

**BY EXECUTIVE / FINANCE COMMITTEE**

**AUTHORIZING THE MAYOR TO ENTER INTO CONTRACTUAL AGREEMENTS FOR FC 6004007808 THE HEALTH, DENTAL AND VOLUNTARY VISION INSURANCES WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC.; KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC- KAISER PERMANENTE; UNITED HEALTHCARE-A UNITED HEALTH GROUP COMPANY; CIGNA HEALTHCARE OF GEORGIA; OHS, A COMPBENEFITS COMPANY; AND SPECTERA-A UNITED HEALTH GROUP COMPANY; ESTABLISHING PREMIUM RATES FOR HEALTH, DENTAL AND VOLUNTARY VISION-EMPLOYEE FUNDED INSURANCE FOR 2005; AND SAID SHALL BE CHARGED TO AND PAID FROM THE APPROPRIATE FUND, ACCOUNT AND CENTER NUMBERS: 3T01 527007 T62102 EMPLOYEE HEALTH INSURANCE EXPENSE, 3T01 529019 T62103 NON-EMPLOYEE HEALTH INSURANCE EXPENSE-RETIREEES, 3T01 527015 T62305 VISION CARE INSURANCE EMPLOYEES, 3T01 529046 T62306 VISION CARE INSURANCE RETIREEES; AND FOR OTHER PURPOSES.**

WHEREAS, The City of Atlanta did advertise for proposals for FC 6004007808, Health and Dental Benefits on behalf of the Department of Finance; and

WHEREAS, The Chief Financial Officer and the Director of the Bureau of Purchasing and Real Estate have recommended that contracts for FC 6004007808, Health and Dental Benefits be awarded to: Blue Cross Blue Shield of Georgia, Inc., for Group Health POS Plan; to United Healthcare-A United Health Group Company for Group Health PPO Plan; to Kaiser Foundation Health Plan of Georgia Inc. - Kaiser Permanente for Group Health HMO plans; and Cigna Healthcare of Georgia for Dental PPO Plans and OHS, A CompBenefits Company for HMO Dental Plans; and Spectera - A United Health Group Company for voluntary vision plan; and

WHEREAS, The City's selection of the foregoing proponents are, in part, based upon each proponents' compliance with the City of Atlanta's Equal Business Opportunity Ordinance or a waiver granted thereunder.

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 appropriate contractual agreements effective January 1, 2005, with: Blue Cross Blue Shield of Georgia, Inc., for Group Health POS Plan; to United Healthcare-A United Health Group Company for Group Health PPO Plan; to Kaiser Foundation Health Plan of Georgia Inc. - Kaiser Permanente for Group Health HMO plans; and Cigna Healthcare of Georgia for Dental PPO Plan and OHS, A CompBenefits Company for HMO Dental Plans; and Spectera - A United Health Group Company for voluntary vision plan; and

SECTION 2: That said contracts shall be for three (3) years with the 2nd and 3rd years renewable at the sole discretion of the City; and

SECTION 3: That the Chief Financial Officer, the Director of the Bureau of Purchasing and Real Estate and the City Attorney are authorized to engage in such further discussions, with these companies as are necessary to protect the City's interest in the form of written contracts.



**SECTION 4:** That the Director of the Bureau of Purchasing and Real Estate be and is hereby directed to prepare an appropriate contractual agreement to be approved by the City Attorney as to form for execution by the Mayor.

**SECTION 5:** That these contractual 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 6:** That all services to be performed under these agreements shall be charged to and paid from the appropriate fund, account and center numbers.

3T01	527007	T62102	Employee Health Insurance Expense-Employees
3T01	529019	T62103	Non-Employee Health Insurance Expense-Retirees
3T01	527015	T62305	Vision Care Insurance Employees
3T01	529046	T62306	Vision Care Insurance Retirees

**SECTION 7:** That The City's contribution for medical shall be based on 79% of the Blue Cross Blue Shield POS. The City's contribution for dental is 75% of premium per plan option and vision is employee funded.

**SECTION 8:** That the monthly premium rates for Plan Year 2005 be charged under these contracts as follows:



**BLUE CROSS BLUE SHIELD  
POS**

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

**WITHOUT MEDICARE**

Employee only	\$264.24	\$55.49
Employee and child(ren)	\$462.43	\$97.11
Employee and spouse	\$660.61	\$138.73
Employee and family	\$872.00	\$183.12
Beneficiary child(ren)	\$198.18	\$41.62
Widow(er) only	\$338.15	\$71.01
Widow(er)/bene child(ren)	\$536.33	\$112.63
Domestic Partner	\$396.37	\$96.67

**WITH MEDICARE**

Retiree only-Medicare	\$258.96	\$54.38
Retiree and child(ren)-Medicare	\$457.14	\$96.00
Retiree and spouse (1 Medicare)	\$655.32	\$137.62
Retiree and spouse (2 Medicare)	\$647.40	\$135.95
Retiree and family (1 Medicare)	\$866.72	\$182.01
Retiree and family (2 Medicare)	\$858.79	\$180.35
Beneficiary child(ren)-Medicare	\$198.18	\$41.62
Widow(er) only-Medicare	\$331.38	\$69.59
Widow/bene child-Medicare	\$529.57	\$111.21

**UNITED HEALTHCARE  
PPO**

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

**WITHOUT MEDICARE**

Employee only	\$474.07	\$265.31
Employee and child(ren)	\$838.94	\$473.63
Employee and spouse	\$1,198.50	\$676.62
Employee and family	\$1,582.03	\$893.15
Beneficiary child(ren)	\$383.99	\$227.43
Widow(er) only	\$606.65	\$339.52
Widow(er)/bene child(ren)	\$990.64	\$566.94
Domestic Partner	\$724.43	\$424.73

**WITH MEDICARE**

Retiree only-Medicare	\$338.39	\$133.81
Retiree and child(ren)-Medicare	\$703.27	\$342.12
Retiree and spouse (1 Medicare)	\$991.17	\$473.46
Retiree and spouse (2 Medicare)	\$855.49	\$344.04
Retiree and family (1 Medicare)	\$1,374.70	\$689.99
Retiree and family (2 Medicare)	\$1,239.02	\$560.57
Beneficiary child(ren)-Medicare	\$383.99	\$227.43
Widow(er) only-Medicare	\$433.03	\$171.23
Widow/bene child-Medicare	\$817.02	\$398.66



	Total Cost	Employee Cost
<b>WITHOUT MEDICARE</b>		
Employee only	\$252.89	\$44.14
Employee and child(ren)	\$442.56	\$77.24
Employee and spouse	\$632.25	\$110.37
Employee and family	\$834.56	\$145.68
Beneficiary child(ren)	\$252.89	\$96.33
Widow(er) only	\$252.89	\$0.00
Widow(er)/bene child(ren)	\$442.56	\$18.86
Domestic Partner	\$379.36	\$79.66

**WITH MEDICARE**

Retiree only-Medicare	\$254.69	\$50.11
Retiree and child(ren)-Medicare	\$444.36	\$83.22
Retiree and spouse (1 Medicare)	\$507.58	\$0.00
Retiree and spouse (2 Medicare)	\$509.38	\$0.00
Retiree and family (1 Medicare)	\$798.42	\$113.71
Retiree and family (2 Medicare)	\$762.27	\$83.82
Beneficiary child(ren)-Medicare	\$254.69	\$98.13
Widow(er) only-Medicare	\$254.69	\$0.00
Widow/bene child-Medicare	\$444.36	\$26.00

	Total Cost	Employee Cost
<b>Kaiser Senior Advantage</b>		
Retiree Only	\$254.69	\$50.11
Retiree and Spouse (2 Medicare)	\$509.38	\$0.00
Widow(er)	\$254.69	\$0.00

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

<b>SPECTERA VOLUNTARY VISION</b>	Total Cost	Employee Cost
Employee only	\$6.48	\$6.48
Employee and child(ren)	\$13.59	\$13.59
Employee and spouse	\$14.27	\$14.27
Employee and family	\$18.36	\$18.36



	Total Cost	Employee Cost
Employee only	\$19.23	\$4.81
Employee and child(ren)	\$39.95	\$9.99
Employee and spouse	\$39.23	\$9.81
Employee and family	\$63.39	\$15.85
Beneficiary child(ren)	\$39.95	\$9.99
Widow(er) only	\$19.23	\$4.81
Widow(er)/bene child(ren)	\$39.95	\$9.99
Domestic Partner	\$20.00	\$5.00

**CIGNA  
LOW OPTION**

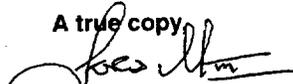
	Total Cost	Employee Cost
Employee only	\$19.23	\$4.81
Employee and child(ren)	\$37.27	\$9.32
Employee and spouse	\$39.23	\$9.81
Employee and family	\$59.23	\$14.81
Beneficiary child(ren)	\$37.27	\$9.32
Widow(er) only	\$19.23	\$4.81
Widow(er)/bene child(ren)	\$37.27	\$9.32
Domestic Partner	\$20.00	\$5.00

**OHS  
A COMPBENEFIT CORPORATION  
Access Managed Care**

	Total Cost	Employee Cost
Employee only	\$13.60	\$3.40
Employee and child(ren)	\$26.40	\$6.60
Employee and spouse	\$27.74	\$6.93
Employee and family	\$41.96	\$10.49
Beneficiary child(ren)	\$26.40	\$6.60
Widow(er) only	\$13.60	\$3.40
Widow(er)/bene child(ren)	\$26.40	\$6.60
Domestic Partner	\$14.14	\$3.54

**OHS  
A COMPBENEFIT CORPORATION  
Pre-Select**

	Total Cost	Employee Cost
Employee only	\$10.22	\$2.55
Employee and child(ren)	\$18.58	\$4.64
Employee and spouse	\$20.34	\$5.08
Employee and family	\$31.50	\$7.87
Beneficiary child(ren)	\$18.58	\$4.64
Widow(er) only	\$10.22	\$2.55
Widow(er)/bene child(ren)	\$18.58	\$4.64
Domestic Partner	\$10.12	\$2.53

A true copy  
  
 Deputy Clerk

ADOPTED as amended by the Council  
 APPROVED by the Mayor

NOV 15, 2004  
 NOV 19, 2004

RCS# 6243  
11/15/04  
2:41 PM

Atlanta City Council

Regular Session

CONSENT I                    CONSENT I PG(S) 4-20, EXCEPT: 04-O-2036

ADOPT

YEAS: 13  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 2  
EXCUSED: 0  
ABSENT 1

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

CONSENT I

		11-15-04 Council Meeting
ITEMS ADOPTED ON CONSENT	ITEMS ADOPTED ON CONSENT	ITEMS ADVERSED ON CONSENT
1. 04-O-1887	43. 04-R-1968	67. 04-R-2003
2. 04-O-1872	44. 04-R-1969	68. 04-R-2004
3. 04-O-1936	45. 04-R-2024	69. 04-R-2005
4. 04-O-1946	46. 04-R-2029	70. 04-R-2006
5. 04-O-2030	47. 04-R-2033	71. 04-R-2007
6. 04-O-2031	48. 04-R-1752	72. 04-R-2008
7. 04-O-2038	49. 04-R-1974	73. 04-R-2009
8. 04-O-1417	50. 04-R-1975	74. 04-R-2010
9. 04-O-1879	51. 04-R-2025	75. 04-R-2011
10. 03-O-2222	52. 04-R-2085	76. 04-R-2012
11. 04-O-0044	53. 04-R-1980	77. 04-R-2013
12. 04-R-1982	54. 04-R-2026	78. 04-R-2014
13. 04-R-1983	55. 04-R-2040	
14. 04-R-1984	56. 04-R-2048	
15. 04-R-1985	57. 04-R-1999	
16. 04-R-1988	58. 04-R-2000	
17. 04-R-1977	59. 04-R-2001	
18. 04-R-1979	60. 04-R-2002	
19. 04-R-2041	61. 04-R-2015	
20. 04-R-2042	62. 04-R-2016	
21. 04-R-2092	63. 04-R-2017	
22. 04-R-2093	64. 04-R-2018	
23. 04-R-2094	65. 04-R-2019	
24. 04-R-2095	66. 04-R-2020	
25. 04-R-2096		
26. 04-R-1875		
27. 04-R-1876		
28. 04-R-1877		
29. 04-R-1950		
30. 04-R-1951		
31. 04-R-1953		
32. 04-R-1954		
33. 04-R-1957		
34. 04-R-1959		
35. 04-R-1960		
36. 04-R-1961		
37. 04-R-1962		
38. 04-R-1963		
39. 04-R-1964		
40. 04-R-1965		
41. 04-R-1966		
42. 04-R-1967		

04-2-2094

(Do Not Write Above This Line)

A Resolution  
By Executive/Financial  
Committee

Authorizing the Mayor to enter into contractual agreements for FC 6004007808 the health, dental and voluntary vision insurances with Blue Cross Blue Shield of Georgia, INC; Kaiser Foundation Health Plan of Georgia, INC-Kaiser Permanent; United Healthcare A united health group company CIGNA Healthcare of Georgia; OHS, A compbenefits company; and Spectera-A united health group company; Establishing premium rates for health, dental and voluntary vision- Employee funded insurance for 2005; and for other purposes.

*As Amended*

- 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:  
Referred To:

First Reading

Committee \_\_\_\_\_  
Date \_\_\_\_\_  
Chair \_\_\_\_\_  
Referred To \_\_\_\_\_

*FIN*  
*11-18-04*

*John Strauss*

*Fav, Adv, Hold (see rev. side)*  
*Other*

Members

*John Strauss*  
*11-18-04*

*Chair*  
*Refer To*

Committee

Date

Chair

Action  
Fav, Adv, Hold (see rev. side)  
Other

Members

ADOPTED BY

NOV 15 2004

COUNCIL

Refer To

Second Reading

Committee \_\_\_\_\_  
Date \_\_\_\_\_  
Chair \_\_\_\_\_  
Referred To \_\_\_\_\_

*FIN*  
*11-18-04*

*John Strauss*

*Fav, Adv, Hold (see rev. side)*  
*Other*

Members

*John Strauss*  
*11-18-04*

*Chair*  
*Refer To*

Committee

Date

Chair

Action  
Fav, Adv, Hold (see rev. side)  
Other

Members

ADOPTED BY

NOV 19 2004

COUNCIL

Refer To

FINAL COUNCIL ACTION

2nd     1st & 2nd     3rd

Readings

Consent     V Vote     RC Vote

CERTIFIED

NOV 15 2004

*John Strauss*

MAYOR'S ACTION

*John Strauss*

NOV 19 2004

*John Strauss*