

AGENDA ITEM # \_\_\_\_\_

DATE: 4/21/14

COAC NUMBER: 14-5255ws

**CITY OF GOODYEAR  
CITY COUNCIL ACTION FORM**

**SUBJECT: Compensation and Medical  
Insurance Renewal Discussion**

**STAFF PRESENTER:** Lyman Locket,  
Human Resources Director

**COMPANY**

**CONTACT:**

**RECOMMENDATION:**

City Council will receive a presentation and discuss the health care program of the City of Goodyear and alternatives for fiscal year 2014-2015.

**PURPOSE:**

Council will receive additional options for their consideration in providing our employees with competitive health care. Staff will also present compensation benchmark data.

**PREVIOUS ACTIONS AND DISCUSSION:**

Staff will present, for Council discussion, health care options for fiscal year 2014-2015 and compensation benchmark data.

**FISCAL ANALYSIS:**

This item is for discussion only to seek Council direction.

**ATTACHMENTS:**

None.