

## CONTRACT RENEWAL AGREEMENT

**DEPARTMENT:** Finance

**BID/RFP# NUMBER:** RFP 19-RFP060519C-MH

**BID/RFP# TITLE:** Employee Benefits Health Plan (Medical and Pharmacy)

**ORIGINAL APPROVAL DATE:** August 7, 2019

**RENEWAL EFFECTIVE DATES:** January 1, 2024 THROUGH December 31, 2024

**RENEWAL OPTION #:** 4 OF 4

**NUMBER OF RENEWAL OPTIONS:** 4

**RENEWAL AMOUNT:** \$40.34 per enrollee per month administrative fee based on enrollment.

**COMPANY'S NAME:** Anthem of Georgia Inc.

**ADDRESS:** 3350 Peachtree Road

**CITY:** Atlanta

**STATE:** GA

**ZIP:** 30326

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**

**ANTHEM OF GEORGIA, 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)

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