



CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP# NUMBER: RFP 19-RFP060519C-MH

BID/RFP# TITLE: Employee Benefits Health Plan (Dental)

ORIGINAL APPROVAL DATE: August 7, 2019

RENEWAL EFFECTIVE DATES: January 1, 2023 THROUGH December 31, 2023

RENEWAL OPTION #: 3 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: See attached rates

- Self-insured DPPO Plan - \$1.80 per enrollee per month administrative fee
- Fully-insured DHMO Plan – based on tiered rates attached:

COMPANY'S NAME: Aetna, Inc.

ADDRESS: 1100 Abernathy Road, Suite 375

CITY: Atlanta

STATE: GA

ZIP: 30328

This Renewal Agreement No. ____ was approved by the Fulton County Board of Commissioners on BOC DATE: BOC NUMBER:

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

AETNA INC.

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

[Insert name]
[Insert title]

ATTEST:

ATTEST:

**Tonya R. Grier
Clerk to the Commission**

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**Hakeem Oshikoya, Finance Director
Finance Department**

Notary Public

County:_____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____	ITEM#: _____ RM: _____
RECESS MEETING	REGULAR MEETING