



## CITY OF NORTH MIAMI BEACH

City Council Meeting  
Council Chambers, 2nd Floor  
City Hall, 17011 NE 19 Avenue  
North Miami Beach, FL 33162  
**Tuesday, August 4, 2015**  
**7:30 PM**

Mayor George Vallejo  
Vice Mayor Anthony F. DeFillipo  
Councilwoman Barbara Kramer  
Councilwoman Marlen Martell  
Councilman Frantz Pierre  
Councilwoman Phyllis S. Smith  
Councilwoman Beth E. Spiegel

City Manager Ana M. Garcia  
City Attorney Jose Smith  
City Clerk Pamela L. Latimore, CMC

### Notice to All Lobbyists

Any person who receives compensation, remuneration or expenses for conducting lobbying activities is required to register as a Lobbyist with the City Clerk prior to engaging in lobbying activities before City Boards, Committees, or the City Council.

## AGENDA

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- 1. ROLL CALL OF CITY OFFICIALS**
- 2. INVOCATION** - Pastor Nathan Adams, Fulford United Methodist Church
- 3. PLEDGE OF ALLEGIANCE**
- 4. REQUESTS FOR WITHDRAWALS, DEFERMENTS AND ADDITIONS TO AGENDA**
- 5. PRESENTATIONS /DISCUSSIONS** - *None*
- 6. PUBLIC COMMENT**

### **To All Citizens Appearing Under Public Comment**

The Council has a rule which does not allow discussion on any matter which is brought up under Public Comment. We are, however, very happy to listen to you. The reason for this is that the Council must have Staff input and prior knowledge as to the facts and figures, so that they can intelligently discuss a matter. The Council may wish to ask questions regarding this matter, but will not be required to do so. At the next or subsequent Council meeting you may have one of the Councilpersons introduce your matter as his or her recommendation. We wish to thank you for taking the time to bring this matter to our attention. Under no circumstances will personal attacks, either from the public or from the dais, be tolerated.

### **Speaking Before the City Council**

There is a three (3) minute time limit for each speaker during public comment and a three (3) minute time limit for each speaker during all public hearings. Your cooperation is appreciated in observing the three (3) minute time limit policy. If you have a matter you would like to discuss which requires more than three (3) minutes, please feel free to arrange a meeting with the appropriate administrative or elected official. In the Council Chambers, citizen participants are asked to come forward to the podium, give your name and address, and the name and address of the organization you are representing, if any.

If you are speaking on a public hearing item, please speak only on the subject for discussion. Thank you very much, in advance, for your cooperation.

### **Pledge of Civility**

A resolution was adopted by the Mayor and City Council of the City of North Miami Beach recognizing the importance of civility, decency, and respectful behavior in promoting citizen participation in a democratic government. The City of North Miami Beach calls upon all residents, employees, and elected officials to exercise civility toward each other. (Resolution Nos. R2007-57, 11/06/07 and R2011-22, 4/26/11)

## **7. APPOINTMENTS**

**7.1 Appointing Jocelyn Alvarez to Recreation Committee (Pamela L. Latimore, City Clerk)**

**7.2 Appointing Treynese Briggs to Recreation Committee (Pamela Latimore, City Clerk)**

**7.3 Appointing Lorenzo Hall to Recreation Committee (Pamela L. Latimore, City Clerk)**

**7.4 Appointing Roland Veilleux to Recreation Committee (Pamela L. Latimore, City Clerk)**

## **8. CONSENT AGENDA**

**8.1 Resolution No. R2015-67 (Councilman Frantz Pierre)**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, CONDEMNING THE DOMINICAN REPUBLIC'S DENATIONALIZATION OF DOMINICANS OF HAITIAN DESCENT AND IMPENDING MASS DEPORTATION; URGING THE DOMINICAN REPUBLIC TO COMPLY WITH INTERNATIONAL HUMAN RIGHTS LAW, RESTORE THE RIGHTS OF AFFECTED DOMINICANS, AND HALT ALL IMPENDING DEPORTATIONS; AND URGING THE UNITED STATES GOVERNMENT TO ENCOURAGE THE DOMINICAN REPUBLIC TO COMPLY.**

**8.2 Resolution R2015-68 (Carlos Rivero, City Planner)**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, ADOPTING THE 2015 MIAMI-DADE COUNTY LOCAL MITIGATION STRATEGY; AUTHORIZING THE CITY MANAGER TO IDENTIFY AND PRIORITIZE HAZARD MITIGATION GRANT PROGRAM PROJECTS TO BECOME A PART OF THE LOCAL AND STATEWIDE HAZARD MITIGATION STRATEGY.**

**8.3 Resolution No. R2015-69 (Brian O'Connor, Chief Procurement Officer)**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, AUTHORIZING THE CITY MANAGER TO ENTER INTO AN AGREEMENT WITH UNITEDHEALTHCARE PURSUANT TO REQUEST FOR PROPOSALS NO. 2015-06 SINGLE SOURCE FULLY INSURED GROUP HEALTH, WELFARE AND EMPLOYEE ASSISTANCE PPROGRAM (EAP) PLAN.**

## **9. CITY MANAGER'S REPORT**

## **10. CITY ATTORNEY'S REPORT**

**10.1 Litigation List**

## **11. MAYOR'S DISCUSSION**

12. **MISCELLANEOUS ITEMS** - *None*
13. **BUSINESS TAX RECEIPTS** - *None*
14. **DISCUSSION ITEMS** - *None*
15. **LEGISLATION** - *None*
16. **CITY COUNCIL REPORTS**
17. **NEXT REGULAR CITY COUNCIL MEETING** - Tuesday, August 18, 2015
18. **ADJOURNMENT**



City of North Miami Beach  
17011 NE 19 Avenue  
North Miami Beach, FL 33162  
305-947-7581  
[www.citynmb.com](http://www.citynmb.com)

**MEMORANDUM**

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**TO:** Mayor and City Council  
**FROM:** Pamela L. Latimore, City Clerk  
**VIA:**  
**DATE:** Tuesday, August 4, 2015

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**RE:** Appointing Jocelyn Alvarez to Recreation Committee (Pamela L. Latimore, City Clerk)

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**BACKGROUND  
ANALYSIS:**

**RECOMMENDATION:**

**FISCAL/BUDGETARY  
IMPACT:**

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**ATTACHMENTS:**

 [Jocelyn Alvarez Application](#)



RECEIVED  
 FEB 12 AM 10:27  
 City of North Miami Beach, Florida

APPLICATION FOR MUNICIPAL APPOINTMENT  
 TO A BOARD, COMMITTEE, COMMISSION

CHAPTER 2, SECTION 2-32.1 OF THE CODE OF ORDINANCES OF THE CITY OF NORTH MIAMI BEACH PROVIDES "RESIDENCY REQUIREMENT: MEMBERS OF ALL BOARDS, COMMITTEES AND COMMISSIONS SHALL BE RESIDENTS OF THE CITY OF NORTH MIAMI BEACH, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED. SHOULD ANY BOARD, COMMITTEE OR COMMISSION MEMBER MOVE OUTSIDE THE CITY LIMITS DURING THE TERM OF HIS/HER APPOINTMENT, HE/SHE SHALL AUTOMATICALLY BE REMOVED FROM THE POSITION HE/SHE HOLDS." MEMBERS ARE ALSO SUBJECT TO CHAPTER 2, SECTION 2-32.4.

I HEREBY FILE AN APPLICATION FOR APPOINTMENT TO THE FOLLOWING BOARD, COMMISSION OR COMMITTEE:

Recreation Committee

(PLEASE PRINT CLEARLY)

1. NAME: Jocelyn Alvarez
2. HOME ADDRESS: 1793 NE 168<sup>th</sup> Street  
 CITY: NorthMiamiBeach STATE: Fl. ZIP: 33162
3. BUSINESS NAME: Rue 14 Design + Consulting  
 BUSINESS ADDRESS: 10375 NE 18<sup>th</sup> Ave  
 CITY: N.M.B STATE: Fl. ZIP: 33162
4. HOME PHONE: 786.285.2297 BUSINESS PHONE: 305.945.4030  
 CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL ADDRESS: josi11185@aol.com
5. DO YOU RESIDE IN NORTH MIAMI BEACH DURING ALL TWELVE MONTHS OF THE YEAR?  
 YES:  NO:
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES:  NO:
7. HIGHEST LEVEL OF EDUCATION: (Youth Advisory Board Applicants: Please indicate current grade level as well as the name and telephone number of the school you are currently attending.)  
Highschool Diploma 9/0 2003 / Bail Bonds License  
2008-2014  
2014

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES \_\_\_\_\_ NO  (If yes, please state the name of the employee and the department in which he/she works: \_\_\_\_\_)

9. EMPLOYMENT HISTORY (Please include employer, position, years served):

PRESENT STATUS: Accounting + Loss Draft Administration  
2003 to 2012 Bondsman @ Sotite Bailbonds + Self Employed.  
19 to 19 2003 Highschool  
19 98 to 19 2001 Police Explorer @ N.M.B. Police Dept. w/ Alice Marie

10. HAVE YOU EVER SERVED ON AN ADVISORY COMMITTEE IN THE PAST? (If yes, please describe: NO)

11. IF NOT SELECTED FOR THE BOARD/COMMITTEE/COMMISSION INDICATED ABOVE, PLEASE LIST ANY ADDITIONAL BOARDS/COMMITTEE/COMMISSIONS FOR WHICH YOU WOULD LIKE YOUR APPLICATION SUBMITTED (Please rank in order of preference):

- (1) \_\_\_\_\_ (2) \_\_\_\_\_
- (3) \_\_\_\_\_ (4) \_\_\_\_\_

12. DESCRIBE YOUR PROFESSIONAL AND/OR VOLUNTEER EXPERIENCE OR BACKGROUND THAT WOULD BEST QUALIFY YOU FOR AN APPOINTMENT TO THE BOARD/COMMITTEE/COMMISSION YOU HAVE SELECTED: I have volunteered at many school and community events, I'm currently on the school P.T.A and I'm the parent representative for the 5th grade science camp at the N.M.B. Library. I just want to help and participate where I can to make any positive changes for families and the kids.

13. IF YOU ARE APPLYING FOR A BOARD/COMMITTEE/COMMISSION THAT HAS SPECIFIC REQUIREMENTS, PLEASE DETAIL HOW YOUR BACKGROUND AND/OR EXPERIENCE MEETS THE REQUIRED CRITERIA:

CERTIFICATION

I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.

APPLICATION DATE: 1/29/15 APPLICANT'S SIGNATURE: A. Ag.

LIAISON: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_



City of North Miami Beach  
17011 NE 19 Avenue  
North Miami Beach, FL 33162  
305-947-7581  
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## MEMORANDUM

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**TO:** Mayor and City Council  
**FROM:** Pamela L. Latimore, City Clerk  
**VIA:**  
**DATE:** Tuesday, August 4, 2015

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**RE:** Appointing Treynese Briggs to Recreation Committee (Pamela Latimore, City Clerk)

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**BACKGROUND  
ANALYSIS:**

**RECOMMENDATION:**

**FISCAL/BUDGETARY  
IMPACT:**

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**ATTACHMENTS:**

[Trenyse Briggs Application](#)



# City of North Miami Beach, Florida

## APPLICATION FOR MUNICIPAL APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION

CHAPTER 2, SECTION 2-32.1 OF THE CODE OF ORDINANCES OF THE CITY OF NORTH MIAMI BEACH PROVIDES "RESIDENCY REQUIREMENT: MEMBERS OF ALL BOARDS, COMMITTEES AND COMMISSIONS SHALL BE RESIDENTS OF THE CITY OF NORTH MIAMI BEACH, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED. SHOULD ANY BOARD, COMMITTEE OR COMMISSION MEMBER MOVE OUTSIDE THE CITY LIMITS DURING THE TERM OF HIS/HER APPOINTMENT, HE/SHE SHALL AUTOMATICALLY BE REMOVED FROM THE POSITION HE/SHE HOLDS." MEMBERS ARE ALSO SUBJECT TO CHAPTER 2, SECTION 2-32.4.

I HEREBY FILE AN APPLICATION FOR APPOINTMENT TO THE FOLLOWING BOARD, COMMISSION OR COMMITTEE:

*RECREATION COMMITTEE*

RECEIVED  
15 JAN 29 AM 11:58  
CITY CLERK'S OFFICE

(PLEASE PRINT CLEARLY)

- NAME: Trenyse Briggs
- HOME ADDRESS: 560 NE 175 street  
CITY: North Miami Beach STATE: FL ZIP: 33162
- BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- HOME PHONE: NONE BUSINESS PHONE: (9) 903-5038  
CELL PHONE: (3) 481-3283 FAX: NONE  
EMAIL ADDRESS: tbrigg001@fiu.edu
- DO YOU RESIDE IN NORTH MIAMI BEACH DURING ALL TWELVE MONTHS OF THE YEAR?  
YES:  NO:
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: \_\_\_\_\_ NO:
- HIGHEST LEVEL OF EDUCATION: (Youth Advisory Board Applicants: Please indicate current grade level as well as the name and telephone number of the school you are currently attending.)  
MDH Student, Bachelors of Health Services Admin (FIU)



8. ARE YOU RELATED TO A CITY EMPLOYEE? YES \_\_\_\_\_ NO ✓  
(If yes, please state the name of the employee and the department in which he/she works:  
\_\_\_\_\_ )

9. EMPLOYMENT HISTORY (Please include employer, position, years served):

PRESENT STATUS: Employed full-time  
20 12 to 20<sup>Current</sup> Client Services Mgr, Convey Health Solutions, 3 yrs.  
19 \_\_\_\_\_ to 19 \_\_\_\_\_  
19 \_\_\_\_\_ to 19 \_\_\_\_\_

10. HAVE YOU EVER SERVED ON AN ADVISORY COMMITTEE IN THE PAST? (If yes, please describe: Early ~~Coatiti~~ Learning Coalition -Parent Advisory Board  
\_\_\_\_\_ )

11. IF NOT SELECTED FOR THE BOARD/COMMITTEE/COMMISSION INDICATED ABOVE, PLEASE LIST ANY ADDITIONAL BOARDS/COMMITTEE/COMMISSIONS FOR WHICH YOU WOULD LIKE YOUR APPLICATION SUBMITTED (Please rank in order of preference):

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

12. DESCRIBE YOUR PROFESSIONAL AND/OR VOLUNTEER EXPERIENCE OR BACKGROUND THAT WOULD BEST QUALIFY YOU FOR AN APPOINTMENT TO THE BOARD/COMMITTEE/COMMISSION YOU HAVE SELECTED: With a professional background in human behavior and process improvement, a volunteer background associated with multiple youth sports and Girl Scouts, and a desire to serve the community, I'd be an asset to the committee.

13. IF YOU ARE APPLYING FOR A BOARD/COMMITTEE/COMMISSION THAT HAS SPECIFIC REQUIREMENTS, PLEASE DETAIL HOW YOUR BACKGROUND AND/OR EXPERIENCE MEETS THE REQUIRED CRITERIA:  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

**I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.**

APPLICATION DATE: 1/27/15 APPLICANT'S SIGNATURE: [Signature]

LIAISON: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_



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**MEMORANDUM**

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**TO:** Mayor and City Council  
**FROM:** Pamela L. Latimore, City Clerk  
**VIA:**  
**DATE:** Tuesday, August 4, 2015

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**RE:** Appointing Lorenzo Hall to Recreation Committee (Pamela L. Latimore, City Clerk)

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**BACKGROUND  
ANALYSIS:**

**RECOMMENDATION:**

**FISCAL/BUDGETARY  
IMPACT:**

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**ATTACHMENTS:**

 [Lorenzo Hall Application](#)



# City of North Miami Beach, Florida

## APPLICATION FOR MUNICIPAL APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION

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I HEREBY FILE AN APPLICATION FOR APPOINTMENT TO THE FOLLOWING BOARD, COMMISSION OR COMMITTEE:

Recreation

RECEIVED  
15 FEB 10 AM 11:00  
CITY CLERK'S OFFICE

(PLEASE PRINT CLEARLY)

1. NAME: Lorenzo Hall

2. HOME ADDRESS: 158 NE 151 Terrace

CITY: North Miami Beach STATE: FL ZIP: 33162

3. BUSINESS NAME: N/A

BUSINESS ADDRESS: N/A

CITY: N/A STATE: N/A ZIP: N/A

4. HOME PHONE: (305) 949-0677 BUSINESS PHONE: (305) 948-2926

CELL PHONE: (305) 934-8928 FAX: N/A

EMAIL ADDRESS: lorenzohall@gmail.com

5. DO YOU RESIDE IN NORTH MIAMI BEACH DURING ALL TWELVE MONTHS OF THE YEAR?

YES:  NO:

6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES:  NO:

7. HIGHEST LEVEL OF EDUCATION: (Youth Advisory Board Applicants: Please indicate current grade level as well as the name and telephone number of the school you are currently attending.)

Three years of College (2 miami Dade College North and 1 year at Florida Atlantic University). I also have over 90 College Credits.

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES \_\_\_\_\_ NO  (If yes, please state the name of the employee and the department in which he/she works: \_\_\_\_\_)

9. EMPLOYMENT HISTORY (Please include employer, position, years served):

PRESENT STATUS: I am currently employed with the City of North Miami  
20 \_\_\_\_\_ to 20 \_\_\_\_\_ Beach Parks + Recreation. I have been employed since  
19 \_\_\_\_\_ to 19 \_\_\_\_\_ June 16, 1988  
19 \_\_\_\_\_ to 19 \_\_\_\_\_

10. HAVE YOU EVER SERVED ON AN ADVISORY COMMITTEE IN THE PAST? (If yes, please describe: NO)

11. IF NOT SELECTED FOR THE BOARD/COMMITTEE/COMMISSION INDICATED ABOVE, PLEASE LIST ANY ADDITIONAL BOARDS/COMMITTEE/COMMISSIONS FOR WHICH YOU WOULD LIKE YOUR APPLICATION SUBMITTED (Please rank in order of preference):

(1) Recreation (2) N/A  
(3) N/A (4) N/A

12. DESCRIBE YOUR PROFESSIONAL AND/OR VOLUNTEER EXPERIENCE OR BACKGROUND THAT WOULD BEST QUALIFY YOU FOR AN APPOINTMENT TO THE BOARD/COMMITTEE/COMMISSION YOU HAVE SELECTED: I am qualified for (Recreation) based on my 27 years experience in Parks + Recreation. also I serve as the 1st Vice President of The Voter's Council of North Miami Beach, Inc. Where I have volunteered for over 18 years.

13. IF YOU ARE APPLYING FOR A BOARD/COMMITTEE/COMMISSION THAT HAS SPECIFIC REQUIREMENTS, PLEASE DETAIL HOW YOUR BACKGROUND AND/OR EXPERIENCE MEETS THE REQUIRED CRITERIA:

My 27 years of experience in Parks + Recreation and also my 18 years of working with a Community based organization The Voter's Council of North Miami Beach, Inc.

CERTIFICATION

I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.

APPLICATION DATE: 2/10/15 APPLICANT'S SIGNATURE: [Signature]

LIAISON: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_



City of North Miami Beach  
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North Miami Beach, FL 33162  
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**MEMORANDUM**

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**TO:** Mayor and City Council  
**FROM:** Pamela L. Latimore, City Clerk  
**VIA:**  
**DATE:** Tuesday, August 4, 2015

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**RE:** Appointing Roland Veilleux to Recreation Committee (Pamela L. Latimore, City Clerk)

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**BACKGROUND  
ANALYSIS:**

**RECOMMENDATION:**

**FISCAL/BUDGETARY  
IMPACT:**

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**ATTACHMENTS:**

 [Roland Veilleux Application](#)



# City of North Miami Beach, Florida

## APPLICATION FOR MUNICIPAL APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION

CHAPTER 2, SECTION 2-32.1 OF THE CODE OF ORDINANCES OF THE CITY OF NORTH MIAMI BEACH PROVIDES "RESIDENCY REQUIREMENT: MEMBERS OF ALL BOARDS, COMMITTEES AND COMMISSIONS SHALL BE RESIDENTS OF THE CITY OF NORTH MIAMI BEACH, EXCEPT AS OTHERWISE SPECIFICALLY PROVIDED. SHOULD ANY BOARD, COMMITTEE OR COMMISSION MEMBER MOVE OUTSIDE THE CITY LIMITS DURING THE TERM OF HIS/HER APPOINTMENT, HE/SHE SHALL AUTOMATICALLY BE REMOVED FROM THE POSITION HE/SHE HOLDS." MEMBERS ARE ALSO SUBJECT TO CHAPTER 2, SECTION 2-32.4.

I HEREBY FILE AN APPLICATION FOR APPOINTMENT TO THE FOLLOWING BOARD, COMMISSION OR COMMITTEE:

*Recreation Committee*

(PLEASE PRINT CLEARLY)

RECEIVED  
15 JAN 27 4:22  
CMBD CITY CLERK

1. NAME: Rolland Veilleux

2. HOME ADDRESS: 13730 Highland Drive

CITY: North Miami Beach STATE: FL ZIP: 33187

3. BUSINESS NAME: Same

BUSINESS ADDRESS: Same

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

4. HOME PHONE: 305 945 6870 BUSINESS PHONE: —

CELL PHONE: 305-773-8835 FAX: —

EMAIL ADDRESS: RollandVeilleux@Comcast.net

5. DO YOU RESIDE IN NORTH MIAMI BEACH DURING ALL TWELVE MONTHS OF THE YEAR?

YES:  NO: \_\_\_\_\_

6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: \_\_\_\_\_ NO:

7. HIGHEST LEVEL OF EDUCATION: (Youth Advisory Board Applicants: Please indicate current grade level as well as the name and telephone number of the school you are currently attending.)

High school

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES \_\_\_\_\_ NO X  
(If yes, please state the name of the employee and the department in which he/she works: \_\_\_\_\_)

9. EMPLOYMENT HISTORY (Please include employer, position, years served):

PRESENT STATUS: Retired - (from Construction industry) <sup>30 years</sup>  
20\_\_\_\_ to 20\_\_\_\_ Real Estate Agent & owner, and  
19\_\_\_\_ to 19\_\_\_\_ manager of own properties  
19\_\_\_\_ to 19\_\_\_\_ for 35 years

10. HAVE YOU EVER SERVED ON AN ADVISORY COMMITTEE IN THE PAST? (If yes, please describe: \_\_\_\_\_)

11. IF NOT SELECTED FOR THE BOARD/COMMITTEE/COMMISSION INDICATED ABOVE, PLEASE LIST ANY ADDITIONAL BOARDS/COMMITTEE/COMMISSIONS FOR WHICH YOU WOULD LIKE YOUR APPLICATION SUBMITTED (Please rank in order of preference):

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

12. DESCRIBE YOUR PROFESSIONAL AND/OR VOLUNTEER EXPERIENCE OR BACKGROUND THAT WOULD BEST QUALIFY YOU FOR AN APPOINTMENT TO THE BOARD/COMMITTEE/COMMISSION YOU HAVE SELECTED: 18 years as president of Highland Village Homeowners Assoc.

13. IF YOU ARE APPLYING FOR A BOARD/COMMITTEE/COMMISSION THAT HAS SPECIFIC REQUIREMENTS, PLEASE DETAIL HOW YOUR BACKGROUND AND/OR EXPERIENCE MEETS THE REQUIRED CRITERIA: \_\_\_\_\_

**CERTIFICATION**

**I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.**

APPLICATION DATE: 1/27/15 APPLICANT'S SIGNATURE: [Signature]

LIAISON: \_\_\_\_\_ APPOINTMENT DATE: \_\_\_\_\_





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## MEMORANDUM

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**TO:** • Mayor and City Council

**FROM:** Jose Smith, City Attorney

**VIA:** Dotie Joseph, Deputy City Attorney

**DATE:** Tuesday, August 4, 2015

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**RE:** Resolution No. R2015-67 (Councilman Frantz Pierre)

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**BACKGROUND  
ANALYSIS:**

At the request of Councilman Frantz Pierre, the City Attorney's Office prepared this resolution, condemning certain actions by the Dominican Republic, which have adversely affected the livelihoods of hundreds of thousands of Dominicans of Haitian ancestry by retroactively stripping them of their citizenship. In so doing, the Dominican Republic has effectively created the largest population of stateless persons in the Western Hemisphere.

Bypassing this resolution, the City of North Miami Beach will join numerous entities who have condemned the Dominican Republic's actions, including legislative bodies (e.g. the Legislature of the State of New York, the New Jersey State Senate, the Miami-Dade County Board of County Commissioners, the City of North Miami, the City of Lauderhill, etc.), in addition to numerous civil rights, human rights, academic, legal, political, and dozens of other groups across New York State, including the Haitian Lawyers Association (of Florida), the United States National Bar Association, the Robert F. Kennedy Center for Justice and Human Rights, 1199 Service Employees International Union (1199 SEIU), Amnesty International (AL), the Haitian American Lawyers Association of New York (HALANY), the Coalition of Dominicans Against Racism (CDAR), We Are All Dominicans (WAAD), the Haitian American Caucus (HAC), the Haitian-American Professional Coalition (HPAC), the Haitian American Association for Political Action-PAC (HAAPA-PAC), Haitian Round Table



(HRT), HABNET Chamber of Commerce, Haitian American Nurses Association of Greater New York (HANA-NY), Friends of Haiti 2010, Make the Road, Border of Lights, Northern Manhattan Coalition for Immigrant Rights, and Ahora!NOW are calling for immediate action by the Dominican government to reverse the effects of the Constitutional Tribunal rulings and Law 169-14.

**RECOMMENDATION:** The City Attorney's Office recommends approval.

**FISCAL/BUDGETARY  
IMPACT:** None

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**ATTACHMENTS:**

- ▣ [Resolution R2015-67](#)

**RESOLUTION NO. R2015-67**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, CONDEMNING THE DOMINICAN REPUBLIC'S DENATIONALIZATION OF DOMINICANS OF HAITIAN DESCENT AND IMPENDING MASS DEPORTATION; URGING THE DOMINICAN REPUBLIC TO COMPLY WITH INTERNATIONAL HUMAN RIGHTS LAW, RESTORE THE RIGHTS OF AFFECTED DOMINICANS, AND HALT ALL IMPENDING DEPORTATIONS; AND URGING THE UNITED STATES GOVERNMENT TO ENCOURAGE THE DOMINICAN REPUBLIC TO COMPLY.**

**WHEREAS**, on September 23<sup>rd</sup> 2013, the Constitutional Court of the Dominican Republic issued a ruling, which retroactively stripped Dominicans from the citizenship of Dominicans born after 1929 to parents not of Dominican ancestry; and

**WHEREAS**, the decision's retroactive application is a blatant derogation of both international human rights law and the Dominican Republic's own legal norms; and

**WHEREAS**, the ruling conflicts with the Inter-American Court of Human Rights decision in *Yean and Bosico v. Dominican Republic*, which upheld the rights of all Dominicans regardless of race, color, or national origin, and found that the Dominican Republic violated the rights of Dominican born citizens of Haitian descent by denying them citizenship; and

**WHEREAS**, the ruling also conflicts with the Inter-American Court of Human Rights decision in *Case of Expelled Dominican and Haitian People v. Dominican Republic*, which found the detention, treatment, and mass expulsion of Haitians and Dominicans of Haitian descent to be violations of human rights; and

**WHEREAS**, prior to the ruling, the Dominican Republic amended its constitution's principle of *jus soli*, under which citizenship was the birthright of every person born on Dominican soil, to exclude citizenship for children of non-residents such as undocumented; and

**RESOLUTION NO. R2015-67**

**WHEREAS**, under long-standing Dominican legal authority, the scope of “in transit” had been limited to a period of less than ten days, and only applied to diplomats entering the Dominican Republic with the principle objectives of traveling to another destination, engaging in business or leisure activities; and

**WHEREAS**, the 2013 ruling interpreted “in transit” to exclude individuals born in the Dominican Republic, regardless of how long they had been living in the country and regardless of their transitory intent; and

**WHEREAS**, the ruling effectively rendered people who had been born and lived in the country for generations, affected more than 200,000 Dominican citizens of Haitian descent, and effectively rendered them “stateless”; and

**WHEREAS**, stripping these individuals of their citizenship and the ability to obtain a national identity document known as a *cédula de identidad y electoral*, which is required to vote, to register for university education, open a bank account, acquire or transfer property, apply for a passport, make a sworn statement before the judicial system, get married or divorced, and register the birth of one’s child; and

**WHEREAS**, in response to the international outcry following the 2013 court ruling, the Dominican Republic passed a Naturalization Law 169-14 in May 2014 creating naturalization and regularization processes, which required persons affected by the 2013 ruling to be re-recognized as citizens or apply to gain status; and

**WHEREAS**, as an act of defiance in response to the Inter-American Court of Human Right’s, two decisions deeming the 2013 and 2014 actions of the Dominican Republic to be a clear violation of its own constitution, the Constitutional Court of the Dominican Republic declared that the Dominican Republic no longer recognized the authority of the Inter-American

Court, thereby removing one of the only avenues available to affected Dominicans to appeal to a higher power of judicial review; and

**WHEREAS**, under the regularization and naturalization plan, Dominicans of Haitian descent could become naturalized citizens through the naturalization process, and undocumented migrant workers could obtain work permits through the regularization process; and

**WHEREAS**, the regularization and naturalization process was fraught with problems, from under-resourced immigration processing centers, difficulties in obtaining appropriate paperwork and transportation to processing centers, and arbitrary refusal of some processing centers to issue or process documents for individuals who “looked Haitian”; and

**WHEREAS**, the Dominican Republic’s treatment of Haitians predates the recent events concerning the possible mass deportation of Haitians, as demonstrated by the 1937 Parsely Massacre that claimed the lives of thousands of Haitians after the Dominican Republic’s dictator ordered the killing of those believed to be Haitian; and

**WHEREAS**, both registration and deportation deadlines have passed; and under the threat of expulsion, thousands of Haitians have self-deported for fear of state-sponsored mass deportation and vigilante violence; and while temporarily delayed, the Dominican Republic has sated its intent to deport Haitians, regardless of whether they were born in the Dominican Republic; and

**WHEREAS**, the Mayor and City Council of the City of North Miami Beach condemn the Dominican Republic’s retroactive denationalization of Haitian immigrants, the impending mass deportation of Haitian immigrants given the human rights implications, and the current ineffectiveness of the registration and regularization process.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA:**

**Section 1.** The aforementioned recitals are true and correct.

**Section 2.** The Mayor and City Council of the City of North Miami Beach condemn the Dominican Republic's impending mass deportation of Haitian immigrants, and urge the Dominican Republic to:

(1) Overturn its 2013 decision and Migration Law 169-14 to the extent these laws retroactively stripped the citizenship from Dominicans born to parents not of Dominican ancestry after 1929, and restore the rights of such Dominicans.

(2) Issue *cédulas* and all appropriate legal identity to documents (e.g. birth certificates), or reissue such documents confiscated, from Dominican born citizens, regardless of race, ethnicity, status in its registry, or other impediment.

(3) Comply with their international human rights obligations, including:

(a) an obligation to guarantee the same rights to all Dominicans regardless of race, color, and national origin; and the prohibition of children inheriting the migratory status of their parents in particular under the Inter-American Court of Human Rights decisions, *Yean and Bosico v. Dominican Republic* and *Case of Expelled Dominican and Haitian People v. Dominican Republic*, and

(b) not derogate the right to nationality pursuant to Article 15 of the Universal Declarations of Human Rights and Article 24(3), Articles 2 and 26 of the International Covenant on Civil and Political Rights (ICCPR), and Article 20 of the American Convention on Human Rights (ACHR).

(4) Take proactive measures to protect the life and property of Dominicans of Haitian descent as well as prosecute and deter any vigilante or state-sponsored violence against them.

(5) Implement an effective regularization scheme.

(6) Invite independent observers to monitor the implementation of the regularization scheme to ensure due process.

(7) Discontinue and indefinitely halt all impending deportations.

**Section 3.** Urges the United States, and in particular the Obama administration and Secretary of State John Kerry, to use any and all appropriate means to encourage the Dominican Republic to restore the rights of Dominicans wrongfully stripped of their citizenship, resolve the temporarily delayed mass deportation of Haitians, and develop a plan to genuinely address the plight of Haitians in the Dominican Republic, rather than create unworkable regularization schemes that effectively deny equal protection to Dominicans of Haitian descent.

**Section 4.** The Mayor and City Council of the City of North Miami Beach hereby authorize and direct the City Clerk to transmit a certified copy of this resolution to United States President Barack Obama, Dominican Republic President Danilo Medina, and United States Ambassador to the Dominican Republic James Brewster.

**APPROVED AND ADOPTED** by the City Council of the City of North Miami Beach, Florida at regular meeting assembled this **4<sup>th</sup> day of August, 2015**.

ATTEST:

\_\_\_\_\_  
PAMELA L. LATIMORE  
CITY CLERK

\_\_\_\_\_  
GEORGE VALLEJO  
MAYOR

(CITY SEAL)

APPROVED AS TO FORM &  
LANGUAGE & FOR EXECUTION

\_\_\_\_\_  
JOSE SMITH  
CITY ATTORNEY

SPONSORED BY: Councilman Frantz Pierre  
Mayor and Council

**RESOLUTION NO. R2015-67**



City of North Miami Beach  
17011 NE 19 Avenue  
North Miami Beach, FL 33162  
305-947-7581  
www.citynmb.com

## MEMORANDUM

 [Print](#)

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**TO:** Honorable Mayor and City Council  
**FROM:** Carlos Rivero, City Planner  
Giselle Deschamps, Assistant Planner  
**VIA:** Daniel Ozuna, Building Official  
Richard Lorber, Assistant City Manager  
**DATE:** Tuesday, August 4, 2015

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**RE:** Resolution R2015-68 (Carlos Rivero, City Planner)

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**BACKGROUND ANALYSIS:** Please refer to the attached memo. In addition, a copy of the Miami-Dade County Local Mitigation Strategy, referred to as Exhibit "A," is available at the Office of the City Clerk in electronic format.

**RECOMMENDATION:** It is recommended that the Mayor and City Council approve the attached resolution adopting the 2015 Miami-Dade County Local Mitigation Strategy and authorizing the City Manager to include Citywide "Mitigation" projects, on a yearly basis.

**FISCAL/BUDGETARY IMPACT:** No fiscal impact.

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### ATTACHMENTS:

- ❑ [Local Mitigation Strategy Memo](#)
- ❑ [Local Mitigation Strategy Executive Summary](#)
- ❑ [Resolution No R2015-68](#)



**CITY OF NORTH MIAMI BEACH  
COMMUNITY DEVELOPMENT DEPARTMENT**

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**TO: Honorable Mayor and City Council**

**CC: Daniel Ozuna, Building Official**  
**Richard Lorber, Assistant City Manager**

**FROM: Carlos Rivero, City Planner and Giselle Deschamps, Assistant Planner**

**DATE: August 4, 2015**

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**SUBJECT: Resolution to adopt Miami-Dade County's Local Mitigation Strategy**

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**REQUEST**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, ADOPTING THE 2015 MIAMI-DADE COUNTY LOCAL MITIGATION STRATEGY; AUTHORIZING THE CITY MANAGER TO IDENTIFY AND PRIORITIZE HAZARD MITIGATION GRANT PROGRAM PROJECTS TO BECOME A PART OF THE LOCAL AND STATEWIDE HAZARD MITIGATION STRATEGY.**

**BACKGROUND AND ANALYSIS**

In 1998, the State of Florida contracted with and provided funding to each of the counties within the State to develop a Local Mitigation Strategy (LMS). Shortly thereafter, a Working Group was developed, in order to identify a variety of mitigation related projects throughout Miami-Dade County and all of the incorporated municipalities, at that time. Several projects were identified within the City's municipal boundaries which were included in the unincorporated county-wide project listing.

**Local Mitigation Strategy**

The Local Mitigation Strategy (LMS) is a whole community initiative designed to reduce or eliminate the long-term risk to human life and property from hazards. The LMS plan is a multi-volume plan that documents the planning process and addresses mitigation measures in relation to the hazard risk and vulnerability assessment of Miami-Dade County. This is a living document that is updated to integrate and reflect current and projected issues as identified and track mitigation measures and actions that



have occurred, are occurring, are planned for or are desired. This plan is a compendium of efforts of the whole community, integrating governmental and non-governmental agencies such as non-profit, private sector, educational and faith-based organizations as well as communities, families and individuals. The purpose of the LMS is to develop a comprehensive approach to effectively reduce the impact of current and future hazards and risk faced by local communities within Miami-Dade County.

### **Reasons for Adopting the Local Mitigation Strategy**

The City participates in the National Flood Insurance Program (NFIP), Community Rating System (CRS), which is administered by the Federal Emergency Management Agency (FEMA). The Community Rating System is a voluntary incentive program that recognizes and encourages community floodplain management activities that exceed the minimum NFIP requirements. As a result, flood insurance premium rates are discounted to reflect the reduced flood risk resulting from the community actions meeting the three goals of the CRS. Primarily, the CRS focuses on reducing flood damage to insurable property, support the insurance aspects of the NFIP, and encourage a comprehensive approach to floodplain management. At the moment, residents who reside in the Special Flood Hazard Area (SFHA) or the land area covered by the floodwaters of the base flood receive a 15% reduction on flood premiums because the City receives a Class 7 Rating for administering activities that meet and/or exceed NFIP standards.

During a five year cycle, FEMA sends an Insurance Service Office (ISO) specialist to conduct a verification visit based on compliance with all NFIP and CRS standards. The City must ensure that CRS activities are implemented in order to maintain or exceed the community's class rating. Consequently, the reliance on executing CRS activities and NFIP regulations greatly affects residential and commercial property owners that currently have flood insurance premiums in addition to future policy holders. Since the City is scheduled for a five year CRS verification visit, the City must enforce the Miami-Dade County's LMS to receive credit for having a Floodplain Management Plan.

The plan will identify potential funding source through State and Federal agencies that provide funds for a variety of local programs that may be used to support development of the Local Mitigation Strategy. All potential funding sources can be found in the Miami-Dade County, Local Mitigation Strategy, Part three, Funding. The City is in the process of completing the Stormwater Master Plan which has identified several flooding related projects that can be included in the County's 2015 LMS as well as several Capital Improvement Projects. Once the City identifies projects that are formally included in the County's LMS plan, grant funding will become available both from the State of Florida and Federal Emergency Management Agency (FEMA).

### **RECOMMENDATION**

It is recommended that the Mayor and City Council approve the attached resolution adopting the 2015 Miami-Dade County Local Mitigation Strategy and authorizing the City Manager to include City-wide "Mitigation" projects, on a yearly basis.



## **City of North Miami Beach**

### **Adoption of Miami-Dade County's Local Mitigation Strategy (LMS)**

LMS prepared by the Miami-Dade Fire Rescue Department

Office of Emergency Management

August 04, 2015

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## **Executive Summary**

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### **Introduction**

The Federal Emergency Management Agency (FEMA) funded a national initiative to help communities develop local mitigation strategies that determine projects to mitigate the effects of natural disasters as well as identify sources of funds. The State of Florida Department of Economic Opportunity entered into a contract with Miami-Dade County to provide funding for the County and local governments to jointly develop a Local Mitigation Strategy (LMS). The County entered agreements with municipalities to create a unified process for developing the LMS and support funds in participation of the plan.

### **Objective**

The City of North Miami Beach Stormwater Master Plan and Capital Improvements has identified several flood mitigation projects that qualify as projects in the County's 2015 LMS. In addition, the City engages in the National Flood Insurance Program (NFIP), Community Rating System (CRS), which involves incentives by communities administering floodplain management activities that exceed NFIP requirements. Adopting the County's LMS establishes the City's Floodplain Management Plan while also identifying potential funding sources for implementing NFIP regulations by FEMA.

### **Conclusion**

The City of North Miami Beach would like to partake and adopt the County's 2015 Adopted Local Mitigation Plan to prioritize hazard mitigation grant programs to become a part of the Local and Statewide Hazard Mitigation Strategy.

**RESOLUTION NO. R2015-68**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, ADOPTING THE 2015 MIAMI-DADE COUNTY LOCAL MITIGATION STRATEGY; AUTHORIZING THE CITY MANAGER TO IDENTIFY AND PRIORITIZE HAZARD MITIGATION GRANT PROGRAM PROJECTS TO BECOME A PART OF THE LOCAL AND STATEWIDE HAZARD MITIGATION STRATEGY.**

**WHEREAS**, the Federal Emergency Management Agency (FEMA) funded a national initiative to help communities develop local mitigation strategies that identify projects to mitigate the effects of natural disasters and to identify sources of funds to address those problems; and

**WHEREAS**, the State of Florida Department of Economic Opportunity entered into a contract with Miami-Dade County (“County”) to provide the funding for the County and municipalities to jointly develop a Local Mitigation Strategy (LMS) to become a component of the Statewide Mitigation Strategy; and

**WHEREAS**, the County entered into agreements with local municipalities to establish a unified process for developing the LMS and convey funds for participation in the plan development; and

**WHEREAS**, the LMS meets the State contract requirements and was accomplished with the participation of local governments, the Miami-Dade County School Board, and a broad range of private not-for-profit agencies, businesses and universities coordinated by the Miami-Dade Office of Emergency Management; and

**WHEREAS**, the City of North Miami Beach wishes to participate and adopt the County’s 2015 Adopted LMS (Exhibit “A”); and

**WHEREAS**, the completion of the City of North Miami Beach Stormwater Master Plan has identified several flood mitigation projects that qualify as projects in the County’s 2015 LMS; and

**RESOLUTION NO. R2015-68**

**WHEREAS**, other mitigation related projects, have been identified by City staff that qualify as projects in the County’s 2015 LMS; and

**WHEREAS**, the City Council finds this Resolution to be in the best interest and welfare of the residents of the City.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of North Miami Beach, Florida.

**Section 1.** The above recitals are true and correct and are incorporated herein by this reference.

**Section 2.** The City Council hereby adopts the Miami-Dade County 2015 Local Mitigation Strategy, which is attached as Exhibit “A” to this Resolution.

**Section 3.** The City Manager or designee is hereby authorized to identify and prioritize potential mitigation projects to be included within Miami-Dade County’s Local Mitigation Strategy Plan, which will include, but are not limited to, various mitigation projects identified in the City’s Stormwater Master Plan and other mitigation related projects identified by City staff.

**APPROVED AND ADOPTED** by the City of North Miami Beach City Council at the Regular meeting assembled this **4<sup>th</sup> day of August, 2015.**

ATTEST:

\_\_\_\_\_  
PAMELA L. LATIMORE  
CITY CLERK

(CITY SEAL)

\_\_\_\_\_  
GEORGE VALLEJO  
MAYOR

APPROVED AS TO FORM, LANGUAGE  
AND FOR EXECUTION

\_\_\_\_\_  
JOSÉ SMITH  
CITY ATTORNEY

Sponsored by: Mayor and Council

**RESOLUTION NO. R2015-68**



City of North Miami Beach  
17011 NE 19 Avenue  
North Miami Beach, FL 33162  
305-947-7581  
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## MEMORANDUM

 [Print](#)

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**TO:** Mayor and City Council

**FROM:** Ana M. Garcia, City Manager

**VIA:** Audrea Hinds, Interim Director of Human Resources  
Brian K. O'Connor, Chief Procurement Officer

**DATE:** Tuesday, August 4, 2015

---

**RE:** Resolution No. R2015-69 (Brian O'Connor, Chief Procurement Officer)

---

**BACKGROUND ANALYSIS:**

After five years with the same major medical health insurance carrier, the City of North Miami Beach ("City") issued the subject Request for Proposals (RFP) No. 2015-06 for the purpose of selecting a health insurance carrier to provide high-quality medical care with competitive rates. The City's health insurance options benefit 795 lives, including 444 subscribers including City employees and retirees.

Notices were electronically sent to more than 800 potential local and national vendors, as well as advertised in the Miami Daily Business Review (4/21/15), and posted on DemandStar by Onvia, the City's website and in the lobby of City Hall. Additionally, all registered City of North Miami Beach vendors under the commodity(s) matching this solicitation's scope were notified via email. The solicitation (available for download) and a brief description were posted on the City's website.

A non-mandatory pre-proposal conference was held on May 6, 2015. On May 13, 2015, the City took receipt of responses from three (3) carriers. One submittal was deemed non-responsive due to missing required documentation and forms. The remaining two submittals, from Aetna and UnitedHealthcare, were evaluated by the Review Committee and approved for final consideration. The Committee directed the City's health insurance broker of record, Wells Fargo Insurance Services, to

meet individually with the proposing carriers and their underwriting teams, to further refine their plan designs and corresponding pricing. As a result, concessions made by the proposers and competitive HMO plan designs, and the carriers prepared final presentations which were reviewed by the Committee. Procurement conducted reference checks of the two firms, revealing no major issues of concern from governmental agencies.

Taking into account the proposals, presentations and reference checks, the Review Committee's final ranking revealed UnitedHealthcare as the number one ranked firm and Aetna as second ranked.

The broker of record received approval from the City to negotiate further with UnitedHealthcare on their behalf. Additional plan offerings such as a high deductible health plan and a traditional POS were further negotiated for the employees and retirees. With minimal plan design changes the broker of record was successful in securing a final overall medical increase of 11.17%.

**RECOMMENDATION:**

It is the staff's recommendation that the City Council authorize the City Manager to enter into an agreement with UnitedHealthcare pursuant to RFP No. 2015-06. Initial agreement will be for one fiscal year beginning October 1, 2015. Additional renewals will be at the discretion and direction of the Human Resources Director, City Manager and the City's Health Insurance Broker.

**FISCAL/BUDGETARY  
IMPACT:**

The City of North Miami Beach annually remits approximately 3.8 million dollars to its major medical carrier for costs associated with health insurance for employees and retirees. There are various levels of cost sharing with employees and retirees which result in a lesser total cost to the City, however, the City must be cognizant of the total value of the contracts when negotiating. The City's actual claims/utilization, combined with several consecutive years of minimal rate increases, has led to prospective increases of more than forty percent (40%) to some of our products before negotiation or plan changes. With rigorous negotiation and the calibration of plan design changes which factor in the local market, a target of eleven point seventeen percent (11.17%) should be expected at a total annual premium cost of \$4,180,770.00.

Additionally, further education to modify current behaviors, wellness initiatives and disease management programs, along with these new negotiations and plan design changes puts the City in a better position for a favorable renewal.

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**ATTACHMENTS:**

- ▢ [Rate Plan Sheet](#)
- ▢ [Resolution No. R2015-69](#)
- ▢ [Exhibit A](#)





City of North Miami Beach  
 Medical Benefit & Rate Overview  
 Renewal Date: 10/1/2015

Plan Provisions	Current 10/1/2014 - 9/30/2015						Proposed Alternative 10/1/2015 - 9/30/2016					
	Coventry						United Healthcare					
	HMO HDHMO Mid 100-HCR 1/1/2013 \$0 Copay After Deductible	HMO HMO CONMB FD OA \$3/\$10/\$30/\$50/\$100	PPO PPO Value \$100 \$15/\$35/\$60 (For both In and Out of Area)		PPO PPO Value \$100 \$15/\$35/\$60 (For both In and Out of Area)		HMO H.S.A. NHP Plan F0NI MOD 2 w/RX Plan: PJ - H.S.A	HMO NHP Plan F0CG MOD 4 w/RX Plan: AK	POS NHP Choice Plus Plan F0DA MOD w/RX Plan: AL		POS UHC Choice Plus OL9 MOD 2 w/RX Plan: 01 (OOA Retirees)	
In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
1 Open Access Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
2 Deductible (Individual/Family)	\$2,500/\$5,000	Hospital Ded. \$500/\$1,000	\$1,000/\$3,000	\$2,000/\$6,000	\$1,000/\$3,000	\$2,000/\$6,000	\$2,500/\$5,000	\$500/\$1,000	\$1,000/\$3,000	\$2,000/\$6,000	\$1,000/\$3,000	\$2,000/\$6,000
3 Coinsurance (Plan Pays)	100%	N/A	80%	60%	80%	60%	100%	100%	80%	60%	80%	50%
4 Maximum Out-Of-Pocket (Individual/Family)	\$2,500/\$5,000	\$1,500/\$4,500	\$3,000/\$9,000	\$6,000/\$18,000	\$3,000/\$9,000	\$6,000/\$18,000	\$3,000/\$6,000	\$2,500/\$5,000	\$3,000/\$9,000	\$6,000/\$18,000	\$3,500/\$10,500	\$6,000/\$18,000
5 Deductible Accumulates	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6 Copayments Accumulates	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7 Coinsurance Accumulates	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8 Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
9 Primary Physician Office Visit	Subject to deductible	\$15	\$25	Subject to deductible and coinsurance	\$25	Subject to deductible and coinsurance	Subject to deductible	\$20	\$25	Subject to deductible and coinsurance	\$25	Subject to deductible and coinsurance
10 Specialist Physician Office Visit	Subject to deductible	\$30	\$45	Subject to deductible and coinsurance	\$45	Subject to deductible and coinsurance	Subject to deductible	\$40	\$45	Subject to deductible and coinsurance	\$50	Subject to deductible and coinsurance
11 Hospitalization	Subject to deductible	Subject to hospital deductible first then a \$200 copay per day for the first 1-5 days per admission	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	\$200 copayment per day x 5 days per admission	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
12 Inpatient:	100%	100%	80%	60%	80%	60%	100%	100%	80%	60%	80%	50%
13 Inpatient Coinsurance:												
14 at Hospital and Ambulatory Surgical Center:	Subject to deductible	at Hospital: Subject to hospital deductible first then \$200 copay at Ambulatory Surgical Center: \$100 copay at an Outpatient Diagnostic Center: \$50 copay in a Physician's Office: No additional copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	\$200 copayment per admission	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
15 Outpatient:	100%	100%	80%	60%	80%	60%	100%	100%	80%	60%	80%	50%
16 Emergency Care	Subject to deductible	\$100	\$150	\$150	\$150	\$150	Subject to deductible	\$250	\$150	\$150	\$250	\$250
17 Emergency Room	Subject to deductible	\$30	\$50	Subject to deductible and coinsurance	\$50	Subject to deductible and coinsurance	Subject to deductible	\$50	Subject to deductible and coinsurance	\$50	Subject to deductible and coinsurance	Subject to deductible and coinsurance
18 Urgent Care												
19 Diagnostic Lab & X-ray	Subject to deductible	at Hospital: subject to hospital deductible first then \$60 copay at Ambulatory Surgical Center: \$30 copay at an Outpatient Diagnostic Center: \$30 copay in a Physician's Office: No additional copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Covered 100%	Covered 100%	Subject to deductible and coinsurance	Covered 100%	Subject to deductible and coinsurance
20 Complex Imaging (MRI, CT, PET, etc.)	Subject to deductible	at Hospital: subject to hospital deductible first then \$60 copay at Ambulatory Surgical Center: \$30 copay at an Outpatient Diagnostic Center: \$30 copay in a Physician's Office: No additional copay	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
21 Prescription Drugs	Subject to annual deductible first, then all tiers covered 100%:	N/A	N/A	N/A	N/A	N/A	Subject to Annual Deductible First Then Copays Apply:	N/A	N/A	N/A	N/A	N/A
22 Deductible	\$0	Tier 1A: \$3 Tier 1B: \$10	\$15	\$15	\$15	\$15	Tier 1: \$10	Tier 1: \$10	Tier 1: \$20	Tier 1: \$20	\$10	\$10
23 Tier 1	\$0	\$30	\$35	\$35	\$35	\$35	Tier 1 Specialty: \$10	Tier 1 Specialty: \$10	Tier 1 Specialty: \$20	Tier 1 Specialty: \$20	\$35	\$35
24 Tier 2	\$0	\$50	\$60	\$60	\$60	\$60	Tier 2: \$35	Tier 2: \$35	Tier 2: \$40	Tier 2: \$40	\$70	\$70
25 Tier 3							Tier 2 Specialty: \$100	Tier 2 Specialty: \$125	Tier 2 Specialty: \$125	Tier 2 Specialty: \$125		
26 Mail Order Prescriptions	Subject to annual deductible first, then all tiers covered 100%:	N/A	N/A	N/A	N/A	N/A	Tier 3: \$60	Tier 3: \$50	Tier 3: \$60	Tier 3: \$60		
27 Deductible	\$0	Tier 1A: \$6 Tier 1B: \$20	\$15	Not Covered	\$15	Not Covered	Tier 3 Specialty: \$200	Tier 3 Specialty: \$250	Tier 3 Specialty: \$250	Tier 3 Specialty: \$250	\$25	Not Covered
28 Tier 1	\$0	\$60	\$70		\$70		Subject to Annual Deductible First Then Copays Apply:	N/A	N/A	N/A	\$87.50	Not Covered
29 Tier 2	\$0	\$100	\$180		\$180		Tier 1: \$25	Tier 1: \$20	Tier 1: \$40	Tier 1: \$40	\$175	Not Covered
30 Tier 3							Tier 1 Specialty: Not Covered	Tier 1 Specialty: Not Covered	Tier 1 Specialty: Not Covered	Tier 1 Specialty: Not Covered		
31 Employee	6	231	17	8	6	231	HMO H.S.A. NHP Plan F0NI MOD 2 w/RX Plan: PJ - H.S.A	HMO NHP Plan F0CG MOD 4 w/RX Plan: AK	POS NHP Choice Plus Plan F0DA MOD w/RX Plan: AL	POS UHC Choice Plus OL9 MOD 2 w/RX Plan: 01 (OOA Retirees)	6	8
32 Employee/Dep	0	92	0	2	0	92					0	2
33 Employee & Family	0	79	0	2	0	79					0	2
Tier Structure	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates	Current Rates
34 Employee	\$369.69	\$449.60	\$526.20	\$526.20	\$411.59	\$496.52	\$411.59	\$502.35	\$496.52	\$585.93	\$369.69	\$449.60
35 Employee/Dep	\$799.75	\$972.65	\$1,138.34	\$1,138.34	\$889.03	\$1,072.48	\$889.03	\$1,085.05	\$1,072.48	\$1,265.61	\$799.75	\$972.65
36 Employee & Family	\$1,035.24	\$1,259.04	\$1,473.55	\$1,473.55	\$1,152.45	\$1,406.58	\$1,152.45	\$1,406.58	\$1,390.26	\$1,640.60	\$1,035.24	\$1,259.04
37 Estimated Monthly Premium by Plan	\$2,218	\$292,806	\$8,945	\$9,433	\$2,470	\$326,987	\$2,470	\$326,987	\$8,441	\$10,500	\$2,218	\$292,806
38 Estimated Monthly Premium		\$313,402				\$348,398						
39 Estimated Annual Premium		\$3,760,830				\$4,180,770						
40 % of Change to Current						11.17%						
41 \$ of Change to Current						\$419,940						

\* The benefit overview is provided as a summary only. It does not include all of the benefits and limitations of the plan which are contained in the proposal / policy. In the event of a discrepancy, the proposal / policy prevails.  
 \* Premium calculations are based upon the data provided by the client. Final rates / premiums will be based upon actual enrollment and final underwriting.

Wells Fargo Insurance Services



**RESOLUTION NO. R2015-69**

**A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF NORTH MIAMI BEACH, FLORIDA, AUTHORIZING THE CITY MANAGER TO ENTER INTO AN AGREEMENT WITH UNITEDHEALTHCARE PURSUANT TO REQUEST FOR PROPOSALS NO. 2015-06 SINGLE SOURCE FULLY INSURED GROUP HEALTH, WELFARE AND EMPLOYEE ASSISTANCE PPROGRAM (EAP) PLAN.**

**WHEREAS**, in Resolution No. 2015-63, the City of North Miami Beach ("City") authorized the City Manager to negotiate an agreement for the City's single source fully insured group health, welfare and EAP plan with UnitedHealthcare, as the first ranked carrier selected pursuant to Request for Proposals (RFP) No. 2015-06; and

**WHEREAS**, the broker of record, Wells Fargo Insurance Services, negotiated the Agreement resulting in the attached proposal which reflects minimal plan design changes and an overall medical increase of 11.17%; and

**WHEREAS**, after careful consideration of the financial impact to the City and its employees, as well as the quality of health care benefits, the City Council approves and authorizes the City Manager to execute the Agreement with UnitedHealthcare.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of North Miami Beach, Florida.

**Section 1.** The foregoing recitals are true and correct.

**Section 2.** The Mayor and Council of the City of North Miami Beach, Florida, hereby authorize and direct the City Manager and the City Clerk to execute an Agreement, in a form acceptable to the City Attorney, between the City and UnitedHealthcare attached hereto as Exhibit "A" and incorporated herein by reference.

**RESOLUTION R2015-69**

**APPROVED AND ADOPTED** by the City of North Miami Beach City Council at the  
Regular meeting assembled this **4<sup>th</sup> day of August, 2015.**

ATTEST:

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PAMELA L. LATIMORE  
CITY CLERK

(CITY SEAL)

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GEORGE VALLEJO  
MAYOR

APPROVED AS TO FORM &  
LANGUAGE & FOR EXECUTION:

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JOSE SMITH  
CITY ATTORNEY

Sponsored by: Mayor and Council

**EXHIBIT "A"**

**AGREEMENT No. 2015-06**  
**BETWEEN THE CITY OF NORTH MIAMI BEACH**  
**AND**  
**UNITEDHEALTHCARE**

**THIS AGREEMENT** is made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 2015 by and between UnitedHealthcare a corporation organized and existing under the laws of the State of Florida, with offices at 3100 SW 154 Avenue, Suite 200, Miramar, FL 33027 (hereinafter referred to as the "Contractor"), and the City of North Miami Beach, a political subdivision of the State of Florida, having its principal office at 17011 NE 19<sup>th</sup> Avenue, North Miami Beach, Florida 33162 (hereinafter referred to as the "City").

**WITNESSETH:**

**WHEREAS**, the Contractor has offered to provide the materials and/or services and to be bound by **Request for Proposals (RFP) No. 2015-06 Single Source Fully Insured Group Health, Welfare and EAP Plan** which includes the General Terms and Conditions of the Request for Proposals, Specifications, Pricing Forms, and associated addenda attached hereto and incorporated herein as Exhibit "A", the terms of Contractor's Proposal attached hereto and incorporated herein as Exhibit "B", and the Medical Proposed Rates and Alternate Plan Designs attached hereto and incorporated herein as Exhibit "C"; and

**WHEREAS**, the Contractor has submitted a written proposal dated **May 13, 2015**, hereinafter referred to as the "Contractor's Proposal", the terms of which are incorporated herein by reference as if fully set forth herein; and

**WHEREAS**, the City desires to procure from the Contractor such services for the City, in accordance with the terms and conditions of this Agreement.

**NOW, THEREFORE**, in consideration of the mutual covenants and agreements herein contained, the parties hereto agree as follows:

1. The Contractor agrees to provide the materials and/or services pursuant to and to be bound by the specifications, the terms and conditions of the Request for Proposals, which includes General Terms and Conditions of Request for Proposals, Specifications, Pricing Forms, and associated addenda and the terms of which are incorporated herein by reference as if fully set forth herein and attached hereto as Exhibit "A", and the Contractor's Proposal attached hereto and incorporated herein as Exhibit "B" and the Medical Proposed Rates and Alternate Plan Designs attached hereto and incorporated herein as Exhibit "C";

2. The City agrees to abide by and to be bound by the terms of the Request for Proposals, which includes the General Terms and Conditions of the Request for Proposals, Specifications, Pricing, and associated addenda attached hereto and incorporated herein as Exhibit "A", the terms of Contractor's Proposal attached hereto and incorporated herein as Exhibit "B" and the Medical Proposed Rates and Alternate Plan Designs attached hereto and incorporated herein as Exhibit "C";

3. Contractor shall deliver materials and/or provide services in accordance with the terms of the Request for Proposals, Pricing and addenda attached hereto and incorporated herein as Exhibit "A", with the terms of Contractor's Proposal attached hereto and incorporated herein as Exhibit "B", and the Medical Proposed Rates and Alternate Plan Designs Health Benefits Agreement attached hereto and incorporated herein as Exhibit "C";

4. The City agrees to make payment in accordance with the terms of the Request for Proposals, Pricing and addenda attached hereto and incorporated herein as Exhibit "A", with the terms of Contractor's Proposal attached hereto and incorporated herein as Exhibit "B", and the Medical Proposed Rates and Alternate Plan Designs Health Benefits Agreement attached hereto and incorporated herein as Exhibit "C";

5. This Agreement and attachments hereto constitute the entire agreement between the parties hereto, and its provisions shall not be amended, except in writing, after formal approval by both parties.

6. This Agreement will commence as provided for in RFP 2015-06 unless Contractor is otherwise notified by the City. Any extension to this Agreement shall be in writing. The City Manager is authorized to extend or terminate this Agreement on behalf of the City.

7. In addition to any other contractual indemnification provisions in Exhibit "A" or Exhibit "B" or Exhibit "C" in favor of the City, Contractor hereby agrees to indemnify and hold the City harmless from any and all claims, suits, actions, damages, causes of action, and attorney's fees, arising from any personal injury, loss of life, or damage to person or property sustained by reason of or as a result of the services used or supplied in the performance of this Agreement.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

CONTRACTOR

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Attest: \_\_\_\_\_  
Corporate Seal/Notary Public

Corporate Seal/Notary Seal

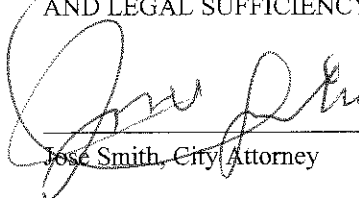
CITY OF NORTH MIAMI BEACH

By: \_\_\_\_\_  
Ana M. Garcia, City Manager

Date: \_\_\_\_\_

Attest: \_\_\_\_\_  
Pamela L. Latimore, City Clerk

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

  
\_\_\_\_\_  
Jose Smith, City Attorney

## **EXHIBIT "A"**

**DUE TO THE LARGE SIZE OF THIS ITEM THE FULL TEXT OF THE AMENDMENT CAN BE FOUND:**

- **ON THE CITY'S WEBSITE [WWW.CITYNMB.COM](http://WWW.CITYNMB.COM) UNDER THE QUICK LINK BIDS & RFP'S; AND**
- **ON FILE WITH THE CITY CLERK.**

## **EXHIBIT "B"**

**DUE TO THE LARGE SIZE OF THIS ITEM THE FULL TEXT OF THE AMENDMENT CAN BE FOUND:**

- **ON THE CITY'S WEBSITE [WWW.CITYNMB.COM](http://WWW.CITYNMB.COM) UNDER THE QUICK LINK BIDS & RFP'S; AND**
- **ON FILE WITH THE CITY CLERK.**

**EXHIBIT "C"**



**UnitedHealthcare**  
**Medical Proposed Rates and Alternate Plan Designs**

**Customer Name:** City of North Miami Beach  
**Effective Date:** October 1, 2015

\* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 1 F0CG MOD (NHP Open Access) Rx Plan: AK	Option 2 FDNI MOD (NHP HSA Open Access) Rx Plan: FB-HSA	Option 3 F0DA MOD (NHP Open Access) Rx Plan: AL	Option 4 0L9 MOD (INS-Legacy Base) Rx Plan: 0I
<b>Plan Name</b>				
<b>Product</b>	Choice NHP HMO *	Choice NHP HMO *	Choice+ NHP HMO *	Choice+ Legacy Insurance *
<b>Option</b>	FL/NHP/DUAL PLATFORM	FL/NHP/DUAL PLATFORM	FL/NHP/DUAL PLATFORM	OOA RETIREES
<b>Plan Offering</b>	Multiple Option	Multiple Option	Multiple Option	Multiple Option
<b>Multiple Option with:</b>	Option(s) 1,2,3,4	Option(s) 1,2,3,4	Option(s) 3,4,11,13	Option(s) 3,4,11,13
<b>HRA or HSA</b>	No	HSA	No	No
<b>Benefits*</b>	<i>Network Single/Family</i>	<i>Network Single/Family</i>	<i>Network Single/Family</i>	<i>Network Single/Family</i>
<b>Office Copay (PCP/SPC)</b>	PCP \$15, SPC \$30	PCP N/A, SPC N/A	PCP \$25, SPC \$45	PCP \$25, SPC \$45
<b>Hospital Copays</b>	OP \$200/admit, IP \$200/day x 5	OP N/A, IP N/A	OP N/A, IP N/A	OP N/A, IP N/A
<b>UC/ER/Major Diag Copay</b>	UC \$30, ER \$100, Maj Diag N/A	UC N/A, ER N/A, Maj Diag N/A	UC \$50, ER \$150, Maj Diag N/A	UC \$50, ER \$150, Maj Diag N/A
<b>Other</b>	ENRP	ENRP	ENRP	ENRP
<b>Deductible</b>	\$500/1,000 (Emb)	\$2,500/5,000 (NonEmb)	\$1,000/3,000 (Emb)	\$1,000/3,000 (Emb)
<b>Coinsurance</b>	100%	100%	80%	80%
<b>Out-of-Pocket</b>	\$1,500/4,500	\$2,500/5,000	\$3,000/9,000	\$3,000/9,000
<b>Pharmacy</b>	\$10/35/50 (\$10/125/250 SMCS) 2.0x for MO	Applies to Medical Deductible, No Copays	\$20/40/60 (\$20/125/250 SMCS) 2.0x for MO	\$10/35/70 2.5x for MO
	<i>Out of Network Single/Family</i>	<i>Out of Network Single/Family</i>	<i>Out of Network Single/Family</i>	<i>Out of Network Single/Family</i>
<b>Deductible</b>	N/A	N/A	\$2,000/6,000 (Emb)	\$2,000/6,000 (Emb)
<b>Coinsurance</b>	N/A	N/A	60%	60%
<b>Out of Pocket</b>	N/A	N/A	\$6,000/18,000	\$6,000/18,000
<b>Enrollment</b>				
<b>Employee</b>	231	6	17	8
<b>Employee + 1</b>	92	0	0	2
<b>Employee + Family</b>	79	0	0	2
<b>Total</b>	402	6	17	12
<b>Rates</b>	<i>Rates (Billed)</i>	<i>Rates (Billed)</i>	<i>Rates (Billed)</i>	<i>Rates (Billed)</i>
<b>Employee</b>	\$554.10	\$460.25	\$496.52	\$625.34
<b>Employee + 1</b>	\$1,196.86	\$994.14	\$1,072.48	\$1,350.73
<b>Employee + Family</b>	\$1,551.48	\$1,288.70	\$1,390.26	\$1,750.95
<b>Monthly Cost</b>	\$360,675	\$2,762	\$8,441	\$11,206
<b>Annual Cost</b>	\$4,328,102	\$33,138	\$101,290	\$134,473

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

**UnitedHealthcare**  
**Medical Proposed Rates and Alternate Plan Designs**

**Customer Name:** City of North Miami Beach  
**Effective Date:** October 1, 2015

\* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 5 F0HY (NHP HSA Open Access) Rx Plan: PJ-HSA	Option 6 F0CG MOD 2 (NHP Open Access) Rx Plan: AK	Option 7 F0CG MOD 2 (NHP Open Access) Rx Plan: PJ	Option 8 F0CG MOD 3 (NHP Open Access) Rx Plan: AK
<b>Plan Name</b>				
Product	Choice+ NHP HMO *	Choice NHP HMO *	Choice NHP HMO *	Choice NHP HMO *
Option	FL/NHP/DUAL PLATFORM	OPTION 6	OPTION 7	OPTION 8
Plan Offering	Multiple Option	Multiple Option	Multiple Option	Multiple Option
Multiple Option with:	Option(s) 1,3,4,5	Option(s) 2,3,4,6	Option(s) 2,3,4,7	Option(s) 2,3,4,8
HRA or HSA:	HSA	No	No	No
<b>Benefits*</b>	Network Single/Family	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	PCP N/A, SPC N/A	PCP \$20, SPC \$35	PCP \$20, SPC \$35	PCP \$20, SPC \$40
Hospital Copays	OP N/A, IP N/A	OP \$200/admit, IP \$200/day x 5	OP \$200/admit, IP \$200/day x 5	OP \$200/admit, IP \$200/day x 5
UC/ER/Major Diag Copay	UC N/A, ER N/A, Maj Diag N/A	UC \$50, ER \$200, Maj Diag N/A	UC \$50, ER \$200, Maj Diag N/A	UC \$50, ER \$250, Maj Diag N/A
Other	ENRP	ENRP	ENRP	ENRP
Deductible	\$2,000/4,000 (NonEmb)	\$500/1,000 (Emb)	\$500/1,000 (Emb)	\$500/1,000 (Emb)
Coinsurance	100%	100%	100%	100%
Out-of-Pocket	\$4,000/8,000	\$2,000/4,000	\$2,000/4,000	\$2,000/4,000
Pharmacy	\$10/35/60 (\$10/100/200 SMCS) 2.5x for MO (Int Med/Rx Ded)	\$10/35/50 (\$10/125/250 SMCS) 2.0x for MO	\$10/35/60 (\$10/100/200 SMCS) 2.5x for MO	\$10/35/50 (\$10/125/250 SMCS) 2.0x for MO
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$5,000/10,000 (NonEmb)	N/A	N/A	N/A
Coinsurance	50%	N/A	N/A	N/A
Out of Pocket	\$10,000/20,000	N/A	N/A	N/A
<b>Enrollment</b>				
Employee	6	231	231	231
Employee + 1	0	92	92	92
Employee + Family	0	79	79	79
Total	6	402	402	402
	Rates (Billed)	Rates (Billed)	Rates (Billed)	Rates (Billed)
<b>Rates</b>				
Employee	\$454.82	\$520.62	\$517.35	\$515.83
Employee + 1	\$982.41	\$1,124.54	\$1,117.48	\$1,114.19
Employee + Family	\$1,273.50	\$1,457.74	\$1,448.58	\$1,444.32
Monthly Cost	\$2,729	\$338,882	\$336,754	\$335,763
Annual Cost	\$32,747	\$4,066,588	\$4,041,046	\$4,029,162

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

**UnitedHealthcare**  
**Medical Proposed Rates and Alternate Plan Designs**

**Customer Name:** City of North Miami Beach  
**Effective Date:** October 1, 2015

\* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 9 F0CG MOD 3 (NHP Open Access) Rx Plan: PJ	Option 10 F0NI MOD 2 (NHP HSA Open Access) Rx Plan: PJ-HSA	Option 11 F0CG MOD 4 (NHP Open Access) Rx Plan: AK	Option 12 F0CG MOD 4 (NHP Open Access) Rx Plan: PJ
<b>Plan Name</b>	Choice NHP HMO *	Choice NHP HMO *	Choice NHP HMO *	Choice NHP HMO *
<b>Product</b>	OPTION 9	OPTION 10	OPTION 11	OPTION 12
<b>Plan Offering</b>	Multiple Option	Multiple Option	Multiple Option	Multiple Option
<b>Multiple Option with:</b>	Option(s) 2,3,4,9	Option(s) 1,3,4,10	Option(s) 3,4,11,13	Option(s) 2,3,4,12
<b>HRA or HSA</b>	No	HSA	No	No
<b>Benefits*</b>	<i>Network Single/Family</i>	<i>Network Single/Family</i>	<i>Network Single/Family</i>	<i>Network Single/Family</i>
<b>Office Copay (PCP/SPC)</b>	PCP \$20, SPC \$40	PCP N/A, SPC N/A	PCP \$20, SPC \$40	PCP \$20, SPC \$40
<b>Hospital Copays</b>	OP \$200/admit, IP \$200/day x 5	OP N/A, IP N/A	OP \$200/admit, IP \$200/day x 5	OP \$200/admit, IP \$200/day x 5
<b>UC/ER/Major Diag Copay</b>	UC \$50, ER \$250, Maj Diag N/A	UC N/A, ER N/A, Maj Diag N/A	UC \$50, ER \$250, Maj Diag N/A	UC \$50, ER \$250, Maj Diag N/A
<b>Other</b>	ENRP	ENRP	ENRP	N/A
<b>Deductible</b>	\$500/1,000 (Emb)	\$2,500/5,000 (NonEmb)	\$500/1,000 (Emb)	\$500/1,000 (Emb)
<b>Coinsurance</b>	100%	100%	100%	100%
<b>Out-of-Pocket</b>	\$2,000/4,000	\$3,000/6,000	\$2,500/5,000	\$2,500/5,000
<b>Pharmacy</b>	\$10/35/60 (\$10/100/200 SMCS) 2.5x for MO	\$10/35/60 (\$10/100/200 SMCS) 2.5x for MO (Int Med/Rx Ded)	\$10/35/50 (\$10/125/250 SMCS) 2.0x for MO	\$10/35/60 (\$10/100/200 SMCS) 2.5x for MO
	<i>Out of Network Single/Family</i>	<i>Out of Network Single/Family</i>	<i>Out of Network Single/Family</i>	<i>Out of Network Single/Family</i>
<b>Deductible</b>	N/A	N/A	N/A	N/A
<b>Coinsurance</b>	N/A	N/A	N/A	N/A
<b>Out of Pocket</b>	N/A	N/A	N/A	N/A
<b>Enrollment</b>				
<b>Employee</b>	231	6	231	231
<b>Employee + 1</b>	92	0	92	92
<b>Employee + Family</b>	79	0	79	79
<b>Total</b>	402	6	402	402
<b>Rates</b>	<i>Rates (Billed)</i>	<i>Rates (Billed)</i>	<i>Rates (Billed)</i>	<i>Rates (Billed)</i>
<b>Employee</b>	\$512.56	\$411.59	\$502.35	\$507.77
<b>Employee + 1</b>	\$1,107.13	\$889.03	\$1,085.08	\$1,096.78
<b>Employee + Family</b>	\$1,435.17	\$1,152.45	\$1,406.58	\$1,421.76
<b>Monthly Cost</b>	\$333,636	\$2,470	\$326,990	\$330,518
<b>Annual Cost</b>	\$4,003,629	\$29,634	\$3,923,880	\$3,966,212

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

**UnitedHealthcare**  
**Medical Proposed Rates and Alternate Plan Designs**

**Customer Name:** City of North Miami Beach  
**Effective Date:** October 1, 2015

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

Option 13	
013 MOD 2 (INS-Legacy Base) Rx Plan: 01	
<b>Plan Name</b>	
Product	Choice+ Legacy Insurance *
Option	OPTION 13
Plan Offering	Multiple Option
Multiple Option with:	Option(s) 3,4,11,13
HRA or HSA	No
<b>Benefits*</b>	In-Network Single/Family
Office Copay (PCP/SPC)	PCP \$25, SPC \$50
Hospital Copays	OP N/A, IP N/A
UC/ER/Major Diag Copay	UC \$50, ER \$250, Maj Diag N/A
Other	ENRP
Deductible	\$1,000/3,000 (Emb)
Coinsurance	80%
Out-of-Pocket	\$3,500/10,500
Pharmacy	\$10/35/70 2.5x for MO
	Out of Network Single/Family
Deductible	\$2,000/6,000 (Emb)
Coinsurance	50%
Out of Pocket	\$6,000/18,000
<b>Enrollment</b>	
Employee	8
Employee + 1	2
Employee + Family	2
Total	12
	Rates (Total)
<b>Rates</b>	
Employee	\$585.93
Employee + 1	\$1,265.61
Employee + Family	\$1,640.60
<b>Monthly Cost</b>	<b>\$10,500</b>
<b>Annual Cost</b>	<b>\$125,998</b>

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

## UnitedHealthcare Medical Quote Assumptions

Customer Name: City of North Miami Beach  
Effective Date: October 1, 2015

The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates.

### Medical Quote Assumptions

- Rates are guaranteed for the contract period of 10/1/15 through 9/30/16.
  - Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
    - Enrollment +/- 10%
    - Average Contract Size +/- 10%
    - Area Factor +/- 7.5%
    - Age/Sex Factor +/- 10%
    - Any Material Changes
    - Cobra enrollees are more than 10% of enrollment
  - This proposal assumes at least 75% of all eligible employees will enroll in an employer sponsored plan. This proposal further assumes that at least 50% of all benefit eligible employees (including spousal waivers) will enroll with UnitedHealthcare. If either assumption is not accurate, we reserve the right to requote back to original effective date.
  - Preliminary rates are subject to an ER form approval process (possible telephone interview). Unless otherwise stated, this offer replaces and renders all previous offers null and void.
  - Quote assumes no out of area or retiree lives. Includes deductible rollover from previous carrier, if applicable.
  - INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, KS, LA, MN, MS, MT, NC, NM, or OK.
  - NHP Network is only available to subscribers in the following counties: SOUTH FLORIDA (Broward, Martin, Miami-Dade, Palm Beach);
  - NHP availability continued: ORLANDO (Flagler, Lake, Orange, Osceola, Seminole, Volusia); TAMPA (Hernando, Hillsborough, Lee, Pasco, Pinellas, Polk, Sarasota).
  - Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- 
- Zenith Group - credibility to experience with be increased by an additive 20% at the first renewal.
  - Quote does not include Simply Engaged
  - Quote includes \$25,000 for Wellness Dollars.

UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.

This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about \$3 per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and state reinsurance fees.

Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.

Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.

Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.

### HRA/HSA Assumptions (If Applicable)

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HRA and HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the full family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied on HRA/HSA plans with integrated medical/pharmacy deductibles.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For calendar year 2015, the HDHP annual deductible cannot be less than \$1,300 for self-only coverage or \$2,600 for family coverage
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.
- Any unused HRA funds can be rolled over to next year's HRA, but are not portable as a cash out option.
- Only medical expenses covered under the medical plan are reimbursable from the HRA.



City of North Miami Beach  
17011 NE 19 Avenue  
North Miami Beach, FL 33162  
305-947-7581  
www.citynmb.com

**MEMORANDUM**

 **Print**

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**TO:** Mayor and City Council  
**FROM:** Jose Smith, City Attorney  
**VIA:**  
**DATE:** Tuesday, August 4, 2015

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**RE:** Litigation List

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**BACKGROUND ANALYSIS:** As of August 4, 2015

**RECOMMENDATION:**

**FISCAL/BUDGETARY IMPACT:**

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**ATTACHMENTS:**

▣ [Litigation List](#)

**TO: Mayor and City Council**  
**FROM: Jose Smith, City Attorney**  
**DATE: August 4, 2015**

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**LITIGATION LIST**

**I. Civil Rights:**

**II. Personal Injury:**

**III. Other Litigation:**

**IV. Forfeitures:**

**Ettiene, Earnest**  
**\$7,750.00 in US Currency**

**CITY'S MOTION FOR FINAL  
JUDGMENT GRANTED –  
CASE CLOSED**

**V. Mortgage Foreclosures:**

**Everbank v CNMB (Ocampo)**

**DISMISSED**

**VI. Bankruptcies:**

- **New Case**