



Fulton County

Legislation Text

File #: 22-0605, Version: 1

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 with Aetna Life Insurance Company (Atlanta, GA) to administer: [1] Dental PPO (DPPO) Plan on a self-funded basis and [2] Dental HMO (DHMO) Plan on an insured basis, to eligible employees, retirees, beneficiaries and their covered dependents. This action exercises the fourth of four renewal options. No renewal option remains. Effective date: January 1, 2024, through December 31, 2024. **(APPROVED UPON ADOPTION OF THE CONSENT AGENDA)**

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, 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-funded dental PPO and the fully insured dental HMO plans for active employees, retirees/beneficiaries and their eligible dependents. Under a fully insured arrangement, the carrier pays claims from their own funds and sets premium rates to support expected payments. While under the self-funded arrangement, the carrier administers the plan, but

claims are funded by the County. These contracts provide dental plan administration, claims adjudication, standard reporting and customer service. Aetna will continue to provide \$15,000 in annual communication subsidy. 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 for the 2023 plan year. There is no change to the administrative fee for the self-funded Dental PPO plan from 2023 to 2024. Aetna will continue to administer at the rate of \$1.80 per enrollee per month. The 2024 Dental HMO and Dental PPO premium rates are presented as separate agenda item for approval.

Project Implications: None.

Community Issues/Concerns: None.

Department Issues/Concerns: None.

Contract Modification

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	19-0620	8/7/2019	<i>Dental PPO:</i> Based on per member per month admin fee. <i>Dental HMO:</i> Per enrollment based on approved rates.
1st Renewal	20-0840	11/8/2020	<i>Dental PPO:</i> Based on per member per month admin fee. <i>Dental HMO:</i> Per enrollment based on approved rates.
2 nd Renewal	21-0647	9/1/2021	<i>Dental PPO:</i> Based on per member per month admin fee. <i>Dental HMO:</i> Per enrollment based on approved rates.
3 rd Renewal			
Total Revised Amount			

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

(1)

Contract Value: \$1.80 per enrollee per month administrative fee.
Prime Vendor: Aetna Dental PPO (DPPO)
Prime Status: Non-Minority
Location: Atlanta, GA
County: Fulton County
Prime Value: \$1.80 per enrollee per month administrative fee.

(2)
Contract Value: Per enrollment in accordance with the approved Dental HMO rates.
Prime Vendor: Aetna Dental HMO (DHMO)
Prime Status: Non-Minority
Location: Atlanta, GA
County: Fulton County
Prime Value: Per enrollment in accordance with the approved Dental HMO rates.

Total Contract Value: \$1.80 per enrollee
Total M/FBE: TBD

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

Verna Thomas, Benefits Manager (404) 612-7639

Contract Attached

Yes

Previous Contracts

Yes

Total Contract Value

Original Approved Amount: *Dental PPO:* Based on per member per month admin fee. *Dental HMO:* Per enrollment based on approved rates.

Previous Adjustments:

This Request:

TOTAL:

Grant Information Summary

Amount Requested: Cash

Match Required:
Start Date:
End Date:
Match Account \$:

- 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: 1/1/2024	End Date: 12/31/2024
Cost Adjustment:	Renewal/Extension Terms: 4 4 Renewals

Overall Contractor Performance Rating: 88%

Would you select/recommend this vendor again?

Yes

Report Period Start:
1/1/2022

Report Period End:
6/30/2022