Financial Services Mrs. Judith M. Marte, Chief Financial Officer

SUBJECT:

APPROVAL OF PREMIUM EQUIVALENT RATES FOR

DISTRICT SELF INSURED HEALTHCARE PROGRAM

FOR CALENDAR YEAR 2015

COMMITTEE:

INNOVATION, EFFICIENCY & GOVERNMENTAL

RELATIONS

LINK TO STRATEGIC

FRAMEWORK:

FINANCIAL EFFICIENCY/STABILITY

At the Board meeting of October 7, 2014, the Board approved the 2015 monthly premium equivalent rates for benefit eligible full and part time employees, eligible COBRA participants, non-Medicare eligible retirees and their eligible dependents, subject to existing plan design and contribution strategies. The increase over 2014 premium equivalent rates inclusive of medical trend, as well as fees and required plan design changes under the Federal Affordable Care Act is 4%. As was indicated in the October 7, 2014 Agenda Item E-67, these projected rates were subject to changes which could occur as a result of collective bargaining, and as such, did not reflect actual rates which will be required of employees for calendar year 2015.

This item establishes appropriate premium equivalent rates, based upon approved changes to the District's healthcare program effective January 1, 2015, through December 31, 2015. These rates will apply to associations (Managerial Exempt Personnel, Confidential Exempt Personnel) and any bargaining unit that accepts the 2015 benefits program through collective bargaining and ratification.

Negotiations with United Teachers of Dade (UTD) have proven successful and subsequently, UTD ratified their tentative agreement on November 18, 2014. Negotiations with Dade County School Administrators' Association (DCSAA) have also proven successful resulting in a tentative agreement pending ratification. Negotiations are ongoing with the remaining unions.

Premium equivalent rates for calendar year 2015 represent an average 4% increase for OAP 20 and LocalPlus, as well as an average of a 5.6% increase for OAP10. The District has agreed to absorb up to 4% of premium increases.

The following monthly premium equivalent rates will be effective January 1, 2015, through December 31, 2015.

E-66

	OAF				OAP 20		LOCAL PLUS			
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	
			14 14							
Salary Band 1(Under \$	25K)				L. Carlo	1.5			11636	
Employee Only	\$692	\$574	\$118	\$656	\$646	\$10	\$655	\$655	\$0	
EE + SP	\$1,669	\$1,326	\$343	\$1,585	\$1,410	\$175	\$1,583	\$1,422	\$161	
EE + CH*	\$1,379	\$1,100	\$279	\$1,310	\$1,184	\$126	\$1,308	\$1,193	\$115	
EE + Family	\$2,648	\$2,089	\$559	\$2,514	\$2,180	\$334	\$2,510	\$2,204	\$306	
Salary Band 2 (Over \$2	25K to \$40K)				12.1	ng Piliping mg	1507			
Employee Only	\$692	\$539	\$153	\$656	\$636	\$20	\$655	\$655	\$0	
EE + SP	\$1,669	\$1,203	\$466	\$1,585	\$1,313	\$272	\$1,583	\$1,344	\$239	
EE + CH*	\$1,379	\$1,003	\$376	\$1,310	\$1,105	\$205	\$1,308	\$1,128	\$180	
EE + Family	\$2,648	\$1,890	\$758	\$2,514	\$2,021	\$493	\$2,510	\$2,077	\$433	
Salary Band 3 (Over \$4	10K to \$55K)				1140			HUERI		
Employee Only	\$692	\$518	\$174	\$656	\$626	\$30	\$655	\$655	\$0	
EE + SP	\$1,669	\$992	\$677	\$1,585	\$1,142	\$443	\$1,583	\$1,208	\$375	
EE + CH*	\$1,379	\$827	\$552	\$1,310	\$964	\$346	\$1,308	\$1,015	\$293	
EE + Family	\$2,648	\$1,601	\$1,047	\$2,514	\$1,790	\$724	\$2,510	\$1,898	\$612	
Salary Band 4 (Over \$	55K to \$85K)		MININE.					FEATUR	HALLIE	
Employee Only	\$692	\$497	\$195	\$656	\$616	\$40	\$655	\$655	\$0	
EE + SP	\$1,669	\$880	\$789	\$1,585	\$1,053	\$532	\$1,583	\$1,150	\$433	
EE + CH*	\$1,379	\$732	\$647	\$1,310	\$892	\$418	\$1,308	\$967	\$341	
EE + Family	\$2,648	\$1,428	\$1,220	\$2,514	\$1,651	\$863	\$2,510	\$1,807	\$703	
Salary Band 5 (Over \$	85K)	THE REAL PROPERTY.		5		Profession and the second			WK	
Employee Only	\$692	\$475	\$217	\$656	\$586	\$70	\$655	\$655	\$0	
EE + SP	\$1,669	\$760	\$909	\$1,585	\$959	\$626	\$1,583	\$1,091	\$492	
EE + CH*	\$1,379	\$636	\$743	\$1,310	\$815	\$495	\$1,308	\$919	\$389	
EE + Family	\$2,648	\$1,243	\$1,405	\$2,514	\$1,506	\$1,008	\$2,510	\$1,718	\$792	
Adult Dependent**		\$588.00			\$537.00			\$541.00		

Rate includes adult children up to age 26 in compliance with 2010 Health Reform Act. Rate is per eligible dependent 27-30 years of age in addition to other dependent rates as shown above in compliance with Florida Statute §627.602(c)(1).

RECOMMENDED:

That The School Board of Miami-Dade County, Florida:

Approve the monthly premium equivalent rates for benefit eligible full and part time employees, eligible COBRA participants, non-Medicare eligible retirees and their eligible dependents for associations (Managerial Exempt Personnel, Confidential Exempt Personnel) and unions in agreement with plan design and contribution changes for the self-funded medical program administered by Cigna Healthcare effective January 1, 2015, through December 31, 2015;

	OAP 10			OAP 20			LOGAL PLUS		
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Salary Band 1(Under \$2	25K)							A Part of	
Employee Only	\$692	\$574	\$118	\$656	\$646	\$10	\$655	\$655	\$0
EE + SP	\$1,669	\$1,326	\$343	\$1,585	\$1,410	\$175	\$1,583	\$1,422	\$161
EE + CH*	\$1,379	\$1,100	\$279	\$1,310	\$1,184	\$126	\$1,308	\$1,193	\$115
EE + Family	\$2,648	\$2,089	\$559	\$2,514	\$2,180	\$334	\$2,510	\$2,204	\$306
Salary Band 2 (Over \$2	5K to \$40K)	HANG							
Employee Only	\$692	\$539	\$153	\$656	\$636	\$20	\$655	\$655	\$0
EE + SP	\$1,669	\$1,203	\$466	\$1,585	\$1,313	\$272	\$1,583	\$1,344	\$239
EE + CH*	\$1,379	\$1,003	\$376	\$1,310	\$1,105	\$205	\$1,308	\$1,128	\$180
EE + Family	\$2,648	\$1,890	\$758	\$2,514	\$2,021	\$493	\$2,510	\$2,077	\$433
Salary Band 3 (Over \$4	0K to \$55K)								
Employee Only	\$692	\$518	\$174	\$656	\$626	\$30	\$655	\$655	\$0
EE + SP	\$1,669	\$992	\$677	\$1,585	\$1,142	\$443	\$1,583	\$1,208	\$375
EE + CH*	\$1,379	\$827	\$552	\$1,310	\$964	\$346	\$1,308	\$1,015	\$293
EE + Family	\$2,648	\$1,601	\$1,047	\$2,514	\$1,790	\$724	\$2,510	\$1,898	\$612
Salary Band 4 (Over \$5	5K to \$85K)				2150			ar ille	CAMBARI.
Employee Only	\$692	\$497	\$195	\$656	\$616	\$40	\$655	\$655	\$0
EE + SP	\$1,669	\$880	\$789	\$1,585	\$1,053	\$532	\$1,583	\$1,150	\$433
EE + CH*	\$1,379	\$732	\$647	\$1,310	\$892	\$418	\$1,308	\$967	\$341
EE + Family	\$2,648	\$1,428	\$1,220	\$2,514	\$1,651	\$863	\$2,510	\$1,807	\$703
Salary Band 5 (Over \$8	5K)		2770 345 1 0			24.4			
Employee Only	\$692	\$475	\$217	\$656	\$586	\$70	\$655	\$655	\$0
EE + SP	\$1,669	\$760	\$909	\$1,585	\$959	\$626	\$1,583	\$1,091	\$492
EE + CH*	\$1,379	\$636	\$743	\$1,310	\$815	\$495	\$1,308	\$919	\$389
EE + Family	\$2,648	\$1,243	\$1,405	\$2,514	\$1,506	\$1,008	\$2,510	\$1,718	\$792
Adult Dependent**		\$588.00			\$537.00			\$541.00	

^{*} Rate includes adult children up to age 26 in compliance with 2010 Health Reform Act.

^{**} Rate is per eligible dependent 27-30 years of age in addition to other dependent rates as shown above in compliance with Florida Statute §627.602(c)(1).