



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

**CONTRACT RENEWAL**

**DEPARTMENT:** Finance

**BID/RFP# DESCRIPTION:** Employee Benefits Health Plan (Dental)

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

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

**RENEWAL PERIOD: FROM:** January 1, 2022 **THROUGH** December 31, 2022

**RENEWAL OPTION #** Two of Four

**NUMBER OF RENEWAL OPTIONS:** Four

**RENEWAL AMOUNT:**

- Self-insured DPPO Plan - \$1.76 per enrollee per month
- Fully-insured DMO Plan – based on tiered rates below:

ENROLLEE TYPE	COVERAGE LEVEL	2021 RATES	2022 RATES – NO CHANGE
Active Employees & Pre-65 (Non-Medicare) Retirees	Employee Only	16.97	16.97
	Employee +1	33.11	33.11
	Family	54.33	54.33
Age 65+ (Medicare Eligible) Retirees	Retiree Only	16.97	16.97
	Family	39.53	39.53

**COMPANY'S NAME:** Aetna, Inc.

**ADDRESS:** 1100 Abernathy Road, Suite 375

**CITY:** Atlanta

**STATE:** Georgia

**ZIP:** 30328

**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 for Bid/RFP#: 19-RFP060519C-MH**

(Person signing must have signature authority for the company/corporation)

**FULTON COUNTY, GEORGIA**

**[INSERT COMPANY NAME]**

\_\_\_\_\_  
**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]  
[Insert User Department Name]**

\_\_\_\_\_  
**Notary Public**

**County:**\_\_\_\_\_

**Commission Expires:** \_\_\_\_\_

**(Affix Notary Seal)**

<b>ITEM#:</b> _____ <b>RCS:</b> _____
<b>RECESS MEETING</b>

<b>ITEM#:</b> _____ <b>RM:</b> _____
<b>REGULAR MEETING</b>