



Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Jacqueline Martin
2. **Organization/Title/Telephone:** Human Resource Manager
3. **Meeting Date:** Tuesday, July 2, 2024
4. **Requested Motion/Action:**
Approve Group Health Insurance Plans and Premiums for 2024/25FY
Overall premium increase of 0.90%
5. **Agenda Presentation:** Yes No N/A
6. **Time Requested:** Click or tap to enter a date.
(Request will be granted if Possible) allotted time not more than 15 minutes
7. **Is this Item Budgeted (If Applicable):** Yes No N/A
8. **If no, State Action Required:**
 - a. **Budget Action:**
 - b. **Financial Impact Summary Statement:**
 - c. **Detailed Analysis Attached**
 - d. **Budget Officer Approval:**

If approved enter date: Click or tap to enter a date.
9. **Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)**

Recommendation to renew existing group health insurance plans with PRM/Florida Blue:
PPO Blue Options 3559
HMO BlueCare 55
PPO BlueChoice 727
PPO BlueOptions 05901
Premium breakdown attached
10. **Recommended Approval**
 - a. **Department Director:** Yes No N/A
 - b. **County Attorney:** Yes No N/A
 - c. **County Coordinator:** Yes No N/A
 - d. **Other:** Yes No N/A