



## CITY COUNCIL AGENDA ITEM

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**SUBJECT: New Medical Health Insurance Provider**

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**AGENDA SECTION:** *(check all that apply)*

☐ PRESENTATION    ☐ PUBLIC HEARING    ☐ CONSENT AGENDA    ☐ OLD BUSINESS  
☒ NEW BUSINESS    ☐ OTHER, PLEASE STATE: Click or tap here to enter text.

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**CATEGORY:** *(check all that apply)*

☒ ORDINANCE    ☐ RESOLUTION    ☐ CONTRACT    ☐ POLICY    ☐ STATUS REPORT  
☐ OTHER, PLEASE STATE: Click or tap here to enter text.

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**ACTION REQUESTED:** ☐ DECISION ☒ DISCUSSION, ☐ REVIEW, or ☐ UPDATE ONLY

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**Previously Heard Date(s):** Click or tap here to enter text. & Click or tap to enter a date.

**Current Work Session:** Monday, October 13, 2025

**Current Council Meeting:** Click or tap to enter a date.

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**SUBMITTED BY:** Leona Durden, Director of Human Resources

**PRESENTER:** Leona Durden, Director of Human Resources

**PURPOSE:** For Review – New Medical Health Insurance Provider

**FACTS:** Click or tap here to enter text.

**OPTIONS:** Discussion only Click or tap here to enter text.

**RECOMMENDED ACTION:** Discussion only Click or tap here to enter text.

### ATTACHMENTS:

- (1) Attachment 1 - Workforce Health Proposal
- (2) Attachment 2 - Click or tap here to enter text.
- (3) Attachment 3 - Click or tap here to enter text.
- (4) Attachment 4 - Click or tap here to enter text.
- (5) Attachment 5 - Click or tap here to enter text.