



## **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)**

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| <b>ITEM#:</b> _____ <b>RCS:</b> _____ | <b>ITEM#:</b> _____ <b>RM:</b> _____ |
| <b>RECESS MEETING</b>                 | <b>REGULAR MEETING</b>               |