



# Fulton County

## Legislation Details (With Text)

<b>File #:</b>	22-0608	<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>	7/11/2022	<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 an existing contract - Finance Department, 21RFP071321C-MH, Voluntary Worksite Benefits with (A) Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated to provide Accident Insurance; Critical Illness Insurance; Hospital Indemnity Insurance; Whole Life with Long Term Care Rider and Flexible Spending Accounts (Ameriflex Administrator): Commuter/Transit, Dependent Care, Limited Purpose & Traditional Health (B) Pre-Paid Legal Services, Inc. dba LegalShield to provide Identity Theft Protection and (C) Metropolitan Life Insurance Company to provide Short-term Disability Insurance & Legal Plans. Voluntary Benefit Plan Premiums/Contributions 100% employee paid. This action exercises the first of four renewal options. Three renewal options remain. Effective Date: January 1, 2023 to December 31, 2023. (APPROVED UPON ADOPTION OF THE CONSENT AGENDA)				

### Sponsors:

### Indexes:

### Code sections:

**Attachments:** 1. Exhibit 1A: Contract Renewal Agreement Form - Aflac, 2. Exhibit 1B: Contract Renewal Agreement Form - Metlife, 3. Exhibit 1C: Contract Renewal Agreement Form - Prepaid Legal Services DBA Legal Shield, 4. Exhibit 2A: Contractor Performance Report Aflac, 5. Exhibit 2B: Contractor Performance Report Metlife, 6. Exhibit 2C: Contractor Performance Report Prepaid Legal, 7. Exhibit 3: Contract Renewal Evaluation Form, 8. Exhibit 4 Voluntary Benefits Premium Rates, 9. Exhibit 5: Voluntary Benefit Plan Design Provisions, 10. Exhibit 6: Voluntary Benefit Plans Subsidies, 11. 2022-0608

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------

## Department

Finance

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

Request approval to renew an existing contract - Finance Department, 21RFP071321C-MH, Voluntary Worksite Benefits with (A) Continental American Insurance Company, a wholly-owned subsidiary of Aflac Incorporated to provide Accident Insurance; Critical Illness Insurance; Hospital Indemnity Insurance; Whole Life with Long Term Care Rider and Flexible Spending Accounts (Ameriflex Administrator): Commuter/Transit, Dependent Care, Limited Purpose & Traditional Health (B) Pre-Paid Legal Services, Inc. dba LegalShield to provide Identity Theft Protection and (C) Metropolitan Life Insurance Company to provide Short-term Disability Insurance & Legal Plans. Voluntary Benefit Plan Premiums/Contributions 100% employee paid. This action exercises the first of four renewal options. Three renewal options remain. Effective Date: January 1, 2023 to 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, 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:** Scope of Work: This contract provides administration of the voluntary benefits programs for active employees. Full-time employees are eligible for all plan offerings. Temporary employees are limited to post-tax plan options only. Voluntary benefits premiums are paid with 100% employee contributions. There is no premium cost impact to the County. Administration by vendor are as follows:

Plans	Vendor	Premium Tax Basis
Critical Illness insurance	Aflac	Pre-tax
Hospital Indemnity insurance	Aflac	Pre-tax
Accident insurance	Aflac	Pre-tax
Whole Life with Long Term Care Rider	Aflac	Post-tax
Flexible Spending Accounts	Aflac (Ameriflex Administrator)	Pre-tax
Identity Theft Protection	Pre-paid Legal Services	Post-tax
Legal Insurance	Metlife	Post-tax
Short Term Disability insurance	Metlife	Post-tax

**Community Impact:** None.

**Department Recommendation:** The Finance Department recommends renewal of existing contracts with Aflac, Prepaid Legal and Metlife to provide voluntary benefits coverage to active employees for the 2023 plan year. There are no changes to the premium rates and plan designs from 2022 to 2023.

**Project Implications:** None.

**Community Issues/Concerns:** None.

**Department Issues/Concerns:** None.

## Contract Modification

Current Contract History	BOC Item	Date	Dollar Amount
Original Award Amount	21-0658	9-1-21	100% employee paid
1 <sup>st</sup> Renewal		9-7-22	100% employee paid
Total Revised Amount			

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

**Total Contract Value:** 100.00% Employee Funded

(A)

**Contract Value:** 100.00% Employee Funded  
**Prime Vendor:** Continental American Insurance Co. dba Aflac Group  
**Prime Status:** Non-Minority  
**Location:** Columbia, SC  
**County:** Richland County  
**Prime Value:** 100.00% Employee Funded  
**Subcontractor:** None

**Total Contract Value:** 100.00% Employee Funded  
**Total M/FBE Value:** \$-0-

(B)

**Contract Value:** 100.00% Employee Funded  
**Prime Vendor:** Pre-Paid Legal Services dba Legal Shield  
**Prime Status:** Non-Minority  
**Location:** Ada, OK  
**County:** Pontotoc County  
**Prime Value:** 100.00% Employee Funded  
**Subcontractor:** None

**Total Contract Value:** 100.00% Employee Funded  
**Total M/FBE Value:** \$-0-

(C)

**Contract Value:** 100.00% Employee Funded  
**Prime Vendor:** Metropolitan Life Consumer Services & Metropolitan Life Legal Plans, Inc.  
**Prime Status:** Non-Minority  
**Location:** New York, NY  
**County:** New York County

**Prime Value:** 100.00% Employee Funded  
**Subcontractor:** None

**Total Contract Value:** 100.00% Employee Funded  
**Total M/FBE Value:** \$-0-

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

Exhibit 1: Contract Renewal Agreements  
Exhibit 2: Contractor Performance Reports  
Exhibit 3: Contract Renewal Evaluation Form  
Exhibit 4: Voluntary Benefits Premium Rates  
Exhibit 5: Voluntary Benefit Plan Designs  
Exhibit 6: Voluntary Benefit Subsidies

**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: 100% employee paid based  
on approved premium  
rates.

Previous Adjustments:

This Request:

TOTAL:

**Grant Information Summary**

Amount Requested:	<input type="checkbox"/> Cash
Match Required:	<input type="checkbox"/> In-Kind
Start Date:	<input type="checkbox"/> Approval to Award
End Date:	<input type="checkbox"/> Apply & Accept
Match Account \$:	

**Fiscal Impact / Funding Source**

**Funding Line 1:**

100% Employee Paid Premiums

Key Contract Terms	
Start Date: 1/1/2023	End Date: 12/31/2023
Cost Adjustment:	Renewal/Extension Terms: 1 4 Renewals

**Overall Contractor Performance Rating:**

AFLAC	88%
MetLife	88%
Atlanta Legal Aid Society, Inc.	88%

**Would you select/recommend this vendor again?**

Yes

<b>Report Period Start:</b>	<b>Report Period End:</b>
1/1/2022	6/30/2022