

## CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP NUMBER: 19-RFP060519C-MH

BID/RFP TITLE: Employee Healthcare Benefit Plan (Dental)

ORIGINAL APPROVAL DATE: 08-07-2019

RENEWAL EFFECTIVE DATES: 01-01-2024 THROUGH 12-31-2024

RENEWAL OPTION #: 4 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT:

- Self-insured DPPO Plan - \$1.84 per enrollee per month administrative fee
- Fully-insured DHMO plan – based on tiered rates below:

	PY 2024 - Monthly Rates		
	Total Dental Costs	Monthly County Contrib.	Monthly employee Contrib.
Active DHMO			
Employee	\$17.65	\$13.24	\$4.41
Employee + 1	\$34.43	\$25.82	\$8.61
Family	\$56.50	\$42.38	\$14.13
Early Retiree DHMO			
Employee	\$17.65	\$0.00	\$17.65
Employee + 1	\$34.43	\$0.00	\$34.43
Family	\$56.50	\$0.00	\$56.50
Over 65, Medicare Retiree DHMO			
Employee	\$17.65	\$0.00	\$17.65
Family	\$41.01	\$0.00	\$41.01

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**

\_\_\_\_\_  
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:_____
RECESS MEETING

ITEM#:_____ RM:_____
REGULAR MEETING