

# STAFF REPORT REGULAR MEETING

**AGENDA DATE:** August 6, 2024

**DEPARTMENT:** Human Resources

**TITLE:**

Standard Insurance Policies for FY 2024/25 Employee Health and Welfare Benefits

**SUMMARY:**

These Policies authorize the following:

1. CIGNA to provide Health and Dental Insurance
2. EyeMed to provide Vision Insurance
3. New York Life to provide Life and AD&D Insurance
4. CIGNA to provide EAP Services
5. Benefits Workshop to provide COBRA Administrative Services
6. CIGNA to provide Voluntary Supplemental Insurance.

**BACKGROUND AND JUSTIFICATION:**

Our Benefits Broker of Record, The Gehring Group, conducts the negotiation of the City's standard employee health and welfare insurance policies. Our current health insurance carrier, CIGNA, has agreed to offer the City the opportunity to continue with identical employee health and dental benefit plans from our current fiscal year into our next fiscal year at a five percent increase. Following the uncertainty that certain specialty prescription drugs have brought to the health insurance market and several years of without premium increases, continuation of these plans for the coming fiscal year is the most prudent course of action for the City.

**MOTION:**

Move to approve/disapprove CIGNA to provide Health and Dental Insurance, EAP Services and Voluntary Supplemental Insurance; EyeMed to provide Vision Insurance; New York Life to provide Life and AD&D Insurance and Benefits Workshop to provide COBRA Administrative Services.

**ATTACHMENT(S):**

Fiscal Impact Analysis  
Employee Benefits Executive Cost Summary  
Employee Benefits Renewal Evaluation

**FISCAL IMPACT ANALYSIS**

Five Year Summary of Fiscal Impact:

<b>Fiscal Years</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
<b>Inflows/Revenues</b>					
Appropriated (Budgeted)	0	0	0	0	0
Program Income	0	0	0	0	0
Grants	0	0	0	0	0
In Kind	0	0	0	0	0
<b>Outflows/Expenditures</b>					
Appropriated (Budgeted)	0	0	0	0	0
Operating	0	\$4,765,982	0	0	0
Capital	0	0	0	0	0
<b>Net Fiscal Impact</b> <i>(If not budgeted)</i>	0	\$4,765,982	0	0	0
<b>No. of Addn'l Full-Time</b> <b>Employee Positions</b>	0	0	0	0	0

<b>New Appropriation (Not Budgeted) Fiscal Impact:</b>		
	<b>Revenue Source</b>	<b>Expenditure</b>
Department	N/A	Benefit Fund
Division	N/A	Benefits
GL Description	N/A	Life & Health Insurance/ Dental and supplemental
GL Account Number	N/A	540-1320-513.23-30/ 540-1320-513.23-90
Project Number	N/A	N/A
Requested Funds	N/A	\$4,399,514/ \$366,468
Remaining Balance	N/A	N/A