Office of the Superintendent
Board Meeting of November 18, 2026

November 4, 2026

Office of Financial Services
Ms. Iraida R. Mendez-Cartaya, Chief Financial Officer

SUBJECT:	**APPROVAL OF PREMIUM EQUIVALENT RATES FOR THE DISTRICT'S SELF-INSURED HEALTHCARE PROGRAM FOR CALENDAR YEAR 2027, AND CONFIRMATION OF COVERAGES AVAILABLE TO MEDICARE ELIGIBLE RETIREES**
COMMITTEE:	**FISCAL ACCOUNTABILITY AND GOVERNMENT RELATIONS**
ALIGNMENT:	**OPERATIONAL IMPACT**
INDICATOR: *(If Strategic Impact)*	**N/A**
DECISION MATRIX: *(If Strategic Impact)*	**N/A**

DECISION MATRIX JUSTIFICATION: *(If Strategic Impact)* **N/A**

In order to properly structure a self-funded healthcare program, it is necessary to create premium equivalent rates. Premium equivalent rates are determined by an annual actuarial analysis prepared by the District's employee benefits consulting firm, Aon, as well as Cigna, the District's third-party administrator for the plan. Additionally, an annual filing is required with the Office of Insurance Regulation, State of Florida, in order to demonstrate statutory reserve requirements.

This item establishes appropriate premium equivalent rates, based upon approved changes to the district's healthcare program effective January 1, 2027 through December 31, 2027. United Teachers of Dade (UTD) has reached a tentative agreement on healthcare, which has been ratified by unit members. The Dade County Schools Maintenance Employee Committee (DCSMEC) has also reached a tentative agreement on healthcare, subject to ratification. As part of this agreement, salary bands have been expanded by 10%.

The collective bargaining process for healthcare is ongoing for the remaining bargaining units. These negotiations may include proposed changes to plan design, as well as employer and employee premium contributions, which would take effect on January 1, 2027. The result of these negotiations may affect the stated premium equivalent rates as outlined in this item, and if necessary, an alternate set of employer and employee healthcare rates for calendar year 2027 will be brought back to the Board for approval once negotiations are finalized.

The following monthly premium equivalent rates effective January 1, 2027 through December 31, 2027 will apply to all active, benefit-eligible full and part time employees, non-Medicare eligible retirees, previously employed personnel who have elected coverage under COBRA and their eligible dependents.

Grandfathered Premium Equivalent Rates

(hired before January 1, 2018)

	Extended Network			Focused Network			SureFit Network		
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Salary Bands 1 (Under $39K)									
Employee Only	$1,123	$997	$126	$1,090	$1,076	$14	$1,060	$1,060	$0
EE + SP/DP	$2,691	$2,117	$574	$2,607	$2,315	$293	$2,533	$2,294	$239
EE + CH	$2,226	$1,929	$297	$2,157	$2,023	$134	$2,096	$1,984	$112
EE + Family	$4,261	$3,471	$790	$4,128	$3,665	$463	$4,007	$3,654	$353
Salary Bands 2 (Over $39K to $60K)									
Employee Only	$1,123	$943	$180	$1,090	$1,065	$25	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,881	$810	$2,607	$2,172	$435	$2,533	$2,182	$351
EE + CH	$2,226	$1,814	$412	$2,157	$1,959	$198	$2,096	$1,932	$164
EE + Family	$4,261	$3,139	$1,123	$4,128	$3,447	$681	$4,007	$3,489	$518
Salary Bands 3 (Over $60K to $77K)									
Employee Only	$1,123	$889	$234	$1,090	$1,055	$35	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,513	$1,178	$2,607	$1,926	$682	$2,533	$2,014	$519
EE + CH	$2,226	$1,638	$588	$2,157	$1,846	$311	$2,096	$1,852	$244
EE + Family	$4,261	$2,571	$1,690	$4,128	$3,055	$1,074	$4,007	$3,189	$818
Salary Bands 4 (Over $77K to $99K)									
Employee Only	$1,123	$838	$285	$1,090	$1,045	$45	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,311	$1,380	$2,607	$1,801	$806	$2,533	$1,873	$660
EE + CH	$2,226	$1,532	$694	$2,157	$1,788	$369	$2,096	$1,786	$310
EE + Family	$4,261	$2,301	$1,960	$4,128	$2,868	$1,260	$4,007	$3,044	$963
Salary Bands 5 (Over $99K)									
Employee Only	$1,123	$709	$414	$1,090	$1,014	$76	$1,060	$1,060	$0
EE + SP/DP	$2,691	$715	$1,975	$2,607	$1,443	$1,165	$2,533	$1,733	$800
EE + CH	$2,226	$1,221	$1,005	$2,157	$1,621	$536	$2,096	$1,721	$375
EE + Family	$4,261	$1,434	$2,827	$4,128	$2,311	$1,817	$4,007	$2,675	$1,333
Adult dependent		$955			$927			$901	

* 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).

*** 2% admin fee for COBRA is not included in Rate

Non-Grandfathered Premium Equivalent Rates

(hired on or after January 1, 2018, through December 31, 2024)

	Extended Network			Focused Network			SureFit Network		
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Salary Bands 1 (Under $39K)									
Employee Only	$1,123	$997	$126	$1,090	$1,076	$14	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,571	$1,120	$2,607	$1,891	$717	$2,533	$1,906	$627
EE + CH	$2,226	$1,710	$516	$2,157	$1,837	$320	$2,096	$1,802	$294
EE + Family	$4,261	$2,604	$1,657	$4,128	$2,999	$1,129	$4,007	$3,123	$884
Salary Bands 2 (Over $39K to $60K)									
Employee Only	$1,123	$943	$180	$1,090	$1,065	$25	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,384	$1,307	$2,607	$1,785	$822	$2,533	$1,828	$705
EE + CH	$2,226	$1,613	$613	$2,157	$1,788	$369	$2,096	$1,765	$331
EE + Family	$4,261	$2,351	$1,911	$4,128	$2,846	$1,282	$4,007	$3,004	$1,003
Salary Bands 3 (Over $60K to $77K)									
Employee Only	$1,123	$889	$234	$1,090	$1,055	$35	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,107	$1,584	$2,607	$1,607	$1,000	$2,533	$1,709	$824
EE + CH	$2,226	$1,474	$752	$2,157	$1,706	$451	$2,096	$1,709	$387
EE + Family	$4,261	$1,933	$2,328	$4,128	$2,568	$1,560	$4,007	$2,791	$1,216
Salary Bands 4 (Over $77K to $99K)									
Employee Only	$1,123	$838	$285	$1,090	$1,045	$45	$1,060	$1,060	$0
EE + SP/DP	$2,691	$947	$1,744	$2,607	$1,516	$1,091	$2,533	$1,612	$921
EE + CH	$2,226	$1,385	$841	$2,157	$1,663	$494	$2,096	$1,664	$432
EE + Family	$4,261	$1,725	$2,536	$4,128	$2,448	$1,680	$4,007	$2,687	$1,320
Salary Bands 5 (Over $99K)									
Employee Only	$1,123	$709	$414	$1,090	$1,014	$76	$1,060	$1,060	$0
EE + SP/DP	$2,691	$481	$2,210	$2,607	$1,249	$1,358	$2,533	$1,513	$1,020
EE + CH	$2,226	$1,128	$1,098	$2,157	$1,537	$620	$2,096	$1,618	$478
EE + Family	$4,261	$1,070	$3,192	$4,128	$2,041	$2,087	$4,007	$2,385	$1,622
Adult dependent		$955			$927			$901	

* 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).

*** 2% admin fee for COBRA is not included in Rate

New Hires Premium Equivalent Rates

(hired on or after January 1, 2025)

	Extended Network			Focused Network			SureFit Network		
EMPLOYEE SALARY BANDS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Salary Bands 1 (Under $39K)									
Employee Only	$1,123	$997	$126	$1,090	$1,076	$14	$1,060	$1,060	$0
EE + SP/DP	$2,691	$1,139	$1,551	$2,607	$1,406	$1,201	$2,533	$1,465	$1,068
EE + CH	$2,226	$1,538	$688	$2,157	$1,624	$533	$2,096	$1,595	$501
EE + Family	$4,261	$1,928	$2,334	$4,128	$2,507	$1,621	$4,007	$2,518	$1,489
Salary Bands 2 (Over $39K to $60K)									
Employee Only	$1,123	$943	$180	$1,090	$1,065	$25	$1,060	$1,060	$0
EE + SP/DP	$2,691	$983	$1,708	$2,607	$1,323	$1,285	$2,533	$1,406	$1,127
EE + CH	$2,226	$1,451	$775	$2,157	$1,585	$572	$2,096	$1,568	$528
EE + Family	$4,261	$1,720	$2,541	$4,128	$2,387	$1,741	$4,007	$2,426	$1,581
Salary Bands 3 (Over $60K to $77K)									
Employee Only	$1,123	$889	$234	$1,090	$1,055	$35	$1,060	$1,060	$0
EE + SP/DP	$2,691	$758	$1,932	$2,607	$1,185	$1,422	$2,533	$1,318	$1,215
EE + CH	$2,226	$1,331	$894	$2,157	$1,521	$636	$2,096	$1,526	$570
EE + Family	$4,261	$1,391	$2,871	$4,128	$2,175	$1,953	$4,007	$2,265	$1,742
Salary Bands 4 (Over $77K to $99K)									
Employee Only	$1,123	$838	$285	$1,090	$1,045	$45	$1,060	$1,060	$0
EE + SP/DP	$2,691	$621	$2,070	$2,607	$1,112	$1,495	$2,533	$1,244	$1,288
EE + CH	$2,226	$1,252	$974	$2,157	$1,485	$672	$2,096	$1,490	$605
EE + Family	$4,261	$1,218	$3,043	$4,128	$2,080	$2,048	$4,007	$2,184	$1,823
Salary Bands 5 (Over $99K)									
Employee Only	$1,123	$709	$414	$1,090	$1,014	$76	$1,060	$1,060	$0
EE + SP/DP	$2,691	$229	$2,461	$2,607	$899	$1,709	$2,533	$1,170	$1,363
EE + CH	$2,226	$1,026	$1,200	$2,157	$1,382	$775	$2,096	$1,456	$639
EE + Family	$4,261	$685	$3,577	$4,128	$1,764	$2,364	$4,007	$1,949	$2,058
Adult dependent		$955			$927			$901	

* 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).

*** 2% admin fee for COBRA is not included in Rate

Medicare-Eligible Retiree Healthcare Options

At the Board Meeting of June 17, 2026, the Board awarded ITN-24-034-CM, District Healthcare Benefits Program to Cigna effective January 1, 2027 through December 31, 2031 with the ability to extend, by mutual agreement, for one (1) additional two (2) year extension period.

Medicare Plan offerings and associated premiums for calendar year 2027 are subject to final approval by the Centers for Medicare & Medicaid Services (CMS). The CMS Final Call Letter and CMS approval has been published and below you will find the Medicare Plan offering and rates for the calendar year 2027.

The Medicare Plan offerings for calendar year 2027 are as follows:

	Medicare Advantage Plan - Prescription Drug Plans				Medicare Supplement Plans						
	HMO Zero Premium	Group National Passive PPO	Group National Traditional PPO	Group National Differential PPO	Plan A	Plan F	Plan G	Plan N	UHC 4-Tier High PDP	UHC 4-Tier Low PDP	UHC 5-Tier Standard PDP
Humana	✓	✓	✓								
United Healthcare		✓		✓	✓	✓	✓	✓	✓	✓	✓

The Medicare Plan rates for calendar year 2027 are as follows:

Healthcare Plan	Retiree Monthly Rate
Humana Passive PPO	$517.81
Humana Traditional PPO	$377.88
Humana HMO	$0.00
UnitedHealthcare Passive PPO	$402.38
UnitedHealthcare Differential PPO	$277.53
UnitedHealthcare 4-Tier Low PDP	$173.00
UnitedHealthcare 5-Tier Standard PDP	$179.81
UnitedHealthcare 4-Tier High PDP	$361.92

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

1. approve the monthly premium equivalent rates for all benefit eligible full and part time employees, eligible COBRA participants, non-Medicare eligible retirees and their eligible dependents for Managerial Exempt Personnel, Confidential Exempt Personnel and all labor unions subject to successful collective bargaining negotiation and ratification for the self-funded medical program administered by Cigna Healthcare effective the following plan year outlined on pages 3, 4, and 5; and

2. confirm Medicare Group plan offerings as outlined on page 6.