



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-6300

File ID: 25R-6300

Type: Resolution

Status: Agenda Ready

Version: 1

Reference:

In Control: City Commission
Meeting

File Created: 08/11/2025

File Name: Cigna Group Dental

Final Action:

Title: RESOLUTION NO.25R-08-159: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LAUDERHILL, FLORIDA, APPROVING THE RENEWAL OF THE CIGNA DENTAL INSURANCE PLANS AT NO RATE INCREASE FOR THE PERIOD BEGINNING OCTOBER 1, 2025 AND ENDING SEPTEMBER 30, 2026, TO INCLUDE DHMO AND PPO COVERAGE PLANS; APPROVING PAYMENT OF \$267,350 FROM THE APPROPRIATE BUDGET CODE NUMBERS; PROVIDING FOR AN EFFECTIVE DATE (REQUESTED BY HUMAN RESOURCES DIRECTOR, ERCILIA KREMPLER AND CITY MANAGER, KENNIE HOBBS, JR.).

Notes:

Sponsors: Giles

Enactment Date:

Attachments: AR 25R-08-159 Resolution Renewal Cigna Dental
Ins, Gelin Benefits Group - Renewal Letter 2025-26
Certified.pdf

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-6300

RESOLUTION NO.25R-08-159: A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LAUDERHILL, FLORIDA, APPROVING THE RENEWAL OF THE CIGNA DENTAL INSURANCE PLANS AT NO RATE INCREASE FOR THE PERIOD BEGINNING OCTOBER 1, 2025 AND ENDING SEPTEMBER 30, 2026, TO INCLUDE DHMO AND PPO COVERAGE PLANS; APPROVING PAYMENT OF \$267,350 FROM THE APPROPRIATE BUDGET CODE NUMBERS; PROVIDING FOR AN EFFECTIVE DATE (REQUESTED BY HUMAN RESOURCES DIRECTOR, ERCILIA KREMPLER AND CITY MANAGER, KENNIE HOBBS, JR.).

Request Action:

Requesting City of Lauderhill City Commission approval for the renewal of the Cigna Group Dental Insurance to include DHMO and PPO coverage plans. This agreement covers the contract year October 1, 2025 through September 30, 2026.

Need Summary Explanation/ Background:

To provide dental insurance benefits to eligible employees.

Cost Summary/ Fiscal Impact:

No premium increases for the contract year of October 1, 2025 through September 30, 2026.

Attachments:

#1 - Resolution

#2 - Gelin Benefits Group Letter

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

Procurement Information: [check all that apply]

- | | | |
|---|--|---|
| <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 | |