



City of Lauderhill

City Commission
Chambers at City Hall
5581 W. Oakland Park
Blvd.
Lauderhill, FL, 33313
www.lauderhill-fl.gov

File Details

File Number: 25R-6295

File ID: 25R-6295

Type: Resolution

Status: Agenda Ready

Version: 1

Reference:

In Control: City Commission
Meeting

File Created: 08/11/2025

File Name: Cigna Group Health Insurance Renewal

Final Action:

Title: RESOLUTION NO. 25R-08-156: A RESOLUTION OF THE CITY OF LAUDERHILL, FLORIDA, APPROVING THE RENEWAL OF THE CIGNA GROUP HEALTH INSURANCE PLAN FOR THE REMAINING FOUR (4) YEARS OF THE ORIGINAL FIVE (5) YEAR TERM, WHICH BEGAN ON OCTOBER 1, 2024 AND ENDS ON SEPTEMBER 30, 2029, TO INCLUDE OPEN ACCESS PLUS (OAP) IN AN EXCLUSIVE PROVIDER ORGANIZATION (EPO) AND OAP PLUS COVERAGE PLANS; APPROVING PAYMENT OF \$9,656,464, FROM THE APPROPRIATE BUDGET CODE NUMBERS; AND PROVIDING FOR AN EFFECTIVE DATE (REQUESTED BY HUMAN RESOURCES DIRECTOR, ERCILIA KREMPLER AND CITY MANAGER, KENNIE HOBBS, JR.).

Notes:

Sponsors: Giles

Enactment Date:

Attachments: 25R-08-156 Resolution Renewing Cigna Group Health Ins. Plan, Gelin Benefits Group Renewal Letter 2025-26

Enactment Number:

Contact:

Hearing Date:

* **Drafter:** Ekrempler@Lauderhill-fl.gov

Effective Date:

History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
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Text of Legislative File 25R-6295

RESOLUTION NO. 25R-08-156: A RESOLUTION OF THE CITY OF LAUDERHILL, FLORIDA, APPROVING THE RENEWAL OF THE CIGNA GROUP HEALTH INSURANCE PLAN FOR THE REMAINING FOUR (4) YEARS OF THE ORIGINAL FIVE (5) YEAR TERM, WHICH BEGAN ON OCTOBER 1, 2024 AND ENDS ON SEPTEMBER 30, 2029, TO INCLUDE OPEN ACCESS PLUS (OAP) IN AN

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Request Action:

Requesting the approval of the renewal submitted by Cigna for Group Health Insurance to include OAP In (EPO) and OAP Plus coverage plans. This agreement covers the contract year October 1, 2025 through September 30, 2026.

Need Summary Explanation/ Background:

The 10% increase in premiums represents an increase in the amount of \$954,822.00 this year.

Cost Summary/ Fiscal Impact:

The estimated annual premium is \$9,656,464.00 paid from various accounts.

Attachments:

- #1 - Resolution
- #2 - Recommendation Letter from Agent of Record
- #2 - Summary Plan Description

Budget Code Number(s): 001-162-504521

Procurement Information: [check all that apply]

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|---|--|--------------------------------|
| <input type="checkbox"/> RFP/Bid | <input type="checkbox"/> Emergency Purchase | <input type="checkbox"/> SBE |
| <input type="checkbox"/> Proposal/Quote | <input type="checkbox"/> State Grant Funds | <input type="checkbox"/> Local |
| Preference | | |
| <input type="checkbox"/> Piggyback Contract | <input type="checkbox"/> Federal Grant Funds | |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> Matching Required | |