



# Fulton County

## Legislation Text

File #: 22-0606, 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 - with Aetna Insurance Company Inc. to provide medical and pharmacy benefits as a fully-insured option to Medicare eligible retirees/beneficiaries and dependents. The plans administered are: (1) Basic Medicare Advantage Plan and (2) Enhanced Medicare Advantage Plan (*Buy-Up Option*). This action exercises the third of four annual renewal options. One renewal option remains. Effective date: January 1, 2023, through December 31, 2023.

**(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 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 insures the County's Basic and Enhanced Medicare Advantage Plans. Under a fully insured arrangement, the carrier pays claims from their own funds and sets premium rates to support expected payments. This contract provides all-inclusive medical, pharmacy, wellness and disease management and claims administration. Eligible Medicare retirees and dependents have the

option to buy-up and pay the cost difference to enroll in the Enhanced Medicare Advantage Plan which pays 100% for medical benefits, with \$0 cost share. For 2023 Aetna will provide \$15,000 in communication allowance. The Medicare Advantage plans have been effective in holding down costs while providing competitive benefits to our retirees.

**Community Impact:** None

**Department Recommendation:** The Finance Department requests approval to renew existing contract with Aetna to insure the Basic and Enhanced Medicare Advantage plan enrollees. The 2023 premium rates for the Basic and Enhanced Medicare Advantage Plans are presented as a 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	19-0619	07/2019	Based on enrollment per approved rates.
1st Renewal	20-0828	11/18/2020	Based on enrollment per approved rates.
2 <sup>nd</sup> Renewal	21-0646	09/01/2021	Based on enrollment per approved rates.
3rd Renewal	22-2487	09/07/2022	Based on enrollment per approved rates.
Total Revised Amount			

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

**Contract Value:** Based on enrollment per approved rates.

**Prime Vendor:** Aetna Life Insurance Company

**Prime Status:** Non-Minority

**Location:** Alpharetta, GA

**County:** Fulton County

**Prime Value:** Based on enrollment per approved rates.

**Subcontractor:** SCR Consulting

**Subcontractor Status:** African American Male Business Enterprise- Certified

**Location:** Atlanta, GA

**County:** Fulton County

**Contract Value:** TBD (Enrollment Services & Education)

**Subcontractor:** PMI Solutions, LLC

**Subcontractor Status: African American Male Business Enterprise- Certified**

**Location: Atlanta, GA**

**County: Fulton County**

**Contract Value: TBD (Enrollment Services)**

**Total Contract Value: Based on enrollment per approved rates.**

**Total M/FBE Value: \$TBD (Enrollment & Education Services)**

**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)*

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

**Contract Attached**

Yes

**Previous Contracts**

Yes

**Total Contract Value**

Original Approved Amount: Based on enrollment per approved rates.

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: 1/1/2023	End Date: 12/31/2023
Cost Adjustment:	Renewal/Extension Terms: Three of Four

**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