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. _4_ was approved by the Fulton County Board of

Commissioners on BOC DATE: 23-0550 BOC NUMBER: 8/16/2023

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
DocuSigned by:	DocuSigned by:
Robert L. Pitts	Natalie Gonder-Jones
Robert L. Pitts, Chairman	Natalie Gonder-Jones,
Fulton County Board of Commissioners	Director, Sales & Service
ATTEST: DocuSigned by:	ATTEST:
Tonya Grier	
	igned by: Secretary/
Clerk to the Commission	Assistant Secretary
(Affix County Seal)	(Affix Corporate Seal)
AUTHORIZATION OF RENEWAL:	ATTEST:
DocuSigned by:	DocuSigned by:
Hakeem Oshikoya	Cynthia Montano
Hakeem Oshikoya, Finance Director Finance Department	Notary Public
	County:
	Commission Expires: 03-31-2026 DocuSigned by:
	(Affix Notary Seal)
ITEM#: 23-0550 RCS: 8/16/2023	ITEM#: RM:
RECESS MEETING	REGULAR MEETING