DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Finance

BID/RFP NUMBER: 24RFP050124C-MH

BID/RFP TITLE: Employee Healthcare Benefits Plans

ORIGINAL APPROVAL DATE: September 18, 2024

RENEWAL EFFECTIVE DATES: January 1, 2026, THROUGH December 31, 2026

RENEWAL OPTION #: 1 OF 4

NUMBER OF RENEWAL OPTIONS: 4

RENEWAL AMOUNT: $45.73 per enrollee per month, administrative fee based on enrollment.

COMPANY'S NAME: Anthem (BCBS) of Georgia, Inc.

ADDRESS: 3350 Peachtree Road NE

CITY: Atlanta

STATE: GA

ZIP: 30326

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

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/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	**Anthem (BCBS)**
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:**
[Insert Department Head Name & Title] **Finance**	**Notary Public** **County:_____** **Commission Expires: _____** **(Affix Notary Seal)**

ITEM#:_____ RM:_____ **REGULAR MEETING**	**ITEM#:_____2nd RM:_____** **SECOND REGULAR MEETING**

CERTIFICATE OF INSURANCE