AMENDMENT NO. 1 TO EXTEND CONTRACT

Contractor: **Aetna Life Insurance**

Contract No.: **19-RFP060519C-MH**, **Employee Healthcare Benefits Plan**

Address: **2000 Riveredge Parkway**
City, State **Atlanta, GA 30328**

Telephone: **678-202-2174**

Email: **gswilliams@aetna.com**

Contact: **Sagina Williams**
VP Client Relations

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with **Aetna Life Insurance** effective January 1, 2020, to provide Group Medical and Pharmacy Basic and Enhanced Medicare Advantage Plans on a fully insured basis to Medicare Eligible retired employees and beneficiaries ("Original Agreement"); and

WHEREAS, the Original Agreement provided for annual renewals through December 31, 2024; and

WHEREAS, it is in the best interest of the County to extend the Original Agreement through December 31, 2025; and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No. 1 to Extend Contract is effective as of the 1st day of January 2025, between the County and Aetna Life Insurance, who agree that all Services specified will be performed in accordance with this Amendment No. 1 to Extend Contract and the Original Contract Documents.

1. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total cost per enrollee not to exceed $846.72 for family coverage with the Basic Medicare Advantage plan and $1,036.23 for family coverage with the Enhanced Medicare Advantage plan.

2. **LIABILITY OF COUNTY:** This Amendment No. 1 to Extend Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.

3. **EFFECT OF AMENDMENT NO. 1 TO EXTEND CONTRACT**: Except as modified by this Amendment No. 1 to Extend Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:	CONSULTANT/CONTRACTOR:
FULTON COUNTY, GEORGIA	**Aetna Life Insurance**
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)
APPROVED AS TO FORM:	ATTEST:
Office of the County Attorney	Notary Public
APPROVED AS TO CONTENT:	County: _____
Hakeem Oshikoya Finance Director	Commission Expires: _____ (Affix Notary Seal)

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