



## 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 5, 2022
4. **Requested Motion/Action:**  
Present Group Health Insurance Premiums for 2022/23 Fiscal Year. 6% Premium Increase  
Present New Retiree Group Health Option
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)**  

Group Health Insurance Premiums 6% increase  
Group Life Insurance Premiums – No change  
Group Vision Coverage with VSP – No change  
Introduction of new retiree plan through Florida Blue for consideration – no cost to county – retiree would pay entire premium
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