

CITY OF DORAL COUNCIL MEETING MEMORANDUM

ITEM TITLE:

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL FLORIDA, APPROVING AETNA AS THE CITY'S HEALTH AND DENTAL CARE INSURANCE PROVIDER, MUTUAL OF OMAHA FOR LIFE, SHORT-TERM, AND LONG-TERM DISABILITY INSURANCE; AND HUMANA FOR VISION INSURANCE AND ANCILLARY BENEFITS EFFECTIVE OCTOBER I, 2025; AUTHORIZING THE CITY MANAGER OR DESIGNEE TO EXECUTE ALL NECESSARY DOCUMENTS, SUBJECT TO APPROVAL BY THE CITY ATTORNEY AS TO FORM AND LEGAL SUFFICIENCY, AND TO EXPEND BUDGETED FUNDS ON BEHALF OF THE CITY IN FURTHERANCE HEREOF; PROVIDING FOR IMPLEMENTATION; PROVIDING FOR INCORPORATION OF RECITALS; AND PROVIDING FOR AN EFFECTIVE DATE

DEPARTMENT RECOMMENDATION:

Approval

BRIEF HISTORY:

Through a collaborative effort, the Human Resources Department, City Manager's Office, and our insurance broker, National Marketing Group Services (NMGS), have thoroughly reviewed our current medical benefits, historical and recent claims data, ancillary benefits and available renewal options. This comprehensive review included an examination of life, short-term, and long-term disability insurance plans to ensure we offer the most advantageous benefits for both the City and its employees.

After careful evaluation of the proposed benefits, we recommend accepting the recommendations from National Marketing Group Services (NMGS) for FY 2025-2026. This includes:

A rate pass-through for medical, dental, vision, life, and short-term/long-term disability insurance. The proposed rate pass-through for each insurance carrier reflects the following estimated monthly costs:

Aetna Medical: \$ 543,012
Aetna Dental: \$ 28,371
Humana Vision: \$2,984

Mutual of Omaha (Life & Disability): \$ 28,264

We also recommend continuing the existing voluntary ancillary benefit programs offered by Aflac, Colonial, and Legal Shield. These plans provide additional coverage for employees seeking supplemental benefits. The estimated monthly cost for these combined programs is:

Aflac: \$7,780Legal Shield: \$1,050

• C	Ionial: \$360
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LEGISLATIVE ACTION: (IF APPLICABLE)

Date:	Resolution/Ordinance No.	Comments

FINANCIAL INFORMATION: (IF APPLICABLE)

No.	Amount	Account No.	Source of Funds
Ι.	\$0		
2.	\$0		
Total:	\$0		
Fiscal	Impact Statement:	The proposed item has an	estimated fiscal impact on

Fiscal Impact Statement: The proposed item has an estimated fiscal impact on expenditures for FY 25-26 of \$7,341,852.00

STRATEGIC PLAN ALIGNMENT:

The City can ensure continuity of care for employees and dependents while maintaining a competitive program. Continuing our existing benefit program ensures it remains equitable and competitive with other employers in south Florida.

ATTACHMENT(S):

- A. Recommendation Letter.
- B. Aetna Insurance Worksheet.
- C. Dental Renewal Package.
- D. Humana Vision Worksheet.