



**AN AMENDED RESOLUTION BY
FINANCE/EXECUTIVE COMMITTEE
AS SUBSTITUTED BY FULL COUNCIL**

**CITY COUNCIL
ATLANTA, GEORGIA**

**AUTHORIZING THE MAYOR TO ENTER INTO ⁰³NR-1463
AGREEMENT TO EXTEND THE HEALTH AND DENTAL
INSURANCES FOR PLAN YEAR 2004 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 2004; AND FOR OTHER
PURPOSES.**

WHEREAS, the City of Atlanta (the "City") did enter into contracts for health and dental benefits for City 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 has expired and an extension is required for Plan Year 2004; and

WHEREAS, due to the circumstances of the City's retiree population, the 75% who are not covered under Medicare, and the pending legislation on prescription medications affecting those with Medicare, the City finds itself in a unique situation regarding providing adequate, quality and affordable medical and dental coverage for its employees and retirees; and

WHEREAS, the Department of Finance is in the process of reviewing the need for consultant services to assist the City in Health/Dental Benefit Plan Design beginning in the year 2005; and

WHEREAS, because the HR Time and Attendance System status has yet to be determined, the intent to run the new system concurrently with the existing PeopleSoft System may be complicated with a change, at this time, in Health /Dental Plans.

WHEREAS, the contractors have performed satisfactorily; and

WHEREAS, the Chief Financial Officer and the Chief Procurement Officer have recommended the extension for Plan Year 2004 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, 2004 and ending December 31, 2004.

SECTION 2: That the Chief Financial Officer, the Chief Procurement Officer and the City Attorney are authorized to engage in further discussions with these companies as are necessary to protect the City's interest.

SECTION 3: That the City Attorney be and is hereby authorized to approve the agreements as to form.

SECTION 4: 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 5: That all services to be performed under these agreements shall be charged to and paid from 3T01 527007 T62102 for Employee health cost and 3T01 529019 T62103 for Retiree health cost.

SECTION 7: That the Employee/Retiree Health Insurance contribution amount will be calculated using the 2003 Contribution Formula until such time that Council authorizes a new City Contribution Formula.

SECTION 8: That the monthly premium rates for 2004 shall be as follows:



BlueCross BlueShield Health Plans

BlueCross BlueShield Medical High Option

Total Cost

Without Medicare

Employee/Retiree only	542.88
Employee/Retiree and child(ren)	953.48
Employee/Retiree and spouse	1,372.89
Employee/Retiree and family	1,782.44
Beneficiary child(ren)	410.60
Widow(er)	830.00
Widow(er)/bene child(ren)	1,239.58

With Medicare

Retiree only	461.46
Retiree and child(ren)	872.05
Retiree and spouse (1 Medicare)	1,291.46
Retiree and spouse (2 Medicare)	1,166.97
Retiree and family (1 Medicare)	1,701.01
Retiree and family (2 Medicare)	1,577.55
Beneficiary child(ren)-Medicare	not offered
Widow(er) only-Medicare	705.50
Widow/bene child-Medicare	1,116.10

BlueCross BlueShield Medical Low Option

Total Cost

Without Medicare

Employee/Retiree only	461.46
Employee/Retiree and child(ren)	810.42
Employee/Retiree and spouse	1,166.97
Employee/Retiree and family	1,515.93
Beneficiary child(ren)	348.95
Widow(er)	705.50
Widow(er)/bene child(ren)	795.31

With Medicare

Retiree only	392.25
Retiree and child(ren)	741.23
Retiree and spouse (1 Medicare)	1,097.74
Retiree and spouse (2 Medicare)	991.92
Retiree and family (1 Medicare)	1,446.75
Retiree and family (2 Medicare)	1,340.89
Beneficiary child(ren)-Medicare	not offered
Widow(er) only-Medicare	599.68
Widow/bene child-Medicare	948.69



BlueCross BlueShield

PPO High Option

**Total
Cost**

Without Medicare

Employee/Retiree only	468.97
Employee/Retiree and child(ren)	823.67
Employee/Retiree and spouse	1,185.98
Employee/Retiree and family	1,539.78
Beneficiary child(ren)	354.68
Widow(er)	717.01
Widow(er)/bene child(ren)	1,070.84

With Medicare

Retiree only	398.65
Retiree and child(ren)	753.33
Retiree and spouse (1 Medicare)	1,115.64
Retiree and spouse (2 Medicare)	1,008.09
Retiree and family (1 Medicare)	1,469.46
Retiree and family (2 Medicare)	1,362.78
Beneficiary child(ren)-Medicare	not offered
Widow(er) only-Medicare	609.45
Widow/bene child-Medicare	964.16

**BlueCross BlueShield
PPO Low Option**

**Total
Cost**

Without Medicare

Employee/Retiree only	398.65
Employee/Retiree and child(ren)	700.09
Employee/Retiree and spouse	1,008.09
Employee/Retiree and family	1,309.57
Beneficiary child(ren)	301.46
Widow(er)	609.45
Widow(er)/bene child(ren)	910.94

With Medicare

Retiree only	338.85
Retiree and child(ren)	640.33
Retiree and spouse (1 Medicare)	948.30
Retiree and spouse (2 Medicare)	856.89
Retiree and family (1 Medicare)	1,249.78
Retiree and family (2 Medicare)	1,158.33
Beneficiary child(ren)-Medicare	not offered
Widow(er) only-Medicare	518.04
Widow/bene child-Medicare	819.51



BlueCross BlueShield

HMO

**Total
Cost**

Without Medicare

Employee/Retiree only	235.06
Employee/Retiree and child(ren)	415.98
Employee/Retiree and spouse	594.26
Employee/Retiree and family	784.43
Beneficiary child(ren)	190.50
Widow(er)	300.80
Widow(er)/bene child(ren)	526.38



Kaiser Permanente Health Plans

Kaiser Permanente HMO

Total Cost

Without Medicare

Employee/Retiree only	231.68
Employee/Retiree and child(ren)	405.45
Employee/Retiree and spouse	579.22
Employee/Retiree and family	764.56
Beneficiary child(ren)	231.68
Widow(er)	231.68
Widow(er)/bene child(ren)	405.45

*With Medicare

Retiree only	224.14
Retiree and child(ren)	397.91
Retiree and spouse (1 Medicare)	455.82
Retiree and spouse (2 Medicare)	448.28
Retiree and family (1 Medicare)	722.26
Retiree and family (2 Medicare)	679.96
Beneficiary child(ren)-Medicare	224.14
Widow(er) only-Medicare	224.14
Widow/bene child-Medicare	397.91

Kaiser Permanente POS

Total Cost

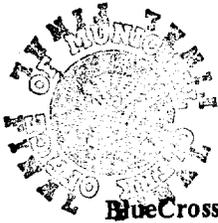
Without Medicare

Employee/Retiree only	254.47
Employee/Retiree and child(ren)	445.32
Employee/Retiree and spouse	636.18
Employee/Retiree and family	839.75
Beneficiary child(ren)	254.47
Widow(er)	254.47
Widow(er)/bene child(ren)	445.32

*With Medicare

Retiree only	not offered
Retiree and child(ren)	414.99
Retiree and spouse (1 Medicare)	478.64
Retiree and spouse (2 Medicare)	not offered
Retiree and family (1 Medicare)	771.25
Retiree and family (2 Medicare)	702.75
Beneficiary child(ren)-Medicare	not offered
Widow(er) only-Medicare	not offered
Widow/bene child-Medicare	414.99

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



BlueCross BlueShield Dental Plans

BlueCross BlueShield Dental High Option

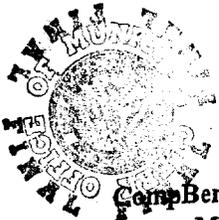
Total Cost

Employee/Retiree only	30.00
Employee/Retiree and child(ren)	57.93
Employee/Retiree and spouse	63.74
Employee/Retiree and family	91.74
Beneficiary child(ren)	27.93
Widow(er)	33.74
Widow(er)/bene child(ren)	61.72

BlueCross BlueShield Dental Low Option

Total Cost

Employee/Retiree only	30.00
Employee/Retiree and child(ren)	54.14
Employee/Retiree and spouse	63.60
Employee/Retiree and family	85.70
Beneficiary child(ren)	24.14
Widow(er)	33.74
Widow(er)/bene child(ren)	55.36



OHS, A CompBenefits Company Dental Plans

CompBenefits Access Managed Dental Plan

Total Cost

Employee/Retiree only	13.60
Employee/Retiree and child(ren)	26.40
Employee/Retiree and spouse	27.74
Employee/Retiree and family	41.96
Beneficiary child(ren)	26.40
Widow(er)	13.60
Widow(er)/bene child(ren)	26.40

CompBenefits Dental Plan Preselect

Total Cost

Employee/Retiree only	10.22
Employee/Retiree and child(ren)	18.58
Employee/Retiree and spouse	20.34
Employee/Retiree and family	31.50
Beneficiary child(ren)	18.58
Widow(er)	10.22
Widow(er)/bene child(ren)	18.58

A true copy,

Rhonda Daughin Johnson
Municipal Clerk, CMC

ADOPTED by the Council
APPROVED by the Mayor

September 15, 2003
September 19, 2003

RCS# 5029
9/15/03
3:13 PM

Atlanta City Council

Regular Session

03-R-1463

AGRMNT HEALTH AND DENTAL INSUR FOR 2004
BLUE CROSS/SHIELD, KAISER, OHS
ADOPT ON SUB

YEAS: 11
NAYS: 2
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 2

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

03-R-1463

(Do **03w/1463** line)

**A RESOLUTION BY
FINANCE/EXECUTIVE COMMITTEE**

AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT TO EXTEND THE HEALTH AND DENTAL INSURANCES FOR PLAN YEAR 2004 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 2004; AND FOR OTHER PURPOSES.

ADOPTED BY

SEP 15 2003

COUNCIL

Substitute Amendment

- 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 _____

FINAL COMMITTEE

Date 9-15-03

Chair *[Signature]*

Action

Fav, Adv, Hold (see rev. side)

Other *[Signature]*

Members *[Signature]*

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 _____

Committee _____

Date _____

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 _____

Committee _____

Date _____

- FINAL COUNCIL ACTION**
- 2nd
 - 1st & 2nd
 - 3rd
 - Consent
 - V Vote
 - ARC Vote

CERTIFIED

CERTIFIED
SEP 15 2003

ATLANTA CITY COUNCIL PRESIDENT
[Signature]

CERTIFIED
SEP 15 2003

[Signature]
MUNICIPAL CLERK

MAYOR'S ACTION

[Signature]
SEP 19 2003