

C7 AL A RESOLUTION OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, DIRECTING THE CITY ADMINISTRATION TO CONDUCT A SATISFACTION SURVEY OF CITY-COVERED HEALTHCARE INSURANCE PARTICIPANTS TO INCLUDE SPECIFIC INQUIRIES TO ESTABLISH COVERAGES NEEDED AND DESIRED BY PARTICIPANTS THAT MAY NOT CURRENTLY BE COVERED BY ANY CITY HEALTH INSURANCE PLAN SO THAT THE CITY ADMINISTRATION MAY BE ADEQUATELY INFORMED OF PARTICIPANT NEEDS AS THEY NEGOTIATE FUTURE HEALTH INSURANCE PLANS FOR CITY PARTICIPANTS.

Applicable Area:



**COMMISSION MEMORANDUM**

TO: Honorable Mayor and Members of the City Commission

FROM: City Attorney Ricardo J. Dopico

DATE: February 26, 2025

TITLE: A RESOLUTION OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, DIRECTING THE CITY ADMINISTRATION TO CONDUCT A SATISFACTION SURVEY OF CITY-COVERED HEALTHCARE INSURANCE PARTICIPANTS TO INCLUDE SPECIFIC INQUIRIES TO ESTABLISH COVERAGES NEEDED AND DESIRED BY PARTICIPANTS THAT MAY NOT CURRENTLY BE COVERED BY ANY CITY HEALTH INSURANCE PLAN SO THAT THE CITY ADMINISTRATION MAY BE ADEQUATELY INFORMED OF PARTICIPANT NEEDS AS THEY NEGOTIATE FUTURE HEALTH INSURANCE PLANS FOR CITY PARTICIPANTS.

**RECOMMENDATION**

**BACKGROUND/HISTORY**

**ANALYSIS**

The attached resolution was prepared at the request of the sponsor, Commissioner Alex Fernandez.

**FISCAL IMPACT STATEMENT**

N/A

**Does this Ordinance require a Business Impact Estimate?**

(FOR ORDINANCES ONLY)

If applicable, the Business Impact Estimate (BIE) was published on:

See BIE at: <https://www.miamibeachfl.gov/city-hall/city-clerk/meeting-notices/>

**FINANCIAL INFORMATION**

**CONCLUSION**

**Applicable Area**

Citywide

**Is this a "Residents Right to Know" item, pursuant to City Code Section 2-17?**

No

**Is this item related to a G.O. Bond Project?**

No

**Was this Agenda Item initially requested by a lobbyist which, as defined in Code Sec. 2-481, includes a principal engaged in lobbying?** No

If so, specify the name of lobbyist(s) and principal(s):

**Department**

City Attorney

**Sponsor(s)**

Commissioner Alex Fernandez

**Co-sponsor(s)**

**Condensed Title**

Direct Survey of Health Insurance Participants. (Fernandez) CA

**Previous Action (For City Clerk Use Only)**

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE MAYOR AND CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA, DIRECTING THE CITY ADMINISTRATION TO CONDUCT A SATISFACTION SURVEY OF CITY-COVERED HEALTHCARE INSURANCE PARTICIPANTS TO INCLUDE SPECIFIC INQUIRIES TO ESTABLISH COVERAGES NEEDED AND DESIRED BY PARTICIPANTS THAT MAY NOT CURRENTLY BE COVERED BY ANY CITY HEALTH INSURANCE PLAN SO THAT THE CITY ADMINISTRATION MAY BE ADEQUATELY INFORMED OF PARTICIPANT NEEDS AS THEY NEGOTIATE FUTURE HEALTH INSURANCE PLANS FOR CITY PARTICIPANTS.

**WHEREAS**, the City of Miami Beach provides health insurance plans to thousands of employees, retirees, and their families ("City Participants"); and

**WHEREAS**, the City is currently conducting research and negotiations regarding health insurance options for City Participants; and

**WHEREAS**, the City has become aware of a need for infertility treatment coverage that is not currently provided by the City, so that coverage is one subject of current research and negotiation; however, other uncovered needs that are important to City Participants may also exist; and

**WHEREAS**, the Mayor and City Commission desire and direct the City Administration to conduct a satisfaction survey of City-covered healthcare insurance participants to include specific inquiries to establish coverages needed by participants that may not currently be covered by any City health insurance plan so that the City Administration may be adequately informed of participant needs as they negotiate future health insurance plans for City Participants.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MIAMI BEACH, FLORIDA**, the Mayor and City Commission direct the City Administration to conduct a satisfaction survey of City-covered healthcare insurance participants to include specific inquiries to establish coverages needed by participants that may not currently be covered by any City health insurance plan so that the City Administration may be adequately informed of participant needs as they negotiate future health insurance plans for City Participants.

**PASSED** and **ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

**ATTEST:**

\_\_\_\_\_  
Steven Meiner, Mayor

\_\_\_\_\_  
Rafael E. Granado, City Clerk

(Sponsored by Commissioner Alex Fernandez)

APPROVED AS TO  
FORM & LANGUAGE  
& FOR EXECUTION

*[Signature]* 2/24/25  
for City Attorney *RR* Date