



**CITY COUNCIL
ATLANTA, GEORGIA**

**AN AMENDED RESOLUTION BY
FINANCE/EXECUTIVE COMMITTEE**

02-R-1642

AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT TO EXTEND THE HEALTH AND DENTAL INSURANCES FOR PLAN YEAR 2003 WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC. (FC-7135-99D); KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.-KAISER PERMANENTE (FC-7135-99B); BLUE CROSS BLUE SHIELD OF GEORGIA, INC./GROUP INSURANCE ADMINISTRATION, INC., A JOINT VENTURE (FC-7135-99E); OHS, A COMPBENEFITS COMPANY (FC-7135-99F) FOR FC-7135-99, HEALTH AND DENTAL BENEFITS; ESTABLISHING PREMIUM RATES FOR HEALTH AND DENTAL INSURANCE FOR 2003; AND FOR OTHER PURPOSES.

WHEREAS, the City of Atlanta did enter into contracts for health and dental benefits for City of Atlanta employees FC-7135-99 with Blue Cross Blue Shield of Georgia, Inc.; Kaiser Foundation Health Plan of Georgia, Inc., - Kaiser Permanente; Blue Cross Blue Shield of Georgia, Inc./Georgia Insurance Administration, Inc., A Joint Venture; and OHS, a CompBenefits Company for health and dental insurance, subject to annual accounting and rate adjustments; and

WHEREAS, said contract will expire December 31, 2002 and an extension is required for Plan Year 2003; and

WHEREAS, the City of Atlanta did advertise and solicit proposals for FC-7489-02, Health and Dental Benefits on behalf of the Department of Finance; and

WHEREAS, the City of Atlanta did cancel the solicitation FC-7489-02, due to the limited number of responses received from Health Insurance Carriers which limited the City's ability to obtain the best possible contract to provide quality and affordable health care coverage to City employees; and

WHEREAS, the contractors have performed satisfactorily; and

WHEREAS, the Chief Financial Officer and the Purchasing Agent of the Bureau of Purchasing and Real Estate have recommended the extension for Plan Year 2003 with Blue Cross Blue Shield of Georgia Inc., (FC-7135-99D); Kaiser Foundation Health Plan of Georgia, Inc., - Kaiser Permanente, (FC-7135-99B); Blue Cross Blue Shield of Georgia, Inc./Georgia Insurance Administration, Inc., A Joint Venture (FC-7135-99E); and OHS, a CompBenefits Company (FC-7135-99F).

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:



SECTION 1: That the Mayor is authorized to enter into an extension agreement with Blue Cross Blue Shield of Georgia Inc., (FC-7135-99D); Kaiser Foundation Health Plan of Georgia, Inc., - Kaiser Permanente, (FC-7135-99B); Blue Cross Blue Shield of Georgia, Inc./Georgia Insurance Administration, Inc., A Joint Venture (FC-7135-99E); and OHS, a CompBenefits Company (FC-7135-99F), for health and dental insurance for one year beginning January 1, 2003 and ending December 31, 2003.

SECTION 2: That the City Attorney be and is hereby authorized to approve the agreements as to form.

SECTION 3: That these agreements shall not become binding on the City, and the City shall incur no liability upon same until such agreements have been executed by the Mayor, sealed by the Municipal Clerk, and delivered to the contracting parties.

SECTION 4: That all services to be performed under these agreements shall be charged to and paid from 1A01 529007 T31001.

SECTION 5: The Office of Contract Compliance will maintain ongoing negotiations and monitoring with the carriers to ensure minority and female participation for the 2003 Plan Year.

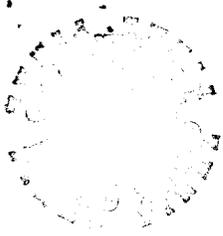
SECTION 6: That the monthly premium rates for 2003 shall be as follows:

A true copy,

Rhonda Daughkin Johnson
Municipal Clerk, CMC

ADOPTED as amended by the Council
APPROVED by the Mayor

OCT 07, 2002
OCT 15, 2002



BlueCross BlueShield Health Plans

BlueCross BlueShield Medical High Option

	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	529.64	347.09
Employee/Retiree and child(ren)	930.22	610.76
Employee/Retiree and spouse	1,339.40	883.02
Employee/Retiree and family	1,738.97	1,136.55
Beneficiary child(ren)	400.58	218.03
Widow(er)	809.76	627.21
Widow(er)/bene child(ren)	1,209.35	889.89

With Medicare

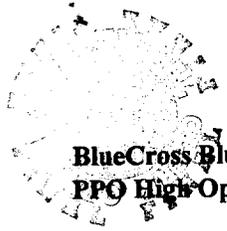
Retiree only	450.20	222.27
Retiree and child(ren)	850.78	420.06
Retiree and spouse (1 Medicare)	1,259.96	622.09
Retiree and spouse (2 Medicare)	1,138.51	562.13
Retiree and family (1 Medicare)	1,659.52	818.86
Retiree and family (2 Medicare)	1,539.07	759.92
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	688.29	339.83
Widow/bene child-Medicare	1,088.88	537.64

BlueCross BlueShield Medical Low Option

	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	450.20	267.65
Employee/Retiree and child(ren)	790.65	471.19
Employee/Retiree and spouse	1,138.51	682.13
Employee/Retiree and family	1,478.96	876.54
Beneficiary child(ren)	340.44	157.89
Widow(er)	688.29	505.74
Widow(er)/bene child(ren)	775.91	456.45

With Medicare

Retiree only	382.68	154.75
Retiree and child(ren)	723.15	292.43
Retiree and spouse (1 Medicare)	1,070.97	433.10
Retiree and spouse (2 Medicare)	967.73	391.35
Retiree and family (1 Medicare)	1,411.46	570.80
Retiree and family (2 Medicare)	1,308.18	529.03
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	585.05	236.59
Widow/bene child-Medicare	925.53	374.29



**BlueCross BlueShield
PPO High Option**

**Total
Cost** **Employee
Cost**

Without Medicare

Employee/Retiree only	420.60	238.05
Employee/Retiree and child(ren)	738.72	419.26
Employee/Retiree and spouse	1,063.66	607.28
Employee/Retiree and family	1,380.97	778.55
Beneficiary child(ren)	318.10	135.55
Widow(er)	643.06	460.51
Widow(er)/bene child(ren)	960.39	640.93

With Medicare

Retiree only	357.53	129.60
Retiree and child(ren)	675.63	244.91
Retiree and spouse (1 Medicare)	1,000.57	362.70
Retiree and spouse (2 Medicare)	904.12	327.74
Retiree and family (1 Medicare)	1,317.90	477.24
Retiree and family (2 Medicare)	1,222.22	443.07
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	546.59	198.13
Widow/bene child-Medicare	864.72	313.48

**BlueCross BlueShield
PPO Low Option**

**Total
Cost** **Employee
Cost**

Without Medicare

Employee/Retiree only	357.53	174.98
Employee/Retiree and child(ren)	627.88	308.42
Employee/Retiree and spouse	904.12	447.74
Employee/Retiree and family	1,174.50	572.08
Beneficiary child(ren)	270.37	87.82
Widow(er)	546.59	364.04
Widow(er)/bene child(ren)	816.99	497.53

With Medicare

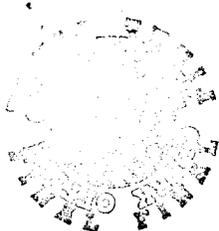
Retiree only	303.90	75.98
Retiree and child(ren)	574.29	143.57
Retiree and spouse (1 Medicare)	850.49	212.62
Retiree and spouse (2 Medicare)	768.51	192.13
Retiree and family (1 Medicare)	1,120.88	280.22
Retiree and family (2 Medicare)	1,038.86	259.72
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	464.61	116.15
Widow/bene child-Medicare	734.99	183.75



**BlueCross BlueShield
HMO**

	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	223.17	40.62
Employee/Retiree and child(ren)	392.76	73.30
Employee/Retiree and spouse	490.95	34.57
Employee/Retiree and family	691.80	89.38
Beneficiary child(ren)	169.61	0.00
Widow(er)	267.80	85.25
Widow(er)/bene child(ren)	468.64	149.18
<u>*With Medicare</u>		
Retiree only	128.34	0.00
Retiree and child(ren)	297.93	0.00
Retiree and spouse (1 Medicare)	396.12	0.00
Retiree and spouse (2 Medicare)	256.68	0.00
Retiree and family (1 Medicare)	596.97	0.00
Retiree and family (2 Medicare)	426.27	0.00
Beneficiary child(ren)-Medicare	192.51	192.51
Widow(er) only-Medicare	128.34	0.00
Widow/bene child-Medicare	297.93	0.00

*Medicare eligible members must enroll in Blue Choice Platinum



Kaiser Permanente Health Plans

Kaiser Permanente HMO

**Total
Cost**

**Employee
Cost**

Without Medicare

Employee/Retiree only	217.07	34.52
Employee/Retiree and child(ren)	379.87	60.41
Employee/Retiree and spouse	542.68	86.30
Employee/Retiree and family	716.33	113.91
Beneficiary child(ren)	217.07	34.52
Widow(er)	217.07	34.52
Widow(er)/bene child(ren)	379.87	60.41

***With Medicare**

Retiree only	220.75	0.00
Retiree and child(ren)	383.55	0.00
Retiree and spouse (1 Medicare)	437.82	0.00
Retiree and spouse (2 Medicare)	441.50	0.00
Retiree and family (1 Medicare)	687.45	0.00
Retiree and family (2 Medicare)	658.57	0.00
Beneficiary child(ren)-Medicare	220.75	220.75
Widow(er) only-Medicare	220.75	0.00
Widow/bene child-Medicare	383.55	0.00

Kaiser Permanente POS

**Total
Cost**

**Employee
Cost**

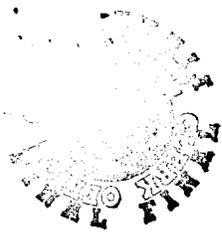
Without Medicare

Employee/Retiree only	243.40	60.85
Employee/Retiree and child(ren)	425.95	106.49
Employee/Retiree and spouse	608.50	152.13
Employee/Retiree and family	803.22	200.81
Beneficiary child(ren)	243.40	60.85
Widow(er)	243.40	77.68
Widow(er)/bene child(ren)	425.95	106.49

***With Medicare**

Retiree only	N/A	N/A
Retiree and child(ren)	403.30	0.00
Retiree and spouse (1 Medicare)	464.15	0.00
Retiree and spouse (2 Medicare)	N/A	N/A
Retiree and family (1 Medicare)	744.06	0.00
Retiree and family (2 Medicare)	684.90	0.00
Beneficiary child(ren)-Medicare	N/A	N/A
Widow(er) only-Medicare	N/A	N/A
Widow/bene child-Medicare	403.30	0.00

*Part A and B medicare members must enroll in Kaiser Senior Advantage



BlueCross BlueShield Dental Plans

BlueCross BlueShield Dental High Option	Total Cost	Employee Cost
Employee/Retiree only	28.85	7.21
Employee/Retiree and child(ren)	55.70	13.93
Employee/Retiree and spouse	61.29	15.32
Employee/Retiree and family	88.21	22.05
Beneficiary child(ren)	26.86	6.72
Widow(er)	32.44	8.11
Widow(er)/bene child(ren)	59.35	14.84

BlueCross BlueShield Dental Low Option	Total Cost	Employee Cost
Employee/Retiree only	28.85	7.21
Employee/Retiree and child(ren)	52.06	13.02
Employee/Retiree and spouse	61.15	15.29
Employee/Retiree and family	82.40	20.60
Beneficiary child(ren)	23.21	5.80
Widow(er)	32.44	8.11
Widow(er)/bene child(ren)	53.23	13.31

RCS# 4099
10/07/02
5:15 PM

Atlanta City Council

Regular Session

CONSENT I 0613;1695;1544;1562;1581;1666;1551
 1668; Except CDHR #6-#10
 RECON/READOPT

YEAS: 10
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 5
EXCUSED: 0
ABSENT 1

Y Smith	Y Archibong	Y Moore	Y Mitchell
Y Starnes	Y Fauver	B Martin	Y Norwood
NV Young	Y Shook	NV Maddox	NV Willis
Y Winslow	NV Muller	Y Boazman	NV Woolard

CONSENT I

10/07/02 Council Meeting

**ITEMS ADOPTED ON CONSENT
AGENDA**

1. 02-O-1538
2. 02-O-1549
3. 02-O-1554
4. 02-O-1466
5. 02-O-1253
6. 02-O-1575
7. 02-O-1576
8. 02-O-1582
9. 02-O-1447
10. 02-O-1545
11. 02-O-1261
12. 02-O-1534
13. 02-R-1662
14. 02-R-1669
15. 02-R-1709
16. 02-R-1711
17. 02-R-1712
18. 02-R-1713
19. 02-R-1633
20. 02-R-1664
21. 02-R-1667
22. 02-R-1673
23. 02-R-1469
24. 02-R-1642
25. 02-R-1644
26. 02-R-1649
27. 02-R-1714
28. 02-R-1727
29. 02-R-1650
30. 02-R-1651
31. 02-R-1652
32. 02-R-1653
33. 02-R-1654
34. 02-R-1655
35. 02-R-1656
36. 02-R-1657
37. 02-R-1658
38. 02-R-1659
39. 02-R-1660
40. 02-R-1718
41. 02-R-1719
42. 02-R-1698
43. 02-R-1699
44. 02-R-1700
45. 02-R-1701

**ITEMS ADVERSED
ON CONSENT AGENDA**

53. 02-R-1675
54. 02-R-1676
55. 02-R-1677
56. 02-R-1678
57. 02-R-1679
58. 02-R-1680
59. 02-R-1681
60. 02-R-1682
61. 02-R-1683
62. 02-R-1684
63. 02-R-1685
64. 02-R-1686
65. 02-R-1687
66. 02-R-1688
67. 02-R-1689
68. 02-R-1690
69. 02-R-1691
70. 02-R-1692
71. 02-R-1693
72. 02-R-1694
73. 02-R-1696
74. 02-R-1697

Consent I Vote: 10Yeas; 0 Nays (See RCS #4099; Reconsidered See RCS #4043)

Items Removed from Consent: 02-R-1613; 02-R-1695; 02-O-1544; 02-O-1562; 02-O-1581; 02-R-1666;
02-O-1551; 02-R-1668; 02-O-1598; 02-O-1599; 02-O-1600; 02-O-1601; 02-O-1602

02- R -1642

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AN AMENDED RESOLUTION BY FINANCE/EXECUTIVE COMMITTEES

AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT TO EXTEND THE HEALTH AND DENTAL INSURANCES FOR PLAN YEAR: 2003 WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC. (FC-7135-99D); KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.-KAISER PERMANENTE (FC-7135-99B); BLUE CROSS BLUE SHIELD OF GEORGIA, INC./GROUP INSURANCE ADMINISTRATION, INC., A JOINT VENTURE (FC-7135-99E); OHS, A COMPENEFITS COMPANY (FC-7135-99F); OR FC-7135-99, HEALTH AND DENTAL BENEFITS; ESTABLISHING PREMIUM RATES FOR HEALTH AND DENTAL INSURANCE FOR 2003; AND FOR OTHER PURPOSES.

ADOPTED BY

OCT 07 2002

As Amended COUNCIL

- CONSENT REFER
REGULAR REPORT REFER
ADVERTISE & REFER
1st ADOPT 2nd READ & REFER
PERSONAL PAPER REFER

Date Referred

Referred To:

Date Referred

Referred To:

Date Referred

Referred To:

First Reading

Committee Date Chair Referred to

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

FINAL COUNCIL ACTION

- 2nd 1st & 2nd 3rd
Readings
Consent V Vote RC Vote

CERTIFIED

Stamp: CERTIFIED OCT 07 2002

Signature: [Illegible]

Stamp: CERTIFIED OCT 07 2002

Signature: [Illegible]

MAYOR'S ACTION

Stamp: MAYOR OCT 15 2002 with signature