



# Fulton County

## Legislation Details (With Text)

<b>File #:</b>	22-0605	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	CM Action Item - Open & Responsible Government	<b>Status:</b>		Agenda Ready	
<b>File created:</b>	7/6/2022	<b>In control:</b>		Board of Commissioners	
<b>On agenda:</b>	9/7/2022	<b>Final action:</b>			
<b>Title:</b>	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 third of four renewal options. One renewal option remains. Effective date: January 1, 2023, through December 31, 2023. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)				
<b>Sponsors:</b>					
<b>Indexes:</b>					
<b>Code sections:</b>					
<b>Attachments:</b>	1. Exhibit 1: Contract Renewal Agreement Form - Aetna Dental, 2. Exhibit 2: Contract Renewal Evaluation Form 2023, 3. Exhibit 3: Contractor Performance Report - Aetna (Dental MA), 4. 2022-0605				

Date	Ver.	Action By	Action	Result
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## 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 <sup>nd</sup> 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 <sup>rd</sup> 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:

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: 1/1/2024	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