



# Fulton County

## Legislation Details (With Text)

**File #:** 21-0647      **Version:** 1      **Name:**

**Type:** CM Action Item - Open & Responsible Government      **Status:** Passed

**File created:** 7/12/2021      **In control:** Board of Commissioners

**On agenda:** 9/1/2021      **Final action:** 9/1/2021

**Title:** Request approval to renew existing contracts - Finance Department, 19-RFP060519C-MH, Employee Healthcare Benefit Plan - Dental on a fully-insured basis with Aetna Life Insurance Company (Atlanta, GA) to administer: [1] Dental PPO (DPPO) Plan on a self-insured basis and [2] Dental HMO (DMO) Plan to eligible employees, retirees, beneficiaries and their covered dependents. This action exercises the second of four renewal options. Two renewal options remain. Effective date: January 1, 2022 through December 31, 2022. (APPROVED)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Exhibit 1 Contract Renewal Agreement, 2. Exhibit 2 Contract Renewal Evaluation Form 2022, 3. Exhibit 3 Contractor Performance Report - Aetna (Dental MA)

Date	Ver.	Action By	Action	Result
9/1/2021	1	Board of Commissioners	approve	Pass

### Department

Finance

### Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to renew existing contracts - Finance Department, 19-RFP060519C-MH, Employee Healthcare Benefit Plan - Dental on a fully-insured basis with Aetna Life Insurance Company (Atlanta, GA) to administer: [1] Dental PPO (DPPO) Plan on a self-insured basis and [2] Dental HMO (DMO) Plan to eligible employees, retirees, beneficiaries and their covered dependents. This action exercises the second of four renewal options. Two renewal options remain. Effective date: January 1, 2022 through December 31, 2022. **(APPROVED)**

### Requirement for Board Action *(Cite specific Board policy, statute or code requirement)*

In accordance with Purchasing Code Section 102-394(6), the Purchasing Department shall present all renewal requests to the Board of Commissioners at least 90 days prior to the contract renewal date or 60 days if the contract term is six (6) months or less.

### Strategic Priority Area related to this item *(If yes, note strategic priority area below)*

**Open and Responsible Government**

### Commission Districts Affected

All Districts

District 1

- District 2
- District 3
- District 4
- District 5
- District 6

**Is this a purchasing item?**

Yes

**Summary & Background** *(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

**Scope of Work:** Aetna administers the self-insured dental PPO and the fully-insured dental HMO plans for active employees, retirees/beneficiaries and their eligible dependents. This contract provides an all-inclusive administration fee for dental plan administration, claims adjudication, standard reporting and customer service. Aetna’s offering continues to provide the best overall value in terms of choice, provider access and cost both for the County and its members.

**Community Impact:** None

**Department Recommendation:** The Finance Department recommends renewal of existing contract with Aetna to administer the Dental PPO and HMO Plans based on the rates in Exhibit I and II below for the 2022 plan year. **EXHIBIT I - AETNA DENTAL PPO (DPPO) ADMINISTRATION FEE - SELF INSURED OPTION** Aetna will continue to administer the self-insured Dental PPO Plan at the rate of \$1.76 per enrollee per month. The administrative fee is guaranteed to remain flat over the duration of the contract. **EXHIBIT II - AETNA DENTAL HMO (DMO) PREMIUM RATES - FULLY INSURED OPTION** Below are the Dental HMO 2022

tiered approved premium rates. There is no change to the Dental HMO premiums from 2021 to 2022.

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

**Project Implications:** None

**Community Issues/Concerns:** None

**Department Issues/Concerns:** None

**Contract Modification**

<b>Current Contract History</b>	<b>BOC Item</b>	<b>Date</b>	<b>Dollar Amount</b>
Original Award Amount	19-0620	8/7/2019	Per approved admin fees (Dental PPO) & approved tiered rates (Dental HMO).
1st Renewal	20-0840	11/8/2020	Per approved admin fees (Dental PPO) & approved tiered rates (Dental HMO).
2 <sup>nd</sup> Renewal		9/1/2021	Per approved admin fees (Dental PPO) & approved tiered rates (Dental HMO).
Total Revised Amount			\$.00

**Contract & Compliance Information** *(Provide Contractor and Subcontractor details.)*

(1)

**Contract Value:** \$1.95 to \$1.76 per enrollee per month  
**Prime Vendor:** Aetna Dental PPO (DPPO)  
**Prime Status:** Non-Minority  
**Location:** Atlanta, GA  
**County:** Fulton County  
**Prime Value:** \$1.95 to \$1.76 per enrollee per month

(2)

**Contract Value:** \$17.32 down to \$16.80 employee only; employee +1 =\$33.10  
**Prime Vendor:** Aetna Dental HMO (DMO)  
**Prime Status:** Non-Minority  
**Location:** Atlanta, GA  
**County:** Fulton County  
**Prime Value:** \$17.32 down to \$16.80 employee only; employee +1 =\$33.10

**Exhibits Attached** *(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)*

- Exhibit 1: Contract Renewal Agreement
- Exhibit 2: Contract Renewal Evaluation Form
- Exhibit 3: Contractor Performance Report

**Contact Information** *(Type Name, Title, Agency and Phone)*

Ray Turner, Deputy Finance Director (404) 612-7737  
 Melissa Barnett, Benefits Manager (404) 612-4243

**Contract Attached**

Yes

## Previous Contracts

Yes

## Total Contract Value

Original Approved Amount:

Previous Adjustments:

This Request:

TOTAL:

## Grant Information Summary

Amount Requested:

Match Required:

Start Date:

End Date:

Match Account \$:

- Cash
- In-Kind
- Approval to Award
- Apply & Accept

## Fiscal Impact / Funding Source:

### Funding Line 1:

426-999-P003-1560: Group Insurance Stabilization, General Fund, Administrative

Key Contract Terms	
Start Date: 1/1/2022	End Date: 12/31/2022
Cost Adjustment: Click here to enter text.	Renewal/Extension Terms: 2 of 4 renewals

## Overall Contractor Performance Rating:

Would you select/recommend this vendor again?

Yes

Report Period Start:  
1/1/2021

Report Period End:  
6/30/2021