

Memorandum



Date: September 10, 2014

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

From: Carlos A. Gimenez
Mayor 

Subject: Responses to Inquiries from the August 25, 2014 Committee of the Whole – Full-Time Union Releases and Benefit Plan Comparisons

This memorandum is in response to labor related inquiries at the August 25, 2014 Committee of the Whole meeting. More specifically, the following requests and responses are as follows:

- Chairwoman Rebeca Sosa requested a list of full-time labor union releases. Attachment 1 includes a summary of full-time releases by labor union contract. Attachment 2 provides a detailed list of actual full-time releases as of August 2014 by union, position title, and the salary and fringes of each position.
- Commissioner Barbara J. Jordan requested a benefit plan comparison between Miami-Dade County benefits and other organizations. Included are comparisons to Miami-Dade Public Schools (Attachment 3), and Broward County (Attachment 4). The premium amounts reflected in Attachments 3 and 4 are the monthly equivalents, not the bi-weekly amounts. This information was also provided to the Board at the September 10, 2014 Special Meeting.

If you have any questions, please contact Deputy Mayor Edward Marquez at 305-375-1451.

Attachments

c: Robert A. Cuevas, Jr., County Attorney
Office of the Mayor Senior Staff
Department Directors
Charles Anderson, Commission Auditor

**Miami-Dade County
Full-Time Union Releases**

Union	Count of Full-Time Releases per Contract	Comments
AFSCME 121 - Water and Sewer Employees	6	One employee is dedicated to gainsharing activities per MOU.
AFSCME 1542 - Aviation	3	
AFSCME 199 - General Employees	5	
AFSCME 3292 - Solid Waste Employees	3	
GSAF Professional	4	
GSAF Supervisory		
IAFF 1403 Fire Fighter Employees	1	
PBA Law Enforcement Supervisory	4	
PBA Rank and File		
TWU Local 291 - Transit Employees	18	Five dedicated to Membership Assistance Program
Total	44	

UNION	SALARY AND FRINGES
AFSCME 121 WATER AND SEWER EMPLOYEES	
W&S INSTRUMENT TECHNICIAN	\$99,470
W&S CUSTOMER SVC REP 2	\$63,396
W&S CUSTOMER SVC REP 2	\$53,332
W&S PLANT ELECTRICIAN	\$86,540
W&S PLANT MECHANIC	\$75,181
NEW BUSINESS REPRESENTATIVE	\$78,841
AFSCME 1542 AVIATION	
AIRPORT OPERS SPEC	\$49,529
AIRPORT OPERS AGENT	\$64,909
LANDSIDE OPERATIONS OFFICER 2	\$80,745
AFSCME 199 GENERAL EMPLOYEES	
No Full-time Release assigned at this time	
AFSCME 3292 SOLID WASTE EMPLOYEES	
WASTE TRUCK DRIVER	\$53,134
WASTE TRUCK DRIVER	\$54,919
TRASH TRUCK DRIVER 2	\$57,754
GSAF	
RAIL TRAFFIC CONTROLLER	\$105,269
TRAN OPERATION SUPV	\$86,588
W&S EMP SFTY&DEVELOP INSTR	\$78,359
UTILITY SUPPLY SUPV 1	\$86,719
IAFF 1403	
CHIEF FIRE OFFICER	\$150,644
PBA	
POLICE LIEUTENANT	\$138,747
POLICE LIEUTENANT	\$152,219
POLICE SERGEANT	\$120,551
CORRECTIONAL OFFICER	\$90,884
TWU LOCAL 291 TRANSIT EMPLOYEES	
TRAIN OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS OPERATOR	\$56,502
BUS MAINT TECH	\$76,353
BUS MAINT TECH	\$78,644
BUS MAINT TECH	\$74,137
GUIDEWAY INSPECTION SPEC	\$57,098
BUS MAINT TECH	\$78,644
TRANSIT ELEC TECH	\$68,561
TRANSIT REV COLLS	\$51,522
Total Salary and Fringes	\$2,821,211
Count	37

2014 Miami-Dade County
Medical Benefit Comparison

	Miami-Dade County 2014 Benefits			Miami-Dade County 2015 Proposed Benefits*			Miami-Dade County Public Schools ** 2014 Benefits		
	Low Option HMO	High Option HMO	POS	Select	High Option HMO	POS	Local Plus	OAP10	OAP20
Medical Carrier	AvMed			AvMed			Cigna		
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	\$162.50	\$216.67	\$0.00	\$103.00 - \$198.00	\$10.01 - \$70.01
Employee + Spouse or 1 Dependent	\$425.58	\$451.43	\$746.50	\$359.67	\$451.43	\$746.50	\$161.01 - \$492.00	\$307.00 - \$851.00	\$175.00 - \$626.02
Employee & 1 Child*	\$367.97	\$390.37	\$619.36	\$305.50	\$390.37	\$619.36	\$115.01 - \$389.00	\$249.00 - \$695.00	\$126.01 - \$495.00
Employee + Child(ren)	\$367.97	\$390.37	\$619.36	\$305.50	\$390.37	\$619.36	\$115.01 - \$389.00	\$249.00 - \$695.00	\$126.01 - \$495.00
Employee + Family	\$587.95	\$623.50	\$1,290.45	\$511.33	\$623.50	\$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	\$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%	0%	0%	0%/30%	30%/50%	20%/40%	30%/50%
Out of Pocket Maximum (Individual/Family) (In-Network/Out-of-Network)	\$6,350/\$12,700	\$1,500/\$3,000	\$1,500/\$4,500/ \$1,500 per individual	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$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)	\$30	\$15	\$15/30% after ded.	\$15	\$15	\$15/30% after ded.	\$20/50% after ded.	\$30/40% after ded.	\$30/50% after ded.
Office Visit Specialist (In-Network/Out-of-Network)	\$45	\$30	\$30/30% after ded.	\$30	\$30	\$30/30% after ded.	\$50/50% after ded.	\$50 CCN/\$70 Non-CCN/ 40% after ded.	\$50 CCN/\$70 Non-CCN/ 50% after ded.
Facility Services									
Hospital Inpatient (In-Network/Out-of-Network)	\$150/day for first 3 days per admission	\$0	\$0/30% after ded.	\$0	\$200	\$200/30% after ded.	30% after ded./50% after ded.	20% after ded./40% after ded.	30% after ded./50% after ded.
Outpatient Hospital Surgery - Hospital/Ambulatory Surgical Center (In-Network/Out-of-Network)	\$0	\$0	\$0/30% after ded.	\$0	\$0	\$0/30% after ded.	\$100 per visit/50% after ded.	\$100 per visit/40% after ded.	\$100 per visit/50% after ded.
Outpatient Diagnostic Services/Imaging - Hospital/Freestanding (In-Network/Out-of-Network)	\$0	\$0	\$0/30% after ded.	\$0	\$0	\$0/30% after ded.	\$100/50% after ded.	\$100/40% after ded.	\$100/50% after ded.
Emergency Room (In-Network/Out-of-Network)	\$100	\$25	\$50	\$25	\$100	\$100	\$300	\$350	\$350
Urgent Care Facility (In-Network/Out-of-Network)	\$50	\$25	\$50	\$25	\$25	\$50	\$70 per visit	\$70 per visit	\$70 per visit
Prescription Drug Coverage - In Network									
Generic / Brand / Brand Non-Pref / Specialty	Generic: \$20 Brand: \$35 Non-Preferred: \$55	Generic: \$15 Brand: \$25 Non-Preferred: \$35	Generic: \$15 Brand: \$25 Non-Preferred: \$35 30% (OON)	Generic: \$15 Brand: \$25 Non-Preferred: \$35	Generic: \$15 Brand: \$40 Non-Preferred: \$55 Specialty Drugs: \$100 (Mail Order: 2x Copay)	Generic: \$15 Brand: \$40 Non-Preferred: \$55 Specialty Drugs: \$100 30% (OON) (Mail Order: 2x Copay)	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)

Reference

* While plan deductible and the maximum out-of-pocket are generally exclusive, a few plans may treat them inclusively

Notes

* In 2015, pharmacy copays will count towards the Out-of-Pocket Maximum.

** Miami-Dade County Public Schools also offers Florida KidCare and Humana HMO & PPO for over age 65.

- Benefits eligible employees are also required to 1) register on www.cigna.com; 2) have an annual physical (preventative visit); 3) have biometric screenings (blood work) performed; and 4) complete the HRA

- Also have EE + Adult Child Rate (not illustrated above)

2014 Miami-Dade County
Medical Benefit Comparison

	Miami-Dade County 2014 Benefits			Miami-Dade County 2015 Proposed Benefits*			Broward County 2014 Benefits ***			
	Low Option HMO	High Option HMO	POS	Select	High Option HMO	POS	CDH High Open Access HMO	CDH Low Open Access HMO	CDH with Out-of-Network	HDHP Open Access HMO
Medical Carrier	AvMed			AvMed			Aetna/Coventry			
Employee Monthly Premium										
Employee Only	\$0.00	\$0.00	\$32.28	\$0.00	\$162.50	\$216.67	\$173.57	\$149.74	\$190.80	\$129.18
Employee + Spouse or 1 Dependent	\$425.58	\$451.43	\$746.50	\$359.67	\$451.43	\$746.50	\$236.47	\$180.42	\$409.96	\$135.68
Employee & 1 Child*	\$367.97	\$390.37	\$619.36	\$305.50	\$390.37	\$619.36	\$229.73	\$181.81	\$378.08	\$142.18
Employee + Child(ren)	\$367.97	\$390.37	\$619.36	\$305.50	\$390.37	\$619.36	\$229.73	\$181.81	\$378.08	\$142.18
Employee + Family	\$587.95	\$623.50	\$1,290.45	\$511.33	\$623.50	\$1,290.45	\$473.92	\$391.97	\$727.52	\$237.51
Plan Deductible, Coinsurance, and Maximum OOP										
Annual Deductible (Individual / Family) In-Network/Out-of-Network	\$0/\$0	\$0/\$0	\$0/\$0/ \$200/\$500	\$0/\$0	\$0/\$0	\$0/\$0/ \$200/\$500	\$1,300/\$2,600	\$2,100/\$4,200	\$1,300/\$2,600 \$2,100/\$4,200	\$2,100/\$4,200
Coinsurance (In-Network/Out-of-Network)	0%	0%	0%/30%	0%	0%	0%/30%	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000 \$1,500/\$3,000	\$1,500/\$3,000
Out of Pocket Maximum (Individual/Family) (In-Network/Out-of-Network)	\$6,350/\$12,700	\$1,500/\$3,000	\$1,500/\$4,500/ \$1,500 per individual	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,800/\$5,600	\$3,600/\$7,200	\$2,800/\$5,600 \$3,600/\$7,200	\$3,600/\$7,200
Physician Services - In Network										
Office Visit PCP (In-Network/Out-of-Network)	\$30	\$15	\$15/30% after ded.	\$15	\$15	\$15/30% after ded.	\$25	\$30	\$25/30% after ded.	30% after ded.
Office Visit Specialist (In-Network/Out-of-Network)	\$45	\$30	\$30/30% after ded.	\$30	\$30	\$30/30% after ded.	\$50	30% after ded.	\$50/30% after ded.	30% after ded.
Facility Services										
Hospital Inpatient (In-Network/Out-of-Network)	\$150/day for first 3 days per admission	\$0	\$0/30% after ded.	\$0	\$200	\$200/30% after ded.	20% after ded.	30% after ded.	20% after ded./ 30% after ded. Plus \$500 copay per admit	30% after ded.
Outpatient Hospital Surgery - Hospital/Ambulatory Surgical Center (In-Network/Out-of-Network)	\$0	\$0	\$0/30% after ded.	\$0	\$0	\$0/30% after ded.	20% after ded.	30% after ded.	20%/30% after ded. (non-hospital)/ 40% after ded. (hospital)	30% after ded.
Outpatient Diagnostic Services/Imaging - Hospital/Freestanding (In-Network/Out-of-Network)	\$0	\$0	\$0/30% after ded.	\$0	\$0	\$0/30% after ded.	20% after ded.	30% after ded.	20% after ded./40% after ded.	30% after ded.
Emergency Room (In-Network/Out-of-Network)	\$100	\$25	\$50	\$25	\$100	\$100	\$250	30% after ded.	\$250/\$250	30% after ded.
Urgent Care Facility (In-Network/Out-of-Network)	\$50	\$25	\$50	\$25	\$25	\$50	\$50 \$30 at Concentra	\$50 \$30 at Concentra	\$50 (\$30 at Concentra)/ 30% after ded.	30% after ded.
Prescription Drug Coverage - In Network										
Generic / Brand / Brand Non-Pref / Specialty	Generic: \$20 Brand: \$35 Non-Preferred: \$55	Generic: \$15 Brand: \$25 Non-Preferred: \$35	Generic: \$15 Brand: \$25 Non-Preferred: \$35 30% (OON)	Generic: \$15 Brand: \$25 Non-Preferred: \$35	Generic: \$15 Brand: \$40 Non-Preferred: \$55 Specialty Drugs: \$100 (Mail Order: 2x Copay)	Generic: \$15 Brand: \$40 Non-Preferred: \$55 Specialty Drugs: \$100 30% (OON) (Mail Order: 2x Copay)	Tier 1: \$5 Tier 2: \$25 Tier 3: \$40 Specialty: \$25 or \$40 based on Tier <i>(Maintenance medication: Two retail fills allowed before mandatory 90-day supply requirement)</i>	Tier 1: \$5 Tier 2: \$25 Tier 3: \$40 Specialty: \$25 or \$40 based on Tier <i>(Maintenance medication: Two retail fills allowed before mandatory 90-day supply requirement)</i>	Tier 1: \$5 Tier 2: \$25 Tier 3: \$40 Specialty: \$25 or \$40 based on Tier <i>(Maintenance medication: Two retail fills allowed before mandatory 90-day supply requirement)</i>	<u>Preventive Prescription Drugs:</u> 100% Coverage - No Copay <u>Non-Preventive Prescription Drugs:</u> 1. Discounted drug cost applied to deductible. 2. After ded./coins. (70%/30%) 3. 100% coverage after MOOP is met.

Reference

* While plan deductible and the maximum out-of-pocket are generally exclusive, a few plans may treat them inclusively

Notes

* In 2015, pharmacy copays will count towards the Out-of-Pocket Maximum.

***Broward County Employer Annual Fund ranges from \$600 (EE) to \$2,000 (Family) depending on plan and tier of coverage.

- FT Employees waiving medical receive \$258.33/month (\$3,099.98 annually). PT waiving medical receive \$129.16/month (\$1,549.92 annually)
- Smoker surcharge: \$20 per paycheck for EE and Dependent(s)
- Spousal/DP surcharge: \$20 per paycheck if spouse has available coverage through his/her employer.