

ARTICLE IX – WORKING CONDITIONS

Section 11. Layoffs and Re-employment

The employer may lay off whenever it appears that financial considerations require layoff or whenever there is a diminished need for employee services. Employees shall be laid off in each affected job classification by inverse order of seniority in that job classification; employees shall be recalled in inverse order of layoff, the first to be laid off shall be the last to be recalled. However, there shall be no layoff of M-DCPS employees in the DCSMEC bargaining unit through June 30, 2010.

No new employees in affected job classifications shall be hired while former employees who are on the laid off list are willing and qualified to accept the jobs available.

In the event of a recall of any classification in a job family, re-employment will be offered to members of that job family who remain on the recall list by M-DCPS seniority in the job classification of the position to be filled.

An employee cannot be recalled to a position which was classified higher than his/her position at the time of layoff. An employee who is recalled for a lower position than his/her position at the time of layoff and who declines the offered position shall retain his/her recall rights.

Notification of recall or other job recovery options will be furnished by certified mail to the last home address, with a copy to DCSMEC. The employee shall be expected to notify immediately and report within three working days to the new assignment. If an employee fails to report to a new assignment within the three workdays, he/she shall be removed from the recall list, and shall be deemed to have forfeited further claim to any recall rights. The individual next in the recall sequence shall be notified to report to the new assignment, and so on.

Recalled former employees must meet the job qualification requirements existing at the time of layoff in order to be rehired.

Any sick leave forfeited at the time of layoff and termination shall be restored at the time of recall and rehire.

An employee notified for layoff may bump down or an employee laid off may bump back to any job classification which carries a lower designation within his/her craft, or to Trades Helper, provided his/her over-all job family seniority is greater than the employee in the classification whom he/she seeks to replace.

The bumping procedure shall afford the same rights of bumping and recall to any employee who is laid off because he/she was bumped.

Employees on layoff for 12 continuous months will be considered terminated and will lose all recall rights.

At Council 11/10/09
Om 11/10/09

ARTICLE XII – LEAVES, VACATIONS, AND HOLIDAYS

Section 14. **Recess Days**

Effective with the 2009-2010 fiscal year, unit employees will not work during the Winter Recess (five days) and the Spring Recess (five days), as set forth in the Elementary and Secondary School Calendar. Corresponding salary adjustments are set forth in Article XIII A and B and Appendix C.

Section 14 15.

Section 15 16.

Section 16 17.

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ARTICLE XIII -- SALARY

- A. All positions authorized for inclusion in the DCSMEC bargaining unit are compensated at pay rates specified on Salary Schedules HO or H1 (refer to Appendix C).
- B. ~~Effective July 1, 2006, the HO, and H1 salary schedules shall be improved by 4%.~~
~~Effective July 1, 2007, the HO and H1 salary schedules will be improved by 4%.~~
~~Effective July 1, 2008, the HO and H1 salary schedules will be improved by 4%.~~

Effective December 25, 2009, the HO and H1 salary schedules will be improved by 2%.

Effective December 25, 2009, the salaries of bargaining unit employees will be reduced by 3.85% to reflect the 12 month 250 paid work year retroactive to July 1, 2009 . The 2% salary increase will be applied toward the salary reduction of 3.85% resulting in a net decrease of 1.85%.

Effective December 25, 2009, the equivalent of a 3.85% salary reduction from July 1, 2009 through December 24, 2009 will be collected through equal payroll deductions beginning with the January 15, 2010 paycheck through the July 2, 2010 paycheck (13 paychecks).

Art. XIII - 11/10/09
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ARTICLE XVIII -- RATIFICATION AND FINAL DISPOSITION

- A. This Contract shall not be binding upon the parties until:
1. Such contract has been submitted to the employees of the bargaining unit and has been approved by a majority of those employees voting; and,
 2. Such contract has been submitted to and ratified by the employer at a regularly-scheduled public meeting.
- B. In the event that the Florida Public Employees Relations Commission withdraws, suspends or revokes, or otherwise terminates certification of the DCSMEC as the bargaining agent for the employees within the defined unit, this Contract shall be null and void.
- C. In the event any administrative directive and the terms of the agreement are in conflict, the terms of this Agreement shall prevail.
- D. The terms of this Contract provide:

The wage agreement, effective December 25, 2009, shall continue until midnight, June 30, 2010, as outlined in Article XIII.

The terms and conditions of employment, effective July 1, 2009 ~~2006~~, shall continue until midnight, June 30, 2009 ~~2012~~.

By service of written notice on the other party, prior to April 1, the wage, health insurance provisions, and two articles/appendices shall be reopened for each subsequent fiscal/calendar year.

- E. In the event that the percentage increase/decrease of funding per weighted FTE student provided by the Florida Legislature within the Florida Education Finance Program (FEFP) or the equivalent in discretionary funds or spending flexibility plus discretionary local operating millage and discretionary lottery funds in its Appropriations Act for 2009-2010 ~~2006-2007, 2007-2008, or 2008-2009~~ is inadequate to fund the economic provisions of this Agreement for the 2009-2010 ~~2006-2007, 2007-2008, or 2008-2009~~ fiscal years, DCSMEC agrees to renegotiate the economic provisions of this Agreement for the 2009-2010 ~~2006-2007, 2007-2008, or 2008-2009~~ fiscal year, if requested by the School Board. During such negotiations, unit employees would continue to be governed by the current economic agreement for the applicable fiscal year. These provisions are not subject to the grievance/arbitration procedure or to litigation in any court or tribunal.

Handwritten signature and date: 11/10/09
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This Contract shall continue in full force and effect until midnight, June 30, 2012 ~~2009~~.

DATED at Miami, Florida, this ~~13th day of September, 2006~~ 17th day of November, 2009.

**DADE COUNTY SCHOOL
MAINTENANCE EMPLOYEE
COMMITTEE**

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

By _____
Keith Love
President

By _____
Dr. Solomon C. Stinson
Chair

By _____
Joseph A. Cortese, Jr.
Business Representative

By _____
Marta Pérez
Vice Chair

By _____
Vance C. Bell, Jr.
Assistant Business Agent

By _____
Alberto M. Carvalho
Superintendent of Schools

APPROVED AS TO FORM

School Board Attorney

Rm 11/10/09
AA 11/10/09

DCSMEC
(HO) SALARY SCHEDULE
2007-2008 2009-2010 12-Month (250 Day) Work Year
Effective 12/25/2009

Am 11/10/09
JK Cor Sec 11/10/09

JOB TITLE	JOB CODES	SALARY	
Carpenter	6018, 6021, 6025, 6026, 6027, 6028	\$ 54,355	\$ 53,349
Glazier	6110	\$ 55,286	\$ 54,263
Mason	6200	\$ 55,286	\$ 54,263
Painter	6350	\$ 51,240	\$ 50,291
Roofer	6331	\$ 51,682	\$ 50,725
AVC Refrigeration Mechanic II	6310	\$ 59,588	\$ 58,485
Environmental Project Inspector	6358	\$ 66,829	\$ 64,611
Building Code Inspector	6357	\$ 67,366	\$ 66,119
Certified Zone Mechanic	6445	\$ 59,784	\$ 58,677
Communication Support Tech.	6325	\$ 57,649	\$ 56,582
Construction Estimator	6359	\$ 60,683	\$ 59,560
Electrician II	6038, 6041	\$ 59,017	\$ 57,925
Fire Safety Code Inspector	6442	\$ 67,366	\$ 66,119
Insulation Worker	6312	\$ 61,133	\$ 60,001
Network Data Comm. Asst.	6324	\$ 28,999	\$ 28,462
Network Data Comm. Spec.	6321	\$ 47,397	\$ 46,520
Network Infrastructure Support Technician	6328	\$ 57,649	\$ 56,582
Pipefitter-Gas Systems II	6287	\$ 59,274	\$ 58,177
Plumber II	6281	\$ 59,274	\$ 58,177
Roofing Technician	6356	\$ 58,087	\$ 57,012
Sheet Metal Worker II	6400	\$ 60,586	\$ 59,465
Sound & Comm. Technician	6005	\$ 57,649	\$ 56,582
Steamfitter II	6283	\$ 59,584	\$ 58,481
Trades Helper	6016	\$ 27,765	\$ 27,251
Welder II	6440	\$ 59,830	\$ 58,723
Zone Mechanic	6444	\$ 57,476	\$ 56,412
Foreperson - AC and Refrigeration	6309	\$ 64,356	\$ 63,165
Foreperson - Carpenter	6019, 6020, 6029, 6030, 6031	\$ 58,703	\$ 57,616
Foreperson - Comm. Support Tech.	6326	\$ 62,262	\$ 61,110
Foreperson - Electricians	6039	\$ 63,740	\$ 62,560
Foreperson - Glaziers	6109	\$ 59,710	\$ 58,605
Foreperson - Heat Sys & Pipe Fitters	6285	\$ 64,016	\$ 62,831
Foreperson - Mason	6202	\$ 59,710	\$ 58,605
Foreperson - Network and Data Svcs.	6327	\$ 58,617	\$ 57,532
Foreperson - Network Infrastructure Support Technician	6329	\$ 62,262	\$ 61,110
Foreperson - Painters	6351	\$ 55,339	\$ 54,315
Foreperson - Plumbers	6280	\$ 64,016	\$ 62,831
Foreperson - Project Specialist (Electrical/Communications)	6315	\$ 66,289	\$ 65,062
Foreperson - Project Specialist (Mechanical)	6316	\$ 68,049	\$ 66,789
Foreperson - Project Specialist (Structural)	6317	\$ 62,098	\$ 60,949
Foreperson - Roofers	6330	\$ 55,817	\$ 54,784
Foreperson - Sheet Metal Worker	6402	\$ 65,432	\$ 64,221
Foreperson - Sound & Comm. Tech.	6006	\$ 62,262	\$ 61,110
Foreperson - Welders	6443	\$ 64,617	\$ 63,421

DCSMEC
(HO) SALARY SCHEDULE
2007-2008 2009-2010 12-Month (250 Day) Work Year
Effective 12/25/2009

JOB TITLE	JOB CODES	SALARY	
Sr. Building Code Inspector	6320	\$ 75,067	\$ 73,678
Sr. Building Code Inspector II	6319	\$ 78,824	\$ 77,362
Sr. Fire Safety Code Inspector	6449	\$ 75,067	\$ 73,678
Trade Support Foreperson	6448	\$ 69,659	\$ 68,370
Trade Support Training Foreperson	6438	\$ 69,659	\$ 68,370

TITLE	AMOUNT
6000 Lead Foreperson	\$1.00/hr

Att. Corbett for 11/12/09
Am 11/10/09

DCSMEC
(H1) Salary Schedule
2007-2008 2009-2010 12-Month (250 Day) Work Year
Effective 12/25/2009

JOB CODE	JOB TITLE	ANNUAL*	
6043	Temp. Carpenter II (Journ.)	\$43,485	\$ 42,680
6044	Temp. Carpenter - Locksmith (Journ.)	\$43,485	\$ 42,680
6045	Temp. Carpenter II - Mill	\$43,485	\$ 42,680
6046	Temp. Carpenter II - Floor	\$43,485	\$ 42,680
6047	Temp. Carpenter II - Ceiling	\$43,485	\$ 42,680
6048	Temp. Carpenter II - Pest Control	\$43,485	\$ 42,680
6049	Temp. Electrician II (Journ.)	\$47,215	\$ 46,341
6050	Temp. Glazier II (Journ.)	\$44,230	\$ 43,411
6051	Temp. Mason II (Journ.)	\$44,230	\$ 43,411
6053	Temp. Painter II (Journ.)	\$40,993	\$ 40,234
6054	Temp. Plumber II (Journ.)	\$47,419	\$ 46,541
6055	Temp. Refrigeration Mechanic II (Journ.)	\$47,671	\$ 46,788
6056	Temp. Roofer II (Journ.)	\$41,347	\$ 40,581
6057	Temp. Sheet Metal Worker II (Journ.)	\$48,470	\$ 47,573
6058	Temp. Sound & Communication Tech. (Journ.)	\$46,120	\$ 45,266
6059	Temp. Steam fitter II (Journ.)	\$47,668	\$ 46,786
6060	Temp. Pipe Fitter Gas System II (Journ.)	\$47,419	\$ 46,541
6061	Temp. Welder II (Journ.)	\$47,864	\$ 46,978
6062	Temp. Insulation Worker	\$48,906	\$ 48,001
6063	Temp. Network Infrastructure Support Technician	\$46,120	\$ 45,266
6064	Temp. Network Data Communication	\$37,919	\$ 37,217
6065	Temp. Trades Helper	\$22,213	\$ 21,801
6066	Temp. Construction Project Inspector	\$53,894	\$ 52,896
6067	Temp. Asbestos Project Inspector	\$52,664	\$ 51,689
6068	Temp. Electrician II - Fire Alarms	\$47,215	\$ 46,341

*80% of top step of journeyperson

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**MEMORANDUM OF UNDERSTANDING
2010 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 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 2010 Plan Design Options, OAP 10 and OAP 20, and Scenario 2, employee contribution structure for calendar year 2010. This MOU addresses health insurance plan designs, including levels of benefits and employer contribution levels.

1. M-DCPS and DCSMEC agree to the attached 2010 Plan Design Options and Scenario 2, employee contribution structure for calendar year 2010.
2. M-DCPS and DCSMEC agree that the 2010 Plan Design Options will be effective January 1, 2010 through December 31, 2010.
3. M-DCPS and DCSMEC 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.
4. M-DCPS and DCSMEC 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. Employees will continue to be eligible for Group Term Life Insurance and Flexible Benefits as approved by the School Board on September 9, 2009 in Agenda Item E-68.
7. This MOU is incorporated into the parties' current Collective Bargaining Agreement and is subject to the grievance and arbitration provisions therein.

*Am 11/10/09
PR 11/10/09*

8. This MOU is subject to ratification by members of the DCSMEC bargaining unit and the School Board.

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

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

**DADE COUNTY SCHOOL
MAINTENANCE EMPLOYEE
COMMITTEE**

Solomon C. Stinson
Chair

Date

Joseph Cortese
Business Representative

Date

Marta Pérez
Vice Chair

Date

Alberto M. Carvalho
Superintendent of Schools

Date

APPROVED AS TO FORM

School Board Attorney

RM 11/10/09
JAC 11/10/09

Miami-Dade County Public Schools - 2010 Plan Design Options
 Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

General Provisions
Annual deductible (I/R)
Hospital Admission Co-pay (Employee Pay)
Annual Out-of-Pocket Max (excluding deductible) (I/R)
Is a PCP election/referral required
Lifetime Maximum
No deductible across accumulations (in/out of network)
Plan Continuation (Plan Pay)
Outpatient Services
Physician Charges
Primary Care Physician Office Visit
Specialist Office Visit
Preventive Care
Immunizations
Hearing Examination (limit 1 per year through age 16)
Well Child Care - Performed by PCP/Pediatrician (immunizations included)
Annual Physical (limit 1 per year)
Visions Screening for children through age 18 (limit 1 per year at PCP office)
Gynecological Visit (office visit, pap test)
Mammograms (routine)
Mammograms (Diagnostic)
Diagnosis and Treatment
Laboratory
Non-Hospital Based Diagnostic Imaging (CT Scan, PET Scan, MRI, nuclear medicine, X-Ray and Sonogram)
Hospital Based Diagnostic Imaging (CT Scan, PET Scan, MAMM, nuclear medicine, X-Ray and Sonogram)
Medications administered at provider location
Short-Term Therapies - Speech, Physical, Respiratory (prior authorization required)
Therapeutic Treatments (Dialysis, intravenous, chemotherapy, radiation, or other intravenous infusion therapy)
Maternity Care
Childbirth Classes

	OAP 20 Plan *		OAP 10 Plan *	
	In-Network	Non-Network	In-Network	Non-Network
Annual deductible (I/R)	\$250/\$500	\$1,000/\$2,000	None	\$500 / \$1,000
Annual Out-of-Pocket Max (excluding deductible) (I/R)	20% after deductible \$1,500 / \$3,000	40% after deductible \$6,000/\$12,000	10% of allowable charges \$1,500 / \$3,000	30% after deductible \$3,000 / \$6,000
Is a PCP election/referral required	No	No	No	No
Lifetime Maximum	Unlimited	\$2,000,000 per individual	Unlimited	\$2,000,000 per individual
No deductible across accumulations (in/out of network)	No Cross Accumulation 80%	No Cross Accumulation 60%	Not Applicable 90%	Not Applicable 70%
Plan Continuation (Plan Pay)				
Outpatient Services				
Physician Charges				
Primary Care Physician Office Visit	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Specialist Office Visit	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Preventive Care	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Immunizations	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Hearing Examination (limit 1 per year through age 16)	100% after \$20 copay	60% after deductible	100% after \$20 copay	70% after deductible
Well Child Care - Performed by PCP/Pediatrician (immunizations included)	100% after applicable copay	Not Covered (except well women exam)	100% after applicable copay	Not Covered (except well women exam)
Annual Physical (limit 1 per year)	100% after applicable copay	60% after deductible	100% after applicable copay	70% after deductible
Visions Screening for children through age 18 (limit 1 per year at PCP office)	100% after \$20 copay for annual wellness exam, \$40 copay for all other visits	60% after deductible	100% after \$20 copay for annual wellness exam, \$40 copay for all other visits	70% after deductible
Gynecological Visit (office visit, pap test)	100% after \$20 copay for annual wellness exam, \$40 copay for all other visits	60% after deductible	100% after \$20 copay for annual wellness exam, \$40 copay for all other visits	70% after deductible
Mammograms (routine)	100%	100%	100%	100%
Mammograms (Diagnostic)	100%	60% after deductible	100%	70% after deductible
Diagnosis and Treatment	100%	60% after deductible	100%	70% after deductible
Laboratory	100%	60% after deductible	100%	70% after deductible
Non-Hospital Based Diagnostic Imaging (CT Scan, PET Scan, MRI, nuclear medicine, X-Ray and Sonogram)	100% after \$100 copay	60% after deductible	100% after \$100 copay	70% after deductible
Hospital Based Diagnostic Imaging (CT Scan, PET Scan, MAMM, nuclear medicine, X-Ray and Sonogram)	80% after deductible	60% after deductible	90% of allowable charges	70% after deductible
Medications administered at provider location	80% after deductible	60% after deductible	90% of allowable charges	70% after deductible
Short-Term Therapies - Speech, Physical, Respiratory (prior authorization required)	100% after \$40 copay 40 visits each per calendar year combined in and out of network	60% after deductible 40 visits each per calendar year combined in and out of network	100% after \$40 copay 40 visits each per calendar year combined in and out of network	70% after deductible 40 visits each per calendar year combined in and out of network
Therapeutic Treatments (Dialysis, intravenous, chemotherapy, radiation, or other intravenous infusion therapy)	80% after deductible	60% after deductible	90% of allowable charges	70% after deductible
Maternity Care	Pre/Post-Natal visits covered at 100% after initial \$40 copay. Obstetrical/infantary services covered at 80% after deductible	60% after deductible	Pre/Post-Natal visits covered at 100% after initial \$40 copay. Obstetrical/infantary services covered at 90% of allowable charges	70% after deductible
Childbirth Classes	Not covered	Not covered	Not covered	Not covered

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Miami-Dade County Public Schools - 2010 Plan Design Options
 Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

Outpatient Surgery - Non-Hospital Based Performed in a primary care physician's office and specialist's office	
Outpatient Surgery - Hospital Based	
Dental Services (Reimbursed from accident only) Performed in physician's office	
Emergency Care Emergency Room	
Urgent Care	
Convenience Care	
Mental Health and Substance Abuse (Prior Authorization required)	
Child Intervention Alcohol and Drug Treatment	
Inpatient Services	
In-Hospital Services Rooms and Board	
Semi-private Intensive care Maternity Routine Nursery Operating Room Bariatric Surgery Anesthesia Nursing Care General	
Private (if authorized by Plan) Services and Supplies (medication, intravenous therapy, supplies and dressing, blood and administration)	
Physician visits and services (surgical, medical)	
Immunization Therapy Services (short term physical, oxygen and respiration, short term rehab)	
Laboratory Diagnostic Imaging while confined overnight	
X-ray Nuclear medicine Sonography Radiation therapy Mental Health and Substance Abuse Residential Treatment	

	OAP 20 Plan *	OAP 10 Plan *	OAP 10 Plan *
	100% after \$40 copay 100% after \$100 copay	60% after deductible	100% after \$40 copay 100% after \$100 copay
	80% after deductible	60% after deductible	70% after deductible
	100% after \$40 copay Prior notification required	60% after deductible	100% after \$40 copay Prior notification required
	100% after \$200 copay \$100 copay if DMH facilities (waived if admitted)	100% after \$200 copay \$100 copay if DMH facilities copays waived if admitted. If not true emergency, 60% after deductible	100% after \$200 copay \$100 copay if DMH facilities (waived if admitted)
	100% after \$50 copay (waived if admitted) 100% after \$20 copay	60% after deductible	100% after \$50 copay (waived if admitted) 100% after \$20 copay
	100% after \$40 copay 100% after \$40 copay (\$20 copay for group sessions)	60% after deductible	100% after \$40 copay 100% after \$40 copay (\$20 copay for group sessions)
	80% after deductible Prior notification required	60% after deductible	90% of allowable charges Prior notification required
	Not Covered	Not Covered	Not Covered
	80% after deductible	60% after deductible	70% after deductible
	80% after deductible	60% after deductible	70% after deductible
	80% after deductible	60% after deductible	70% after deductible
	80% after deductible	60% after deductible	70% after deductible
	80% after deductible	60% after deductible	70% after deductible
	80% after deductible	60% after deductible	70% after deductible
	80% after deductible Prior notification required	60% after deductible	90% of allowable charges Prior notification required
			70% after deductible

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Miami-Dade County Public Schools - 2010 Plan Design Options
 Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network Platform

	OAP 20 Plan *		OAP 10 Plan *	
Other Services				
Out of Area Hospitalization	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)	100% after \$200 copay (waived if admitted)
Emergency	80% after deductible	80% after deductible	90% of allowable charges	90%
Admission when referred by physician with approval from Care Coordination	80% after deductible	60% after deductible	90% of allowable charges	70% after deductible
Skilled Nursing Facility	80% after deductible	60% after deductible	90% of allowable charges	70% after deductible
Emergency Ambulance Service	Prior notification required Limited to 90 days/calendar yr 100% after \$50 copay	100% after \$50 copay	Prior notification required Limited to 90 days/calendar yr 100% after \$50 copay	100% after \$50 copay
Family Planning	Counseling covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist)	Not covered	Counseling covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist)	Not covered
Counseling and evaluation in physician's office	Elective sterilization covered at 100% after \$40 copay	Not covered	Elective sterilization covered at 100% after \$40 copay	Not covered
Elective sterilization performed in physician's office	Implantable or injectable contraceptives covered at 100% after \$40 copay	Not covered	Implantable/injectable contraceptives covered at 100% after \$40 copay	Not covered
Implantable or injectable contraceptives	100% after \$40 copay	Not covered	100% after \$40 copay	Not covered
Inferility Treatment (limited to diagnosis and correction of medical condition only)	Not covered	Not covered	Not covered	Not covered
Medical office visit including text and counseling	Not covered	Not covered	Not covered	Not covered
Inferility Surgery (including In-Vitro Fertilization, Artificial Insemination, GIFT, ZIFT, etc.)	Not covered	Not covered	Not covered	Not covered
Alberty	Covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist)	60% after deductible	Covered at 100% after \$20 copay (PCP) or \$40 copay (Specialist)	70% after deductible
Treatment/injections without an office visit	100% after \$20 copay	Maximum \$1,000 per year after deductible	100% after \$20 copay	Maximum \$1,000 per year after deductible
PCR-consultation/office visit	100% after \$100 copay towards	\$3,000 maximum after annual deductible	100% after \$100 copay	\$3,000 maximum after annual deductible
Socialist-consultation/office visit	100% after \$100 copay	60% after deductible	100% after \$100 copay	70% after deductible
Home Health Care (prior notification required)	Not covered	Not covered	Not covered	Not covered
Prosthetic Devices	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	Not covered	Not covered	Not covered	Not covered
Audiology Services	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Podiatry	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Chiropractic	100% after \$40 copay	60% after deductible	100% after \$40 copay	70% after deductible
Dermatology	80% after deductible	60% after deductible	90% of allowable charges	70% after deductible
Hospice Care	Same as Retail/Mail benefit described below	60% after deductible	Same as Retail/Mail benefit described below	70% after deductible
Prescription Drugs	Some injectable medications require prior notification/audit and are not available through mail	Some injectable medications require prior notification/audit and are not available through mail	Some injectable medications require prior notification/audit and are not available through mail	Some injectable medications require prior notification/audit and are not available through mail
Self Administered Injectables	100% after \$10/\$30/\$50 (up to 31 day supply)	60% after deductible	100% after \$10/\$30/\$50	70% after deductible
Retail Generic / Formulary Brand / Non-Formulary (up to 31 day supply)	100% after \$20/\$50/\$100 (up to 90 day supply)	N/A	100% after \$20/\$50/\$100	N/A
Mail Generic / Formulary Brand / Non-Formulary (up to 90 day supply)				

* OAP 10 and OAP 20 benefit designs include autism spectrum disorder coverage as specified by Florida Legislature.

Pat Corbett 11/10/09
Om 11/10/09

DCSMFEC Collective Bargaining 11.09.09 Scenario 2
 All Employees get OAP 20 Coverage for Free

Open Access Plus (OAP)

Employee
 EB+ Spouse
 EB + Child(ren)
 EB + Family

	(1) Up to \$25k Enrollment Employee Cost Per Month		(2) >\$25k up to \$40k Enrollment Employee Cost Per Month		(3) >\$40k up to \$55k Enrollment Employee Cost Per Month		(4) >\$55k up to \$85k Enrollment Employee Cost Per Month		(5) 85k+ Enrollment Employee Cost Per Month	
	OAP 10	OAP 20	OAP 10	OAP 20	OAP 10	OAP 20	OAP 10	OAP 20	OAP 10	OAP 20
Employee	\$76	\$0	\$101	\$0	\$116	\$0	\$131	\$0	\$146	\$0
EB+ Spouse	\$184	\$122	\$245	\$182	\$348	\$286	\$393	\$331	\$438	\$376
EB + Child(ren)	\$152	\$90	\$202	\$140	\$290	\$228	\$328	\$265	\$365	\$303
EB + Family	\$292	\$230	\$388	\$326	\$523	\$460	\$590	\$528	\$658	\$595

*At End 11/10/09
 on 11/10/09*