Memorandum

MIAMI-DADE COUNTY

Date: July 29, 2014

To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: Labor Healthcare Committee
Final Report and Considerations

On February 27, 2014 I established a Labor Healthcare Committee which was tasked with evaluating all possibilities available to Miami-Dade County and Jackson Health Systems as it related to healthcare issues and the rising costs associated with healthcare. One of the main goals of the Committee was to provide a venue for the Administration and our Labor Unions to share information about current plan design, the challenges which lie ahead with regard to healthcare and compliance with the Affordable Care Act, and the possibilities and recommendations in moving forward.

Committee members expressed their appreciation for the opportunity to serve on this Committee and the need to ensure our employees are provided a high level of benefits as we continue to explore ways in which the County can reduce the overall cost of healthcare. The topic of healthcare is one which is complex and is very important to employees and to their families.

I would like to thank Commissioner Jean Monestime, Andy Madtes, Administrator American Federation of State, County, and Municipal Employees (AFSCME) and Russell Benford, Deputy Mayor for their time and dedication to serving on this Committee. I would also like to thank and commend the many individuals who participated at different levels in these meetings.

Attached is the Committee's Final Report and Considerations. The report summarizes the main topics discussed and concludes with 14 considerations presented to me and to the Board of County Commissioners to be considered when discussing potential changes to the County's current benefit design.

I look forward to having fruitful discussions with you as we continue to strive in providing our employees with a high level of benefits while ensuring we are fiscally responsible with taxpayer dollars.

Attachment

c: Honorable Harvey Ruvin, Clerk, Circuit and County Courts
Lazaro Solis, Property Appraiser
Carlos A. Migoya, President and Chief Executive Officer, Jackson Health Systems
Robert A. Cuevas, Jr., County Attorney
Mary Cagle, Inspector General
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Vivienne Dixon-Shim, President, AFSCME Local 1363
Clarence Washington, President, TWU Local 291
Patricia Nelson, AvMed
Barbara Crowe-Brewster, Gallagher Benefits Services
Glen Volk, Gallagher Benefits Services
Charles Anderson, Commission Auditor

Miami-Dade County

Labor Healthcare Committee

Final Report and Considerations

July 2014

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Background

The Labor Healthcare Committee (Committee) was established by Mayor Carlos A. Gimenez in February 2014 in order to identify potential savings for the County while continuing to provide a high level of benefits to its employees. The work of the Committee is time sensitive with collective bargaining agreements expiring on September 30, 2014, the elimination of more than 700 positions in order to close a budget gap for FY 2014-15 and a new open enrollment period fast approaching for calendar year 2015. The goal for establishing the Committee was to provide a venue where all interested parties, including labor and management could share, learn, and explore possible benefit plan changes for 2015 and to yield possible savings in healthcare costs.

The Committee, comprised of Commissioner Jean Monestime (Chairwoman Rebeca Sosa, Alternate); Andy Madtes, Administrator, American Federation of State, County, and Municipal Employees (AFSCME) Local 199; and Russell Benford, Deputy Mayor, held a total of eight meetings where numerous healthcare topics were discussed. The meetings provided an excellent opportunity for all participants including Committee members, Union Representatives, County staff, County and Union consultants as well as members of the public to put all healthcare related issues on the table. The discussions were insightful, challenging and oftentimes led to follow-up questions, further discussions and additional analyses.

This report provides a summary of the topics discussed as well as considerations being offered to the Mayor and the Board of County Commissioners when discussing potential changes to the County's and Jackson Health Systems' current benefit design plans.

Topics Discussed

Affordable Care Act Overview

- The Affordable Care Act (ACA) requires employers to provide what is considered "minimum essential coverage," equivalent to what is referred to as a "Bronze" Plan and provides benefits at a 60 percent level of coverage.
    - In comparison, the County's High HMO and Point of Service (POS) plans both offer a level of benefits at 91.6 percent (equivalent to a "Platinum Plan" on the Public Marketplace/Exchanges).
- The monthly cost for an individual, age 50 for a comparable HMO plan on a Public Marketplace plan ranges from $497 to $635 per month.
    - In comparison, a County employee's single coverage cost for a comparable HMO plan has no premium. The County pays the entire cost of $9,090 (for employees who do not contribute five percent of base wages towards the County's cost of healthcare.)
- In 2018, the County will owe a 40 percent excise tax (also known as the "Cadillac Tax") if the aggregate value of the County's health insurance coverage for an employee exceeds the ACA threshold amount (threshold amount is $10,200 per year for single coverage; $27,500 family coverage).
    - Based on current per employee per year cost and an 8 percent trend increase per year, the County's Cadillac Tax in 2018 is projected to be $26 million.
- In 2015, employers are required to offer group medical coverage to at least 70 percent of their "full-time" employees (increasing to at least 95 percent in 2016). For the purposes of ACA, the definition of a "full-time" employee is an employee who works on average 30 or more hours per week.
- As a result of the ACA, the County has already incurred additional costs and has been required to comply with reporting requirements as well as plan design mandates.
- The County is currently in compliance with all requirements of the ACA.

Miami-Dade County/Jackson Health System Enrollment

In 2014, enrollment includes coverage for approximately 60,000 "lives". This includes Miami-Dade County and Jackson Health System (JHS) employees, retirees, and dependents. Approximately 62 percent of Miami-Dade County employees have employee only coverage. Much concern was expressed with regard to the high cost of dependent premiums and the need for the County and JHS to be able to offer their employees a more affordable option to provide healthcare for families.

Cost of Healthcare

- The 2014 Medical Plan forecast is projected to be $424 million, including healthcare reform fees and administrative services fees.
- Healthcare costs for 2015 are projected to be $455 million.

AvMed – Miami-Dade County's Third Party Administrator

- Since 2008, Miami-Dade County has contracted with AvMed, a Third Party Administrator (TPA), for the complete administration of the County's healthcare program.
- AvMed charges a flat rate administrative services fee (ASO), which is based on a per employee per month amount that is negotiated each year. Services include, but are not limited to:
    - Negotiating contracts with all providers;
        - Aggregate claims data for 2013 indicates AvMed contracts yield a 65 percent discount.
        - Gallagher Benefits Consultants affirmed these discounts are competitive and comparable to discounts offered by other insurance carriers.
    - Maintaining dedicated 24/7 Member Service Call Center, dedicated website and four on-site representatives;
    - Administering member grievances and appeals;
    - Processing and administering enrollment, eligibility and all mandated programs;
    - Coordinating workplace health events and education sessions;
    - Processing claims, coordinating benefits, and identifying subrogation opportunities;
    - Investigating and reporting fraud, waste and abuse.

Union representatives requested that AvMed disclose provider contracts. AvMed maintains that contracts between AvMed and their facilities/providers are proprietary information and that legally, they are not able to disclose said contracts. Administration staff consulted with the County Attorney's Office who confirmed that if the provider contracts are in fact proprietary trade secrets, then under the law they would be exempt from disclosure even if they were found to be public records.

AvMed's Select Network

- For the 2013 plan year, JHS implemented a "Select Network" option for its employees. In collaboration with JHS, AvMed performed a market analysis to determine a geographic distribution of hospitals that would be attractive to Miami-Dade County/JHS employees. AvMed re-negotiated hospital contracts with these "Select" facilities and was able to yield additional discounts on the expectation that with a smaller network, the participating hospitals would get greater volume.

- For the 2014 plan year, additional facilities/providers were added to the Select Network in order to provide greater access to healthcare from a geographical perspective. As illustrated below, out of 49 hospitals in the AvMed South Florida network, 24 hospitals in Miami-Dade, Broward, and Palm Beach Counties are part of the Select Network.

AvMed South Florida Network (49)

*AvMed Select Network (24)

Miami-Dade County (21/11)	Broward County (16/8)	Palm Beach County (12/5)
Anne Bate Leach Eye Hospital	Broward Health Medical Center*	Bethesda Memorial Hospital*
Aventura Hospital and Medical Center	Cleveland Clinic Hospital	Boca Raton Regional Hospital *
Baptist Hospital*	Coral Springs Medical Center	Delray Medical Center
Coral Gables Hospital	Holy Cross*	Good Samaritan Medical Center
Doctor's Hospital*	Imperial Point Medical Center	JFK Medical Center
Hialeah Hospital	Memorial Hospital West*	Jupiter Medical Center*
Homestead Hospital*	Memorial Hospital Miramar*	Lakeside Medical Center
Jackson Memorial Hospital*	Memorial Hospital Pembroke*	Palm Beach Gardens Medical Center
Jackson North Medical Center*	Memorial Regional Hospital*	Palms West Hospital*
Jackson South Community Hospital*	Memorial South*	St. Mary's Medical Center
Kendall Regional Medical	North Broward Medical Center	Wellington Regional Medical Center
Larkin Community Hospital	Northwest Medical Center*	West Boca Medical Center*
Mercy Hospital*	Plantation General Hospital	
Miami Children's Hospital	North Shore Medical Center/FMC	
Mt. Sinai Medical Center*	University Hospital Medical Center	
North Shore Medical Center	Westside Regional Medical Center	
Palmetto General Hospital		
South Miami Hospital*		
University of Miami Hospital		
University of Miami Hospital & Clinics		
West Kendall Hospital*		

- Seventy percent of current physicians are covered under the Select Network.
    - Ninety-three percent of members who have seen a physician have had at least one visit with a physician in the Select Network.
- The Select Plan offers employees lower dependent premiums, while maintaining the same benefit levels of the County's High HMO Option plan.
- AvMed's analysis shows that if 100 percent of Miami-Dade County and JHS employees were in the Select Network Plan, hospitalization costs alone would decrease by approximately 16 percent.
- There is little incentive for employees with single coverage to choose the Select Plan, since single coverage has either no premium or a $14.90 per pay period premium for the HMO and POS plans, respectively.
- Concerns were expressed that Miami Children's Hospital and University of Miami are not in the Select Network. Due to the negotiated network discounts with the existing providers, it is not guaranteed that the same discounts and/or providers would be extended if additional facilities/providers were added. It should be noted that both

Miami Children's Hospital and the University of Miami are a part of AvMed's South Florida network and are both included in the HMO and the POS plans.

Promoting Jackson Health Systems

A strong desire to promote JHS was expressed by all parties. There were concerns raised about JHS' ability to handle increased capacity if there were significant numbers of employees migrating to plans which would have JHS as the primary hospital provider.

- JHS assures that capacity is not an issue with the migrations which can be expected (estimated at approximately 10 percent).
- JHS is rated number one in media rankings with more than a dozen specialties and is a comprehensive health system from primary care to specialty care.
- Renovations to JHS facilities are currently ongoing as a result of the $800 million Bond Initiative approved by the voters in 2013.

Concerns were raised regarding the overall branding of JHS and the limited locations of its facilities, scheduling, wait times, and parking availability/fees at the facilities. JHS is working on improving these areas and has implemented a physician referral service and is considering implementing a priority and registration system for JHS/County employees.

Market Comparisons

Market comparisons were presented comparing Miami-Dade County plans to Miami-Dade County Public Schools (Exhibit 1) and three private sector employers (Exhibit 2). Understanding that the comparisons are not comparing like plans or like benefits, "relative value" was used to compare the level of benefits between any two plans.

- The relative value of the Miami-Dade Public Schools is between 0.8099 and 0.8274;
- The private sector plans' relative value is between 0.7959 and 0.9696;
- Miami-Dade County's High HMO's relative value is 1.00 and the POS plan has a relative value of 1.0098.

In other words, over the course of a plan year for any one member, a plan with a relative value of 0.95 will pay (or provide benefits), on average five percent less than a plan with a relative value of 1.00.

In addition, a benchmark study of health insurance premiums in the local healthcare community reveals that all employers surveyed require premium contributions from their employees with single coverage (Exhibit 3).

Utilization of Services

- Emergency Room/Urgent Care: A review of emergency room utilization by employees shows that a number of diagnoses could have been directed to an urgent care facility or a primary care doctor.
    - The total claims costs of seven non-emergency related diagnoses e.g., headache, dizziness, acute pharyngitis, were presented to show the average costs when services were rendered at an emergency room, an urgent care center and a primary care physician's office:

		Copays	
	Average Cost of Service	High HMO	POS
Emergency Room visit*	$1,240	$25	$50
Urgent Care visit	$448	$25 $50 if Non-Participating	$50
Primary Care visit	$70	$15	$15

*Copay is waived if admitted.

    - As a result of the copay structure for emergency room and urgent care centers, there is little incentive for members to go to an urgent care facility instead of the emergency room.

- Advanced Imaging: Imaging services delivered in a "free standing" facility are a fraction of the cost of services delivered in an outpatient hospital setting.

	Average Cost of Service	Copay
Free Standing Facility Imaging	$473	$0
Hospital Outpatient Imaging	$1,636	$0

- Pharmacy: Miami-Dade County's "generic" pharmacy utilization is well below Gallagher's and AvMed's benchmark data. The County's utilization reflects 74.2 percent of scripts were generic in comparison to benchmark data that shows an 80 percent utilization rate.

- Claims data analyzed for inpatient, outpatient, and emergency room utilization for 2013 reflects lower claim payments for services rendered at Jackson versus services rendered at all other facilities.

Inpatient Payments	Average Cost of Service Per Encounter
Jackson Facilities	$9,380
All Other Facilities	$15,513

For Emergency Room and other outpatient facility encounters, the difference in average payments per encounter between JHS facilities and all other hospitals was even greater on a percentage basis.

Benefit Design Changes

Benefit redesign scenarios were requested showing savings in $20 million increments. In developing scenarios, the following goals and assumptions were considered:

Goals:

- Provide options to employees where same level of benefits is available (See Select Network Option).
- Offer family plans to employees at a reduced rate (premiums).
- Based on utilization data, begin to shift behavior to more cost efficient services. For example: Emergency Room copays with the current plans are very low and there is little incentive for a person to select an Urgent Care Center or a primary care visit, instead of an Emergency Room visit. It should be noted that in the event a person is admitted, the emergency room copay is waived.
- Promote the use of JHS services (JHS is included in the Select Network).
- Realize an overall savings to the County's cost of healthcare.

Assumptions:

- The Select Plan (currently offered to JHS employees) would offer Miami-Dade County employees the same level of benefits of the High HMO at a reduced cost for dependent coverage as well as a reduced cost to the County.
- There is little incentive for a person with single coverage to choose the "Select Plan" when there is a no premium for a High HMO plan and a minimal premium for the POS plan. Migration to the Select Plan can be achieved by requiring a premium for the single coverage option for the current HMO and increasing the current single premium for the POS plans.

In 2015, the Affordable Care Act mandates that pharmacy costs be applied against out-of-pocket costs. In order to maintain the same level of benefits, out-of-pocket maximums need to be adjusted accordingly. The maximum out-of-pocket costs for the High HMO and POS plans are proposed to be adjusted from $1,500 to $3,000. The maximum out-of-pocket cost for the Select Plan is proposed to be established at $2,500 as noted in Table 1.

The benefit design changes (copays, out-of-pocket maximums) in Table 1 and the proposed premium changes presented in Table 2 in addition to other plan efficiencies, e.g., implementation of a Disease Management Program and Formulary/Pharmacy changes represent the **total projected impact/savings** outlined in Table 2. The current plan design and rates are provided on the tables for ease of comparison. Amounts displayed in red represent a change from the current benefit design/premiums. Gallagher Benefits Services, Inc., at the request of the Committee, presented the following five scenarios for consideration:

Benefit Design Changes:

Table 1

Plan Design	Current High HMO & POS	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5 **
Deductible (2x Family)	$0	$0	$0	$0	$250	$500
Inpatient Hospital Copay per Admit*	$0	$0	$0	$200	$350	$500
Emergency Room Copay	$25	$25	$100	$100	$150	$200
Urgent Care Copay	$25	$25	$25	$25	$25	$25
Outpatient Hospital Copay*	$0	$0	$100	$100	$150	$200
Freestanding Diagnostic Center Copay	$0	$0	$0	$0	$0	$0
Ambulatory Surgical Center Copay	$0	$0	$0	$0	$0	$0
Physician Copays (Primary Care/Specialist)	$15/$30	$15/$30	$15/$30	$15/$30	$15/$30	$20/$40
Retail Pharmacy Copays (Generic/Pref Brand/Non-Pref Brand)	$15/$25/$35	$15/$25/$35	$15/$25/$35	$15/$40/$55	$15/$40/$55	$15/$40/$55
Mail Order Pharmacy Copays (Generic/Pref Brand/Non-Pref Brand)	$30/$50/$70	$30/$50/$70	$30/$50/$70	$30/$80/$110	$30/$80/$110	$30/$80/$110
Specialty Pharmacy Copay	$20	$20	$50	$100	$100	$100
Out of Pocket Maximum (2x Family)	$1,500	$3,000	$3,000	$3,000	$3,000	$3,000

* Waived at Jackson Health System
**Plan changes apply to Select Plan
Deductible applies to all services
In 2015, pharmacy copays will count towards the Out-of-Pocket Maximum
$2,500 Out-of-Pocekt Maximum for Select Plan

Premium Rate Changes:

Table 2

Plan	Tier	Current	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
High HMO							
	Employee Only	$0.00	$25.00	$50.00	$75.00	$100.00	$125.00
	Employee + Spouse	$208.35	$208.35	$208.35	$208.35	$232.00	$229.00
	Employee + Child(ren)	$180.17	$180.17	$180.17	$180.17	$199.00	$196.00
	Family	$287.77	$287.77	$287.77	$287.77	$328.00	$324.00
POS							
	Employee Only	$14.90	$50.00	$75.00	$100.00	$125.00	$150.00
	Employee + Spouse	$344.54	$344.54	$344.54	$344.54	$383.00	$372.00
	Employee + Child(ren)	$285.86	$285.86	$285.86	$285.86	$330.00	$320.00
	Family	$595.59	$595.59	$595.59	$595.59	$596.00	$596.00
Select Network							
	Employee Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Employee + Spouse	$165.99	$149.00	$166.00	$166.00	$166.00	$166.00
	Employee + Child(ren)	$140.93	$127.00	$141.00	$141.00	$141.00	$141.00
	Family	$236.11	$212.00	$236.00	$236.00	$236.00	$236.00
Total Projected Impact/Savings			$21,300,000	$40,400,000	$62,200,000	$83,300,000	$99,400,000

Wellness Programs

Several options were presented as possible ideas to expand the County's current Wellness Program, such as providing incentives for:

- Non-smokers;
- Employees who complete a health risk assessment or biometric testing;
- Participate in exercise programs;
- Employees who achieve improved results (blood pressure, cholesterol, weight loss).

Disease Management Program

Currently, the County does not have a Disease Management Program. Within the five scenarios provided, a Disease Management Program was incorporated with the assumption that the results would yield a net savings to the County.

The program would be designed to be an "opt in" program versus an "opt out" program which was offered by the County many years ago. By offering an "opt in" option, the County would only be charged for those employees who chose to actively participate in the maintenance of their medical care plan tailored for their respective illness.

"Jackson First" Option

The "Jackson First" Option presented by JHS and the Service Employees International Union (SEIU) offers employees with an affordable health plan option with JHS being the sole provider for non-emergency related services. The option presented addressed the Committee's concern regarding reducing employee dependent premiums as well as steering usage towards the County hospital but did not address the need to realize overall healthcare savings for the County.

The option presented offered no premium requirements for employees who elect single coverage and significantly lower premiums for dependent coverage in comparison to what is currently required for existing plans. While the presentation originally did not establish premium increases for single coverage for the High HMO and POS plans, updated presentation materials establish a single coverage premium requirement for the High HMO and POS plans. These increases are necessary in order to incentivize employees to choose the "Jackson First" option.

For clarification purposes, the "Jackson First" option is not currently available to Miami-Dade County or Jackson employees. The option presented is a conceptual proposal which was developed between JHS, SEIU and their consultants as a possible option for calendar year 2015. The "Jackson First" option was presented as a preliminary proposal and has not been fully vetted by Miami-Dade County.

Considerations

As a result of deliberations and assessment of the information discussed, the Committee presents the following items for consideration:

1. Require AvMed to negotiate additional discounts with existing facilities/providers.

2. Reduce the cost of dependent premiums for employees.

3. Require a biweekly premium for High HMO and POS plans for employees with single coverage.

4. Promote JHS and provide greater opportunities for employees to use the "County Hospital."

5. Solicit competition via a Request for Proposal (RFP) for a Third Party Administrator (TPA) every two years. Prepare RFP in 2014 for 2016 plan year.

6. Offer the Select Network to Miami-Dade County employees (provides high level of benefits with lower dependent premiums and no premiums for single coverage).

7. Enhance current Wellness Program. Hire a full-time person to develop, coordinate and manage wellness activities.

8. Consider implementing a Disease Management Program.

9. Establish a joint labor management group (Cost Containment Committee) to review healthcare trends, utilization, etc., on a quarterly basis.

10. Avoid shifting healthcare costs to employees if possible, while continuing to reduce the overall cost of healthcare to the County.

11. Consider offering "Jackson First" option to all County and JHS employees.

12. Conduct "forensic" audits of all claims on an annual basis.

13. Explore building state of the art modernized health clinics (similar to the New York model- more information available on the Labor Healthcare Committee website).

14. Initiate an education campaign to provide information to employees about the NEW Select Plan as well as the existing plans.

Committee Meetings/Resources

Below is a summary of the Committee meetings and topics discussed at each meeting:

Date	Topics Discussed
March 11, 2014	• Purpose of Labor Healthcare Committee • Overview of the Affordable Care Act • Miami-Dade County/Jackson Health System 2014 Enrollment Overview

April 9, 2014	• Appointment of Committee Members
	• Costs and Discounts
	• Jackson vs. Other Facilities
	• Utilization
	  ○ Emergency Room vs. Urgent Care
	  ○ Advanced Imaging
	• Market Comparisons to other Organizations
	• AvMed's Role as Third Party Administrator

April 30, 2014	• Public Health Trust Presentation • Follow-ups and additional data/analysis requested from April 9th meeting
May 13, 2014	• Recap of Meetings to Date: Goals, Timelines, Summary of Utilization • Redesign Options Presented Adopting the "Select Network" for Miami-Dade County Employees

May 28, 2014	• Identify Goals for Workshop to be held on 6/4/2014
	  ○ Identify "Win, Win, Win" Scenarios for Employees, Jackson Health System, and the County
	  ○ Identify Benefit Plan Design Changes which would yield savings in increments of $20 million

June 4, 2014	• AvMed's Cost Savings Initiatives, Challenges, and Commitment • Benefit Plan Scenarios (5 Scenarios Presented) • "Jackson First" Healthcare Option
July 2, 2014	• AvMed's Commitment of Ongoing Negotiations • AFSCME 199 Presentation • Review of Market Comparisons for the local healthcare industry
July 23, 2014	• Final Report and Considerations

The materials presented at all of the Labor Healthcare Committee meetings as well as additional resources are available on the County's Human Resources website: http://www.miamidade.gov/humanresources/labor-relations-healthcare-committee.asp

Recognition

The Committee would like to thank all of the individuals who participated in the Labor Healthcare Committee meetings. In developing its considerations, the Committee relied on experts in the field of healthcare such as Gallagher Benefits Services, Inc., AvMed, and Jackson Health Systems.

The information, analysis, and discussions held were invaluable in the development of the Committee's considerations. The Committee would like to extend its gratitude to the following individuals who made presentations at the Committee meetings:

Martha Baker, R.N., President SEIU 1991

Arleene Cuellar, Human Resources Director, Miami-Dade County

Paul Hebert, Area Vice President, Compliance, Gallagher Benefit Services, Inc.

Mark Knight, Chief Financial Officer, Jackson Health System

Andy Madtes, Administrator, American Federation of State, County and Municipal Employees (AFSCME) Local 199

Patricia Nelson, Regional Head of Strategic Accounts, AvMed

James Repp, Sr. Vice President of Marketing, AvMed

Donald Steigman, Executive Vice President and Chief Operating Officer, Jackson Health System

Glen Volk, Vice President and Consulting Actuary, Gallagher Benefits Services, Inc.

Exhibits

Exhibit 1: Comparison of Miami-Dade County and Miami Dade County Public Schools

Exhibit 2: Comparison of Miami-Dade County and Public Sector Employers

Exhibit 3: Health Insurance Local Benchmark

Exhibit 1

Comparison of Miami-Dade County and Miami-Dade Public Schools

2014 Miami-Dade County
Medical Benefit Comparison To Other Public Entity

	Miami-Dade County 2014 Benefits			Miami-Dade County Public Schools * 2014 Benefits		
	High Option HMO	Low Option HMO	POS	Local Plus	OAP10	OAP20
Employee Monthly Premium				Salary-Based: <=$25k; >$25k-$40k; >$40k-$55k; and >$55k-$85k (below are the ranges of these rates)		
Employee Only	$0.00	$0.00	$32.28	$0.00	$103.00 - $198.00	$10.01 - $70.01
Employee + Spouse or 1 Dependent	$451.43	$425.58	$746.50	$161.01 - $492.00	$307.00 - $851.00	$175.00 - $626.02
Employee & 1 Child*	$390.37	$367.97	$619.36	$115.01 - $389.00	$249.00 - $695.00	$126.01 - $495.00
Employee + Child(ren)	$390.37	$367.97	$619.36	$115.01 - $389.00	$249.00 - $695.00	$126.01 - $495.00
Employee + Family	$623.50	$587.95	$1,290.45	$306.00 - 792.00	$499.01 - $1,313.00	$334.01 - $1,008.00
***Plan Deductible, Coinsurance, and Maximum OOP**						
Annual Deductible (Individual / Family) In-Network/Out-of-Network	$0/$0	$0/$0	$0/$0/ $200/$500	$750/$1,500/ $1,500/$3,000	$500/$1,000/ $1,000/$2,000	$750/$1,500/ $1,500/$3,000
Coinsurance (In-Network/Out-of-Network)	0%	0%	0%/30%	30%/50%	20%/40%	30%/50%
Out of Pocket Maximum (Individual/Family) (In-Network/Out-of-Network)	$1,500/$3,000	$6,350/$12,700	$1,500/$4,500/ $1,500 per individual	$4,000/$8,000/ $8,000/$16,000	$3,750/$7,500/ $7,500/$15,000	$4,000/$8,000/ $8,000/$16,000
Physician Services - In Network						
Office Visit PCP (In-Network/Out-of-Network)	$15	$30	$15/30% after deductible	$20/50% after deductible	$30/40% after deductible	$30/50% after deductible
Office Visit Specialist (In-Network/Out-of-Network)	$30	$45	$30/30% after deductible	$50/50% after deductible	$50 CCN/$70 Non-CCN/ 40% after deductible	$50 CCN/$70 Non-CCN/ 50% after deductible
Facility Services						
Hospital Inpatient (In-Network/Out-of-Network)	$0	$150/day for first 3 days per admission	$0/30% after deductible	30% after deductible/50% after deductible	20% after deductible/40% after deductible	30% after deductible/50% after deductible
Outpatient Hospital Surgery - Hospital (In-Network/Out-of-Network)	$0	$0	$0/30% after deductible	$100 per visit/50% after deductible	$100 per visit/40% after deductible	$100 per visit/50% after deductible
Outpatient Diagnostic Services/Imaging (In-Network/Out-of-Network)	$0	$0	$0/30% after deductible	$100/50% after deductible	$100/40% after deductible	$100/50% after deductible
Emergency Room (In-Network/Out-of-Network)	$25	$100	$50	$300	$350	$350
Urgent Care Facility (In-Network/Out-of-Network)	$25	$50	$50	$70 per visit	$70 per visit	$70 per visit
Prescription Drug Coverage - In Network						
Generic / Brand / Brand Non-Pref / Specialty	Generic: $15 Brand: $25 Non-Preferred: $35	Generic: $20 Brand: $35 Non-Preferred: $55	Generic: $15 Brand: $25 Non-Preferred: $35 30% (OON)	Generic: $15 Brand: $40 Non-Preferred: 50% coinsurance - $100 minimum/$150 maximum	Generic: $20 Brand: $50 Non-Preferred: 50% coinsurance - $105 minimum/$160 maximum 50% (OON)	Generic: $15 Brand: $45 Non-Preferred: 50% coinsurance - $105 minimum/$160 maximum 50% (OON)
Relative Value	1.0000	0.9379	1.0098	0.8210	0.8274	0.8099

Exhibit 2

Comparison of Miami-Dade County and Public Sector Employers

Market Comparison

	Miami Dade County		Private Sector 1	Private Sector 2	Private Sector 3
	High HMO	POS			
Deductible (In Network/Out of Network)	$0	$0/$200	$1000-$1500/$2000-$3000	$0/$700	$400/$650
	Per Individual	Per Individual	2x Family	2.5x Family	2.5x Family
HRA Amount			$300, $500 - $500, $1000		
Coinsurance (In Network/Out of Network)	100%	100%	80%/60%	90%/70%	80%/70%
Out of Pocket Max (In Network/Out of Network)	$1500	$1500/$1500	$2500/$5000	$1000/$1800	$1050/$2000
	Per Individual	Per Individual	2x Family	2.5x Family	2.5x Family
Inpatient Copay	0%	0%	Info not available	Info not available	Info not available
ER Copay	$25	$50	$150 + 80% Coinsurance	$75	$75
PCP/SCP	$15/$30	$15/$30	Coinsurance	$20/$25	$20
Generic	$15	$15	$5	$8	$8
Pref	$25	$25	80% Coinsurance with $30 min and $40 max	70% Coinsurance with $25 max	70% Coinsurance with $25 max
Non-Pref	$35	$35	70% Coinsurance with $47 min and $107 max	50% Coinsurance	50% Coinsurance
Relative Value	1	1.0098	0.7959-.8568	0.9696	0.9346
EE Only Contribution			$65 - $115/$120 - $170	$45 - $103	$68 - $126
Non - EE Only Contribution			$251 - 430/$371 - $597	$90 - $148	$135 - $193

Relative Values are used to compare the level of benefits paid between any two plans. These values do not include adjustments to account for demographic factors.

Example: Over the course of a plan year for any one member, a plan with a relative value of .95 will pay, on average, 5% less than a plan with a relative value of 1.00.

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Health Insurance Local Benchmark

	MDC/JHS	MCH ($10 surcharge for smokers)	University of Miami (9% surcharge for smokers)	Broward Health	Baptist ($30 surcharge for smokers)	Memorial Health System
HIGH HMO - BI-WKLY DEDUCTIONS						
Employee	$0.00	$56.48	71.54	52.33	83.13	40.00
Employee + Child	$180.17	$114.27	142.62	83.64	150.40	85.00
Employee + Children	$180.17	$114.27	174.00	83.64	150.40	130.00
Employee + Spouse /DP	$208.35	$132.78	228.46	113.61	173.80	85.00
Family	$287.77	$202.24	253.85	154.67	241.07	130.00
SELECT HMO - BI-WKLY DEDUCTIONS						
Employee	$0.00	N/A	33.92	10.27	59.28	N/A
Employee + Child	$140.93	N/A	72.92	19.29	103.92	N/A
Emplyee + Children	$140.93	N/A	110.77	19.29	103.92	N/A
Employee + Spouse /DP	$165.99	N/A	126.00	26.21	121.73	N/A
Family	$236.11	N/A	138.00	35.67	170.29	N/A
LOW HMO - BI-WKLY DEDUCTIONS						
Employee	$0.00	N/A	33.92	10.27	59.28	N/A
Employee + Child	$169.83	N/A	72.92	19.29	103.92	N/A
Emplyee + Children	$169.83	N/A	110.77	19.29	103.92	N/A
Employee + Spouse /DP	$196.42	N/A	126.00	26.21	121.73	N/A
Family	$271.36	N/A	138.00	35.67	170.29	N/A
POS - BI-WKLY DEDUCTIONS						
Employee	$14.90	$136.55	N/A	46.73	158.30	60.00
Employee + Child	$285.86	$279.05	N/A	75.07	295.09	150.00
Employee + Children	$285.86	$279.05	N/A	75.07	295.09	200.00
Employee + Spouse /DP	$344.54	$306.80	N/A	101.97	332.82	150.00
Family	$595.59	$470.25	N/A	138.83	468.59	200.00

Note: The Select Plan is not currently offered to MDC employees.