HILLSBOROUGH CLASSROOM TEACHERS ASSOCIATION
Serving Education Professionals since 1921

Understanding Your Health Insurance

An HCTA member & staff FAQ explaining benefits, the insurance process, HCTA's role, bargaining, and organizing.

Question	Page
SECTION 1: Understanding Your Health Insurance Benefits	
1. What health insurance benefits do HCPS employees receive?	2
2. Does Florida law require public school employees to receive health insurance?	2
3. What health insurance and benefits are protected by our collective bargaining agreements?	3
4. Where can I find information about my health insurance benefits?	3
5. When can I enroll or change my benefits?	4
6. Who should I contact if I have more benefits questions?	4
SECTION 2: Understanding Today's Healthcare Challenges	
7. Why are healthcare costs increasing?	5
8. Is this only happening in Hillsborough?	6
9. Is this because HCPS switched to self-funded insurance?	6
10. What is the difference between self-insured and fully-insured?	8
11. Is self-funding good or bad?	8
12. Who actually made these decisions?	8
13. Why can't the School Board and District simply negotiate lower healthcare costs?	9
14. Why can't the School Board just absorb all these costs?	10
15. Why can't public school employees join the State plan?	10
16. HCPS is one of the largest employers in the county, why don't we have insurance like Amazon, Publix or other large companies?	11
17. Florida spends billions on public education. Why does funding still affect employee benefits, especially when other states seem to offer better pay and benefits?	12
18. How do healthcare costs affect salaries and bargaining?	12
SECTION 3: Who Does What?	
19. What is the Joint Insurance Committee, and what does it do?	13
20. Who serves on the Joint Insurance Committee?	13
21. What role does HCTA play on the Joint Insurance committee?	14
22. What is the difference between the Insurance Committee, School Board, and collective Bargaining?	14
SECTION 4: What Can HCTA Negotiate?	
23. Why does it matter that health insurance benefits are protected by our contracts?	15
24. Why did HCTA challenge the elimination of the $720 opt-out credit?	15
25. Who approves and ratifies negotiated agreements?	16
SECTION 5: What Has HCTA Done?	
26. What has HCTA done regarding employee health insurance?	17
27. How can employees help protect and improve our health insurance benefits?	17
SECTION 6: Your Voice Matters!	
28. Why does joining HCTA matter if everyone is represented?	18

HILLSBOROUGH CLASSROOM TEACHERS ASSOCIATION
Serving Education Professionals since 1921

SECTION 1: Understanding Your Health Insurance Benefits

1. What health insurance benefits do HCPS employees receive?

Eligible HCPS employees have access to a comprehensive benefits package, including medical, prescription drug, dental, vision, life, and other voluntary insurance benefits. The collective bargaining agreements negotiated and protected by HCTA guarantee that the School Board will provide and pay the entire premium for an employee-only coverage plan under a comprehensive medical insurance program. Employees may also enroll eligible dependents by paying the applicable dependent premium.

Additional benefits available to eligible employees include:

- Prescription drug coverage
- Dental insurance
- Vision insurance
- Employer-paid basic life insurance
- Employee Assistance Program (EAP)
- Wellness incentives and programs
- Voluntary supplemental insurance (such as accident, hospital indemnity, critical illness, disability, and cancer plans)

For current plan information, visit:

- HCPS Employee Benefits webpage
- HCPS Employee Benefits Microsite
- HCPS 2027 Annual Benefits Guide
- Instructional Contract - Article 13
- ESP Contract - Article 24

2. Does Florida law require public school employees to receive health insurance?

Not exactly.
Florida law authorizes school boards to provide group health insurance and to pay all or part of the premium for employees and their dependents. It also allows school districts to operate either a fully insured or self-funded health plan.

In Hillsborough County, the School Board has chosen to provide a self-funded health insurance plan, and HCTA has negotiated contractual protections that require the School Board to pay the premium for employee-only coverage under a comprehensive medical insurance program. Your health insurance benefits come from three sources working together:

- **Florida law:** Authorizes school districts to provide employee health insurance.
- **The School Board:** Determines the health insurance program it will offer.

- **Your collective bargaining agreement:** Protects important employee benefits, including employer-paid employee-only medical coverage and the role of the joint Insurance Committee.

To Learn More

- Florida Statute 112.08 - Group Insurance for Public Employees
- Instructional Contract - Article 13
- ESP Contract - Article 24

3. What health insurance and benefits are protected by our collective bargaining agreements?

Both the Instructional (Article 13) and ESP (Article 24) collective bargaining agreements establish important contractual rights related to employee health insurance and benefits. Among other things, the contracts establish:

- Employer-paid employee-only coverage under a comprehensive medical insurance program.
- The opportunity for eligible employees to enroll their dependents by paying the applicable premium.
- Employer-paid basic life insurance.
- The ability for eligible employees to continue health insurance under certain circumstances, such as approved leave or retirement, by paying the applicable premium.
- Access to pre-tax benefit programs for eligible insurance and benefit purchases.
- A joint Insurance Committee that reviews and analyzes the District's health insurance program and makes recommendations that are subject to negotiations.

These provisions are enforceable parts of the collective bargaining agreements negotiated between HCTA and the School Board. While health insurance plans are reviewed each year as healthcare costs and claims change, these contractual provisions establish important employee rights and a process for reviewing the District's health insurance program.

To Learn More

- Instructional Contract - Article 13
- ESP Contract - Article 24

4. Where can I find information about my health insurance and benefits?

The best place to start is the **HCPS Employee Benefits & Insurance webpage**, which serves as the District's central location for all benefits information as they change from year to year. From there, you can access:

- Current health insurance plan information
- The Annual Benefits Guide

- The Employee Benefits Portal
- Aetna member resources
- Open Enrollment information
- Benefits newsletters and updates
- Employee Benefits contact information
- Retirement and wellbeing resources

If you have questions about your contractual rights, collective bargaining, or proposed changes to employee benefits, HCTA is also available to help explain what the contracts provide and how proposed changes may affect employees.

To Learn More

- HCPS Employee Benefits Microsite
- HCPS 2027 Annual Benefits Guide
- Instructional Contract - Article 13
- ESP Contract - Article 24
- HCTA website

5. When can I enroll or change my benefits?

Employees may enroll in or make changes to their benefits during the District's annual ***Open Enrollment*** period. This typically takes place in September of each year for the upcoming calendar year of coverage. Outside of Open Enrollment, sometimes there will be a second enrollment window to make adjustments, but benefit changes are generally only permitted if you experience a "*Qualifying Life Event*", such as marriage, divorce, the birth or adoption of a child, or the loss of other health insurance coverage. Requests must typically be made within the required time period established by the District.
For information about enrollment deadlines, qualifying events, or available benefit options, contact the HCPS Employee Benefits Office or visit the HCPS Employee Benefits & Insurance webpage.

6. Who should I contact if I have more benefits questions?

It depends on the type of question you have.

QUESTION	WHO CAN HELP?
Enrolling in benefits, changing coverage, premiums, eligibility or Open Enrollment	HCPS Employee Benefits Office 813-272-4665
Claims, pre-authorization, ID Cards, finding a doctor, prescription coverage, or Explanation of Benefits (EOB)	Aetna Member Services *Call the number on your ID card for personalized service* HCPS Employee Benefits Office 813-272-4665

Contractual rights, collective bargaining, Insurance Committee, or workplace concerns	HCTA 813-238-7902
Payroll deductions for insurance premiums	HCPS Payroll 813-272-4371
Retirement or retiree insurance	HCPS Employee Benefits Office 813-272-4665

If you're not sure where to start, contact HCTA or the HCPS Employee Benefits Office to get connected with the right resource.

SECTION 2: Understanding Today's Healthcare Challenges

7. Why are healthcare costs increasing?

Healthcare costs continue to rise nationwide, not only for Hillsborough County Public Schools. As hospitals, physicians, prescription drugs, and other medical services become more expensive, the cost of providing employer-sponsored health insurance also increases. In recent years, employers across the country have commonly experienced annual health plan cost increases of approximately 8-10% before employers implement plan design changes, wellness initiatives, or other cost-containment measures.

Several factors are driving these increases, including:

- **Healthcare inflation -** The cost of providing medical care has consistently increased faster than general inflation. Prices for hospital services, physician care, medical equipment, and prescription drugs continue to rise each year.
- **Higher prices throughout the healthcare system -** Hospitals, physician groups, pharmaceutical companies, and other healthcare providers charge more for services and medications over time to cover their own rising costs, invest in new technology, and generate revenue. Insurance companies and employer health plans ultimately pay those higher costs through claims, which contributes to higher insurance costs.
- **The growing use of healthcare services** - More people are seeking medical care, utilizing preventive services, receiving advanced treatments, and living longer with chronic health conditions. As more healthcare services are used, total claims costs increase.
- **The rising cost of prescription drugs** - Specialty medications used to treat conditions such as cancer, autoimmune diseases, and other chronic illnesses now represent one of the fastest-growing areas of healthcare spending.
- **Less competition in the healthcare market -** Many regions have fewer hospitals, physician groups, pharmacy benefit managers, and insurance carriers than in the past. With less competition, employers have fewer options and less negotiating power to reduce costs.

These rising costs affect employers nationwide, including public school districts like HCPS. While employers can negotiate with vendors and explore ways to manage expenses, they cannot completely control the underlying cost of healthcare services.

To Learn More

- Kaiser Family Foundation (KFF): Employer Health Benefits Survey
- Peterson-KFF Health System Tracker
- Centers for Medicare & Medicaid Services (CMS): National Health Expenditure Data
- Aon's U.S. Health Survey

8. Is this only happening in Hillsborough?

No.

School districts, public employers, and private employers across Florida and the nation are facing many of the same challenges. Rising healthcare costs have resulted in higher insurance premiums, increased deductibles, plan redesigns, and greater cost-sharing in many employer-sponsored health plans.

In Florida:

- Many school districts have already moved, or are moving, to self-funded health insurance plans to better manage rising costs.
- Not all districts offer a no-premium employee-only health plan, making HCPS one of a relatively small number of districts that continues to provide this benefit.
- Very few Florida school districts offer an opt-out incentive for employees who waive district health insurance.

While every employer's health plan is different, virtually every large employer is confronting the same underlying challenge: healthcare costs continue to rise faster than available funding. Like other public employers, HCPS must balance rising healthcare costs with limited state and local funding while continuing to provide competitive salaries and benefits.

To Learn More

- Education Week: Rising Healthcare Costs Force School District Budget Tradeoffs
- Reuters: Employer Health Insurance Premiums Continue to Rise
- KFF Health News: School District Pays for Health Care But Can't Get an Itemized Bill

9. Is this because HCPS Switched to self-funded insurance?

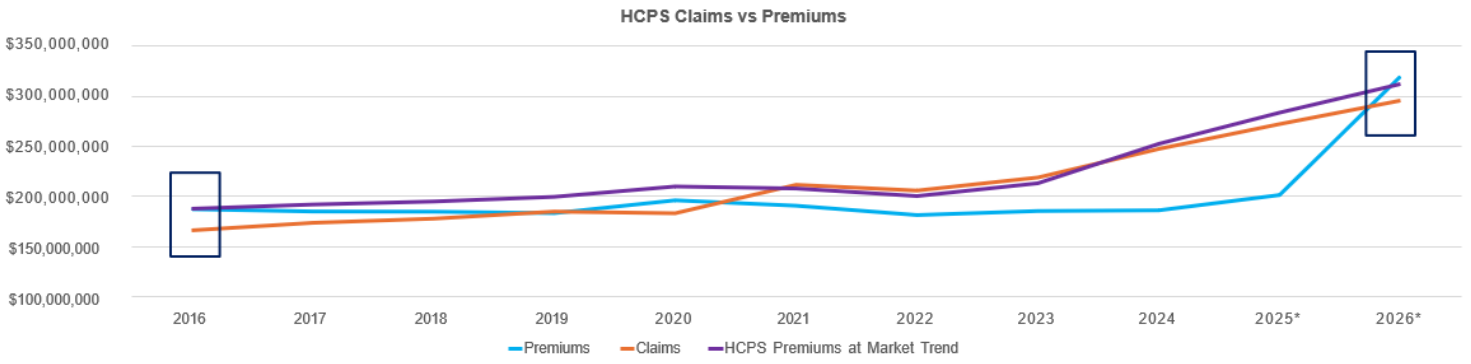
No.

The move to a self-funded health insurance plan beginning January 2026 did not create rising healthcare costs. Those costs were already increasing under the fully insured model.

As healthcare claims continued to increase faster than the premiums HCPS was paying, the District faced a difficult decision. According to the School Board's consultant, Aon, renewing the District's fully insured plan for 2026 would have required a significant increase in premiums to cover projected healthcare costs.

The chart below illustrates why the School Board believed a change was necessary.

2026: Resetting HCPS Premiums to Align with Total Costs



Year	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025*	2026*[1]
Premiums	$187,187,000	$184,861,000	$184,684,000	$183,223,000	$196,026,000	$190,597,000	$181,277,000	$185,329,000	$186,013,000	$201,336,000	$319,722,000
Claims	$165,917,000	$173,460,000	$177,573,000	$184,701,000	$183,037,000	$211,431,000	$205,643,000	$218,680,000	$247,209,000	$272,068,000	$295,578,000
Claims PEPY	$7,152	$7,633	$8,134	$8,668	$8,529	$10,303	$10,679	$11,671	$12,904	$13,791	$14,983
Loss Ratio	89%	92%	94%	98%	89%	105%	107%	109%	133%	135%	92%
YOY Claims Increase		5%	2%	4%	-1%	16%	-3%	6%	13%	10%	9%
Renewal Increases		0%	3%	1.8%	7.56%	0%	1.97%	6.1%	3.1%	5.4%	58.8%

* Projected Claims
[1] 2026 Aetna Fully Insured Renewal

AON

Plan premiums must cover total costs: a 2026 increase is warranted regardless if Fully Insured or Self-Funded

What does this graph show?

The graph compares:

- **Premiums** paid by HCPS (Board & Employees) for its fully insured health plan.
- **Actual healthcare claims** paid out on behalf of employees and their dependents.
- **Projected market premiums** showing what Aon estimated premiums would need to be if they fully reflected the cost of healthcare claims.

For several years, healthcare claims increased faster than the premiums HCPS (Board & Employees) was paying to Humana because renewal increases remained below State and National trends. By 2025 Humana left Florida, and all other potential insurance providers would not accept taking in premiums far below the costs of claims as Humana did. According to Aon's projections, renewing a fully insured health plan for 2026 through another insurance provider would have required total annual premiums of nearly $320 million. That represented an estimated increase of $118.4 million, or 58.8%, over the previous cost.

Instead, the School Board chose to move to a self-funded model. Aon projected that this approach would increase the District's health insurance costs by approximately $91.8 million, compared with the $118.4 million increase projected under a fully insured plan. The difference was approximately $26.6 million in projected cost **avoidance.** This did not mean healthcare costs decreased or that HCPS saved $26.6 million compared with the previous year. Rather, the

District expected self-funding to cost approximately $26.6 million less than the fully insured alternative for 2026.

10. What is the difference between self-insured and fully insured?

The biggest difference is who pays the healthcare claims.
A simple way to think about it is renting a house versus owning a house.

- **Fully insured**: HCPS "rents" the health plan by paying a fixed premium to an insurance company, which assumes the financial risk if claims are higher than expected.
- **Self-insured**: HCPS "owns" the health plan by paying employee healthcare claims directly. HCPS also purchases stop-loss insurance to protect against unexpectedly large claims, while Aetna continues to administer the plan.

For employees (like dependents living in a rented or owned house) many things stay the same. Aetna still processes claims, manages the provider network, and handles prior authorizations. The biggest difference is how the plan is funded, not how you access your healthcare.

11. Is self-funding good or bad?

Neither. Self-funding is simply a different way to finance an employer's health insurance plan. Whether a self-funded plan is "good" or "bad" depends on how it is designed, funded, and managed over time.
Potential advantages include:

- More flexibility to manage the plan.
- Better access to claims data and cost trends.
- Savings stay with the health plan rather than an insurance company.

Potential challenges include:

- The employer assumes more financial risk if claims increase.
- Rising healthcare costs still have to be paid.
- Difficult decisions may still be necessary if healthcare costs continue to outpace available funding.

For employees, the most important questions are not whether the plan is self-funded or fully insured, but whether the plan continues to provide affordable, high-quality coverage while protecting employee compensation.

12. Who actually made these decisions?

Different decisions are made by different groups.

The School Board (Employer)
Under Florida law, the School Board is the employer and has the management responsibility to operate the District. This includes decisions such as:

- Whether the plan is fully insured or self-funded.
- Which insurance carrier or administrator to use (Aetna, UnitedHealthcare, Cigna, etc.).
- What health plan options to offer.
- The overall general design of the health insurance program.

The School Board ultimately approves the District's health insurance plan.

HCPS Employee Benefits Department & Aon
The Employee Benefits Department and the District's health benefits consultant, Aon, analyze healthcare claims, market trends, projected costs, and available plan options. They develop recommendations and present them to both the Joint Insurance Committee for input, and ultimately the School Board for approval.

The Joint Insurance Committee
The Joint Insurance Committee is an advisory committee established through the collective bargaining agreements. It reviews the District's health insurance program, asks questions, and provides input and recommendations. The committee does not have independent authority to approve or reject insurance plans or negotiate collective bargaining agreements.

HCTA participates in the committee as one of nine representatives and advocates for employees throughout the review process. The committee's membership, responsibilities, and limitations are explained further in Section 3.

HCTA and Collective Bargaining
The Insurance Committee is not a collective bargaining session.
HCTA's role as the exclusive bargaining agent is to negotiate mandatory subjects of bargaining affecting employees' wages, hours, and terms and conditions of employment. For health insurance, this includes negotiating issues such as the cost of premiums coming out of employees' paychecks and protecting the contractual provisions contained in Articles 13 (Instructional) and 24 (ESP), including the employer-paid employee-only health insurance benefit.

HCTA also challenges changes that it believes should be negotiated and advocates for improvements through members organizing and the collective bargaining process.

13. Why can't the School Board and District simply negotiate lower healthcare costs?

HCPS negotiates with healthcare vendors and works with its benefits consultant, Aon, to obtain the best value possible. However, there are limits to what any employer can negotiate.

As explained in Question 7, healthcare costs are driven by factors that extend well beyond the District's control, including provider prices, prescription drug costs, healthcare utilization, and limited competition. While HCPS can negotiate contracts, evaluate competing vendors, and explore ways to manage costs, no single school district, union, or insurance company can simply negotiate away the rising cost of healthcare.

14. Why can't the School Board just absorb all these costs?

HCPS already pays the majority of employee health insurance costs. However, when healthcare costs rise faster than available funding, the District must determine how to address those increases. The School Board has several options, including absorbing additional costs, reallocating funds from other areas, modifying health plan designs, shifting some costs to employees, or using a combination of these approaches.

These are budget and policy decisions, not automatic consequences of rising healthcare costs. The School Board must weigh its financial responsibilities against the impact those decisions have on employees and their families, while also honoring applicable collective bargaining obligations.

This is why HCTA continues to advocate for both increased state investment in public education and District spending priorities that protect employee compensation and affordable health insurance.

15. Why can't public school employees join the State plan?

Many members ask why public school employees cannot participate in the State of Florida's health insurance program, particularly when state employees may pay less for comparable coverage. An important distinction is that what employees pay for health insurance depends not only on the cost of the plan, but also on how much their employer contributes toward that cost.

The State Group Insurance Program is established by Florida law and is available to state employees, state universities, state colleges, and certain other eligible public employers. Florida's K-12 public school districts are not included in the State Group Insurance Program. There are several reasons the State's costs may differ from those of individual school districts:

- The State covers hundreds of thousands of employees and dependents in one large insurance pool, giving it some purchasing power.
- The Florida Legislature determines how much the State contributes toward employee health insurance each year.
- The State's workforce and healthcare claims experience differ from those of individual school districts.
- Public school districts must operate their own health insurance programs using state and local education funding.

The State Plan is also subsidized through legislative appropriations. School districts do not receive separate state funding to participate in the State Group Insurance Program. Simply allowing school district employees to join the State Plan without additional funding would shift significant costs to either the State or local school districts.

If the Legislature chose to allow public school employees to participate in the State Group Insurance Program and provided adequate funding to support that participation, it could create additional options for school districts and employees. That decision, however, rests with the Florida Legislature, not with HCTA or HCPS.

Until then, HCPS must continue operating its own employee health insurance program.

To Learn More

- Florida Department of Management Services (DMS): State Group Insurance Program
- Florida Statutes, Chapter 110 (State Group Insurance Program)

16. HCPS is one of the largest employers in the county, why don't we have insurance like Amazon, Publix or other large companies?

While HCPS is a large employer, it operates very differently than private companies. Private employers like Amazon or Publix can generate revenue, adjust prices, and make business decisions that help offset rising healthcare costs. Public school districts rely primarily on state and local tax dollars and must operate within a fixed public budget. Other factors also affect the cost of health insurance, including:

- The age and health needs of the workforce and covered dependents.
- The number of employees and family members enrolled in the plan.
- The amount the employer contributes toward premiums.
- The plan design, including deductibles, copays, and out-of-pocket costs.
- The employer's ability to absorb rising healthcare costs.

Large employers may have greater purchasing power, but that does not necessarily mean they offer better or more affordable health insurance. The amount an employer contributes, the design of its plans, and the healthcare needs of its workforce all affect what employees ultimately pay.

Unlike private companies, HCPS cannot simply increase prices or generate additional business revenue to offset rising costs. However, the District still makes important decisions about how it allocates available resources, including how much it contributes to employee health insurance.

Being one of the county's largest employers does not eliminate the challenges of rising healthcare costs or inadequate public education funding. That is why HCTA advocates for

both increased state investment in public schools and District budget priorities that protect affordable health insurance and competitive employee compensation.

17. Florida spends billions on public education. Why does funding still affect employee benefits, especially when other states seem to offer better pay and benefits?

Florida does spend billions on public education, but what matters is how much funding is available for each student and each employee.
Florida is one of the largest public school systems in the country, educating nearly 3 million students. While the total amount spent is large, Florida has historically ranked near the bottom nationally in per-student funding and average teacher pay. School districts must use those dollars to pay for salaries, health insurance, retirement, transportation, school operations, instructional materials, utilities, and many other costs.

At the same time, healthcare costs have continued to increase much faster than education funding. As a result, school districts across Florida face difficult decisions about how to balance employee compensation and benefits within a limited budget. Many other states invest more funding per student and per employee than Florida. Some also contribute more toward employee health insurance or operate under different healthcare and retirement systems. Those differences allow many states to offer more competitive overall compensation packages.

This is why HCTA advocates not only for higher salaries and affordable health insurance, but also for increased investment in Florida's public schools. Adequate and sustainable funding is essential to recruiting and retaining the educators and support professionals our students deserve.

To Learn More

- Education Law Center – Making the Grade Report
- National Education Association – Rankings & Estimates

18. How do healthcare costs affect salaries and bargaining?

Employee compensation includes more than salary. It also includes health insurance, retirement contributions, and other benefits. When healthcare costs increase, those expenses place additional pressure on the resources available for employee compensation. However, how the District allocates its available funding remains an important part of the discussion.

This is why HCTA considers salaries and health insurance together during collective bargaining. Employees should not have to choose between meaningful salary increases and affordable healthcare and this is why HCTA's goal is to negotiate the strongest possible total compensation package while protecting the contractual benefits employees have earned.

HILLSBOROUGH CLASSROOM TEACHERS ASSOCIATION
Serving Education Professionals since 1921

SECTION 3: Who Does What?

19. What is the Joint Insurance Committee, and what does it do?

The Joint Insurance Committee is a committee established by the Instructional and ESP collective bargaining agreements to review and analyze the District's health insurance program. The committee meets regularly to:

- Review healthcare claims, costs, and utilization trends.
- Analyze proposed changes to the health insurance program.
- Ask questions and request additional information from the District, Aon, and other vendors.
- Discuss ways to maintain quality benefits while managing rising healthcare costs.
- Give input on the recommendations that AON and the Benefits Department present, which are subject to negotiations if they impact employee wages, hours, terms and conditions of employment.

The committee is advisory. It does not negotiate with insurance companies, approve the District's health insurance plan, or replace the collective bargaining process.

To Learn More

- Instructional Contract, Article 13.10
- ESP Contract, Article 24.5

20. Who serves on the Joint Insurance Committee?

The Joint Insurance Committee consists of nine (9) representatives from employee groups and the District:

- 1 representative from HCTA (1 Instructional, 2 ESP employees – 1 from each unit)
- 1 representative from HSEF (Educational Support Professionals represented by HSEF)
- 1 representative from HASA (School Administrators)
- 1 representative representing retirees
- 5 representatives from HCPS, including members of the Employee Benefits Department and the Superintendent's cabinet

This structure ensures multiple employee groups can provide input while allowing the School Board to have majority representation in discussions regarding employee health insurance.

21. What role does HCTA play on the Joint Insurance Committee?

HCTA holds one of the nine seats on the Joint Insurance Committee, representing the interests of the Instructional and ESP employees in our bargaining units. HCTA uses its participation to scrutinize information presented by the District and its consultants, question proposed changes, and advocate for affordable, quality health insurance benefits that protect employees and their families.

However, HCTA's participation does not mean it approves or agrees with every recommendation or decision. The committee is advisory, and HCTA cannot independently approve, reject, or veto changes to the District's insurance program.

Importantly, HCTA's role extends beyond the committee. As the exclusive bargaining representative, HCTA can negotiate mandatory subjects of bargaining, enforce contractual protections, and challenge changes it believes violate the collective bargaining agreements or applicable bargaining obligations.

22. What is the difference between the Insurance Committee, the School Board, and collective bargaining?

Although all three are involved in employee health insurance, they serve very different purposes.

INSURANCE COMMITTEE	SCHOOL BOARD	COLLECTIVE BARGAINING
Reviews health insurance information and recommendations from Employee Benefits and AON.	Is the employer and makes management decisions regarding the District's health insurance program.	The legal process through which HCTA negotiates mandatory subjects of bargaining on behalf of employees.
Asks questions, reviews data, and provides input on recommendations.	Ultimately approves the District's health insurance program.	Negotiates matters such as employee premium contributions from their paychecks and contractual health insurance provisions.
Includes representatives from multiple employee groups and the District.	Acts through publicly noticed School Board meetings.	Occurs between HCTA and the District under Florida's collective bargaining laws.
Is advisory and does not have authority to approve or reject changes	Exercises the authority granted to it as the employer under Florida law, subject to applicable statutes and collective bargaining agreements.	Results in tentative agreements that must be ratified by employees and approved by the School Board before becoming part of the collective bargaining agreement.

Each plays an important but different role. The Insurance Committee provides input and recommendations, the School Board makes management decisions as the employer, and HCTA uses the collective bargaining process to negotiate employees' contractual rights and challenge changes that it believes are subject to bargaining.

Myth vs. Fact

Myth: HCTA approved the insurance changes.

Fact: The School Board approved the health insurance program. HCTA has one voice on the Joint Insurance Committee, advocates for employees, and bargains where required by law.

HILLSBOROUGH CLASSROOM TEACHERS ASSOCIATION
Serving Education Professionals since 1921

SECTION 4: What Can HCTA Negotiate?

23. Why does it matter that health insurance benefits are protected by our contracts?

The health insurance provisions outlined in Question 3 are more than benefits the School Board currently chooses to offer. They are contractual commitments negotiated between HCTA and the District.

That distinction matters. While the School Board has management authority over its health insurance program, it must also comply with the collective bargaining agreements and applicable bargaining obligations under Florida law. These protections give employees enforceable contractual rights and provide HCTA with a basis to challenge violations, negotiate changes where required, and advocate for improvements.

Without a certified collective bargaining representative and a negotiated agreement, employees would face greater risks of losing these contractual protections and having employment terms established without collective bargaining.
This is why protecting our collective bargaining rights is directly connected to protecting our health insurance benefits.

To Learn More

- Chapter 447, Florida Statutes (Public Employees Relations Act)
- PERC Scope of Bargaining
- Instructional Contract, Article 13
- ESP Contract, Article 24

24. Why did HCTA challenge the elimination of the $720 opt-out credit?

HCTA consistently advocated against changes to the District's health insurance program that would cause employees to pay more, lose coverage, or lose benefits. The elimination of the $720 annual FSA credit for employees who waive HCPS medical insurance was one of those concerns.

HCTA did not agree to eliminate the credit. The opt-out credit has never been included in the HCTA collective bargaining agreements or a negotiated MOU, and its amount and availability have changed over time. Its elimination was a District decision, not a proposal HCTA agreed to during negotiations.

HCTA raised the issue directly during bargaining on September 11, asking the Board to explain its decision and financial reasoning on the record. The Board explained that, with healthcare costs increasing approximately 18% for 2027, the roughly $3 million previously associated with the opt-out credit could instead support the overall health insurance

program. The District also stated that its actuaries did not anticipate a significant number of employees enrolling in HCPS medical plans because of the credit's elimination.

While those dollars help support the broader insurance program, that does not diminish the financial loss for employees who previously received the $720 credit. Importantly, employees who waive HCPS medical coverage can still participate in a Flexible Spending Account (FSA) using their own pre-tax contributions. What is ending is the District-funded $720 credit, not access to the FSA itself.

HCTA's concerns and the Board's explanation are part of the public bargaining record. Employees can hear that exchange in the September 11 bargaining session, beginning at *55:40 time mark of the session*.

25. Who approves and ratifies negotiated agreements?

Collective bargaining agreements between HCTA and the School Board must be ratified by employees and approved by the School Board before they become effective. Once HCTA and the District's bargaining teams reach a tentative agreement, it goes through two separate processes:

HCTA Bargaining Unit Employees Ratify: Employees represented by HCTA in the applicable bargaining unit have the opportunity to vote on whether to ratify the tentative agreement. This vote is not limited to dues-paying HCTA members.

Hillsborough County School Board Approval: The elected School Board also votes publicly on whether to approve the agreement on behalf of the District.

Both parties must ratify & approve the agreement. Neither HCTA's bargaining team nor District administrators can independently finalize a collective bargaining agreement without this approval process.

This is an important distinction between changes the District makes under its management authority and changes that are negotiated through collective bargaining. Negotiated agreements require approval by both parties, giving employees a direct voice in the terms of their employment.

What about Memoranda of Understanding (MOUs)?

HCTA and the District also negotiate MOUs throughout the year to address specific circumstances, establish temporary adjustments, or pilot new programs. These agreements often have defined expiration dates and do not automatically become permanent contract provisions.

Rather than conducting separate employee ratification elections for every MOU, HCTA generally includes these agreements in the next full bargaining-unit ratification process,

along with the broader negotiated agreement. This avoids the significant time and expense of conducting multiple elections throughout the year.
Some MOUs may be signed and implemented on an interim basis before formal ratification, subject to applicable legal requirements. They are subsequently presented for ratification and approval through the established process.

SECTION 5: What Has HCTA Done?

26. What has HCTA done regarding employee health insurance?

Throughout the 2027 health insurance review and bargaining process, HCTA actively advocated to protect employee benefits and limit additional costs to employees. HCTA reviewed insurance data, submitted extensive written questions to HCPS, Aetna, and the District's benefits consultant, Aon, and pressed for explanations about rising costs, proposed plan changes, and their impact on employees.

Through the Joint Insurance Committee and collective bargaining, HCTA consistently advocated against changes that would increase employee costs, reduce coverage, or eliminate benefits. HCTA also raised concerns directly with the School Board during public bargaining sessions, including the elimination of the $720 opt-out credit.

The resulting agreements preserve the contractual guarantee of an employer-paid employee-only medical insurance option, maintain existing deductibles, and document Board and employee premium contributions through an annual insurance MOU.

While not every outcome was what HCTA advocated for, our work helped ensure employee concerns were raised, District decisions were questioned, and important health insurance protections remained part of the negotiated agreements.

27. How can employees help protect and improve our health insurance benefits?

Employees have a right to ask questions, express concerns, and advocate for affordable, quality health insurance benefits. Employees can stay informed through official District communications and HCTA updates, participate in HCTA meetings and surveys, contact HCPS Employee Benefits with questions, and communicate their concerns directly to School Board members, including at public Board meetings.

Sharing experiences with HCTA also helps identify problems and establish priorities for future negotiations. Joining and remaining active in HCTA strengthens our collective voice and our ability to advocate for better compensation, benefits, and working conditions.

Myth vs. Fact

Myth: HCTA didn't do anything about health insurance.

Fact: HCTA demanded data, submitted extensive written questions, advocated against increasing employee costs, educated members, challenged the School Board's actions at the bargaining table, and will continue addressing these issues through collective bargaining.

SECTION 6: Your Voice Matters!

28. Why does joining HCTA matter if everyone is represented?

Under Florida law, HCTA represents all employees in its bargaining units, regardless of whether they are dues-paying members. However, representation and membership are not the same thing.

HCTA members provide the financial resources, collective strength, and active participation necessary to negotiate contracts, advocate for better compensation and benefits, enforce contractual protections, and hold the District accountable. Members also have a direct voice in their union through leadership elections, union governance, and opportunities to help shape HCTA's priorities.

Florida law also places significant requirements on public-sector unions to maintain certification as the exclusive bargaining representative. **If HCTA loses that certification, employees could lose their existing collectively negotiated contractual protections, and the District would have greater authority to establish employment terms unilaterally and without a negotiated agreement.**

Everyone benefits from collective bargaining, but a strong union depends on employees choosing to join and participate.

To join HCTA or learn more, visit HillsboroughCTA.org or contact our office at HCTA@hcps.net.