legislature fails to allocate adequate funds to implement the fiscal agreements in this Contract, the Board and/or the Union may reopen negotiations on such issues.
- E. Agreements reached on wages, hours, and terms and conditions of employment, subsequent to the approval and ratification of this Contract, shall be incorporated and added to this Contract as an addendum.
- F. During negotiations, unit employees will continue to be governed by the current economic agreement. These provisions will govern until negotiations for the revised economic package have been concluded and agreement is reached or impasse procedures have been exhausted. These provisions are not subject to the grievance/arbitration procedure or to litigation in any court or tribunal.
- G. Employee wages including step advancements will be frozen at the previous year's rate until completion of negotiations.


12/15/10


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This Contract shall continue in full force and effect until midnight, June 30, 2012.

DATED at Miami, Florida, this ___ day January, 2011.

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

**AMERICAN FEDERATION OF
STATE, COUNTY, AND
MUNICIPAL EMPLOYEES,
LOCAL 1184, AFL-CIO**

Perla Tabares Hantman Date
Chair


Sherman Henry Date
President

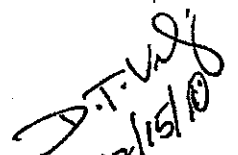
Lawrence S. Feldman Date
Vice Chair

Alberto M. Carvalho Date
Superintendent of Schools

APPROVED AS TO FORM

Walter J. Harvey Date
School Board Attorney


- 12/15/10


12/15/10