

10-R-1050

(Do Not Write Above This Line)

A RESOLUTION AUTHORIZING THE MAYOR OR DESIGNEE TO ENTER INTO AN APPROPRIATE RENEWAL AGREEMENT FOR FC-4907, EMPLOYEE BENEFITS, WITH BLUE CROSS BLUE SHIELD OF GEORGIA FOR GROUP HEALTH (POS AND LIFE); KAISER PERMANENTE FOR GROUP HEALTH (HMO); HUMANA SPECIALTY BENEFITS FOR DENTAL (HMO); CIGNA HEALTHCARE FOR DENTAL (PPO); OPTUM HEALTH FOR VOLUNTARY VISION, AND THE AFLAC ASSURANCE FOR FLEXIBLE SPENDING ACCOUNTS (FSA) AND VOLUNTARY BENEFITS; ESTABLISHING PREMIUM RATES FOR HEALTH, DENTAL AND VOLUNTARY VISION - EMPLOYEE FUNDED INSURANCE FOR FY2011 TO BE CHARGED TO AND PAID FROM THE APPROPRIATE FUND, DEPARTMENT, ORGANIZATION, AND ACCOUNT NUMBERS: 6002 200604 5730201 (EMPLOYEE HEALTH INSURANCE EXPENSE), 6002 200605 5730202 (NON-EMPLOYEE/RETIREE HEALTH INSURANCE EXPENSE), 6002 200609 5524002 (EMPLOYEE VISION CARE INSURANCE), 6002 200611 5524003 (RETIREE VISION CARE INSURANCE), 6002 200607 573201 (EMPLOYEE LIFE INSURANCE EXPENSE), 6002 200608 5730202 (NONEMPLOYEE/RETIREE LIFE INSURANCE EXPENSE); AND FOR OTHER PURPOSES.

- 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:

ADOPTED BY

JUN 21 2010

COUNCIL

AS AMENDED

Committee _____
 Date _____
 Chair _____
 Referred to _____

First Reading

Committee

Date

Chair

Action:

Other:

Members

Refer To

FINAL COUNCIL

2nd 1st & 2nd Reading

Consent V Vote

CERTIFIED

JUN 21 2010

ATLANTA CITY COUNCIL

CERTIFIED

JUN 21 2010

MAYOR'S ACT

MAYOR'S ACT

APPROVED

MAYOR



**A RESOLUTION SUBSTITUTED BY EXECUTIVE / FINANCE COMMITTEE
AND AMENDED BY FULL COUNCIL**

A RESOLUTION AUTHORIZING THE MAYOR OR DESIGNEE TO ENTER INTO AN APPROPRIATE RENEWAL AGREEMENT FOR FC-4907, EMPLOYEE BENEFITS, WITH BLUE CROSS BLUE SHIELD OF GEORGIA FOR GROUP HEALTH (POS AND LIFE); KAISER PERMANENTE FOR GROUP HEALTH (HMO); HUMANA SPECIALTY BENEFITS FOR DENTAL (HMO); CIGNA HEALTHCARE FOR DENTAL (PPO); OPTUM HEALTH FOR VOLUNTARY VISION, AND THE AFLAC ASSURANCE FOR FLEXIBLE SPENDING ACCOUNTS (FSA) AND VOLUNTARY BENEFITS; ESTABLISHING PREMIUM RATES FOR HEALTH, DENTAL AND VOLUNTARY VISION - EMPLOYEE FUNDED INSURANCE FOR FY2011 TO BE CHARGED TO AND PAID FROM THE APPROPRIATE FUND, DEPARTMENT, ORGANIZATION, AND ACCOUNT NUMBERS: 6002 200604 5730201 (EMPLOYEE HEALTH INSURANCE EXPENSE), 6002 200605 5730202 (NON-EMPLOYEE/RETIREE HEALTH INSURANCE EXPENSE), 6002 200609 5524002 (EMPLOYEE VISION CARE INSURANCE), 6002 200611 5524003 (RETIREE VISION CARE INSURANCE), 6002 200607 573201 (EMPLOYEE LIFE INSURANCE EXPENSE), 6002 200608 5730202 (NONEMPLOYEE/RETIREE LIFE INSURANCE EXPENSE); AND FOR OTHER PURPOSES.

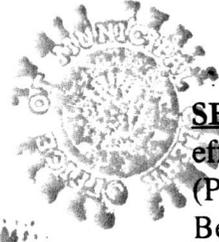
WHEREAS, the City of Atlanta entered into an agreement with Blue Cross Blue Shield of Georgia for Group Health (POS and Life); Kaiser Permanente for Group Health (HMO); Humana Specialty Benefits for Dental (HMO), Cigna Healthcare for Dental (PPO); Optum Health for Voluntary Vision; and AFLAC Assurance for Flexible Spending Accounts (FSA) effective September 1, 2009; and

WHEREAS, the Commissioner of Human Resources, Chief Financial Officer and Chief Procurement Officer have recommended that renewal contracts for FC 4907, Health and Dental Benefits be awarded as follows: Blue Cross Blue Shield of Georgia for Group Health (POS and Life); Kaiser Permanente for Group Health (HMO); Humana Specialty Benefits for Dental (HMO), Cigna Healthcare for Dental (PPO); Optum Health for Voluntary Vision; and AFLAC Assurance for Flexible Spending Accounts (FSA); and

WHEREAS, the said contracts exercise the first of two renewal options of a three-year agreement for a contract period of twelve (12) months; and

WHEREAS, the contractors have performed satisfactorily.

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



SECTION 1: That the Mayor is authorized to enter into appropriate renewal agreements effective September 1, 2010, with: Blue Cross Blue Shield of Georgia for Group Health (PUS and Life); Kaiser Permanente for Group Health (HMO); Humana Specialty Benefits for Dental (HMO), Cigna Healthcare for Dental (PPO); Upturn Health for Voluntary Vision; and AFLAC Assurance for Flexible Spending Accounts (FSA).

SECTION 2: That the Commissioner of Human Resources, Chief Financial Officer, Chief Procurement Office and City Attorney are authorized to engage into such further discussions with these companies as are necessary to protect the City's interest in the form of written contracts.

SECTION 3: That the Chief of Procurement 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 4: That these renewal 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 the appropriate fund, account and center numbers:

6002	200604	5730201	Employee Health Insurance Expense
6002	200605	5730202	Non-Employee/Retiree Health Insurance Expense
6002	200609	5524002	Employee Vision Care Insurance
6002	200611	5524003	Retiree Vision Care Insurance
6002	200607	5730201	Employee Life Insurance Expense
6002	200608	5730202	Non-Employee/Retiree Life Insurance Expense

SECTION 6: That the monthly premium rates for Plan Year 2011 (September 1, 2010 through August 31, 2011) be charged under these renewal contracts as shown in Exhibit #1 (See Attached).

SECTION 7: That the Office of Contract Compliance will maintain ongoing negotiations and monitoring with the carriers to ensure minority and female participation for the 2011 plan year.

SECTION 8: That Resolution 09-R-1084 adopted by Council on June 15, 2009 and approved by the Mayor on June 23, 2009 is hereby repealed to the extent of any conflict with this resolution.

SECTION 9 :That an audit of Blue Cross Blue Shield be audited for minority participation, with the findings to be provided to the Chief Financial officer and City Council

SECTION 10: That the City Attorney is authorized to settle any protests of aggrieved proponents within the framework of these renewal agreements which is in the best interest of the city and its employees.

A true copy,


Municipal Clerk

ADOPTED as amended by the Council
APPROVED by Mayor Kasim Reed

JUN 21, 2010
JUN 29, 2010



MONTHLY INSURANCE RATES

**BLUE CROSS BLUE SHIELD
POS**

	<u>Total Cost</u>	<u>Employee Cost</u>	<u>City Cost</u>
WITHOUT MEDICARE			
Employee only	\$479.20	\$143.76	\$335.44
Employee and child(ren)	\$838.58	\$251.57	\$587.01
Employee and spouse	\$1,197.98	\$359.39	\$838.59
Employee and family	\$1,581.60	\$474.48	\$1,107.12
Beneficiary child(ren)	\$359.40	\$107.82	\$251.58
Widow(er) only	\$613.21	\$183.96	\$429.25
Widow(er)/bene child(ren)	\$972.59	\$291.78	\$680.81
Domestic Partner	\$718.78	\$215.64	\$503.15
* WITH MEDICARE			
Retiree only-Medicare	\$378.63	\$113.59	\$265.04
Retiree and child(ren)-Medicare	\$738.01	\$221.40	\$516.61
Retiree and spouse (1 Medicare)	\$1,097.41	\$329.22	\$768.19
Retiree and spouse (2 Medicare)	\$757.26	\$227.18	\$530.08
Retiree and family (1 Medicare)	\$1,481.03	\$444.31	\$1,036.72
Retiree and family (2 Medicare)	\$1,179.32	\$353.80	\$825.53
Beneficiary child(ren)-Medicare	\$378.63	\$113.59	\$265.04
Widow(er) only-Medicare	\$378.63	\$113.59	\$265.04
Widow/bene child-Medicare	\$738.01	\$221.40	\$516.61

*Part A and B medicare members must enroll in BCBS Medicare Advantage Plan

New Retirees as of September 1, 2009 rates will be 40% of total cost.

New Retirees as of September 1, 2010 rates will be 50% of total cost.

**KAISER
HMO**

	<u>Total Cost</u>	<u>Employee Cost</u>	<u>City Cost</u>
WITHOUT MEDICARE			
Employee only	\$405.27	\$121.58	\$283.69
Employee and child(ren)	\$709.22	\$212.77	\$496.45
Employee and spouse	\$1,013.21	\$303.96	\$709.25
Employee and family	\$1,337.39	\$401.22	\$936.17
Beneficiary child(ren)	\$405.27	\$121.58	\$283.69
Widow(er) only	\$405.27	\$121.58	\$283.69
Widow(er)/bene child(ren)	\$709.22	\$212.77	\$496.45
Domestic Partner	\$607.94	\$182.38	\$425.56
WITH MEDICARE			
Retiree only-Medicare	293.64	\$88.09	\$205.55
Retiree and child(ren)-Medicare	850.88	\$255.26	\$595.62
Retiree and spouse (1 Medicare)	698.91	\$209.67	\$489.24
Retiree and spouse (2 Medicare)	587.28	\$176.18	\$411.10
Retiree and family (1 Medicare)	1164.97	\$349.49	\$815.48
Retiree and family (2 Medicare)	992.55	\$297.77	\$694.79
Beneficiary child(ren)-Medicare	293.64	\$88.09	\$205.55
Widow(er) only-Medicare	293.64	\$88.09	\$205.55
Widow/bene child-Medicare	850.88	\$255.26	\$595.62


**KAISER
Senior Advantage**

	Total Cost	Employee Cost	City Cost
Retiree Only	\$293.64	\$88.09	\$205.55
Retiree and Spouse (2 Medicare)	\$587.28	\$176.18	\$411.10
Widow(er)	\$293.64	\$88.09	\$205.55

*Part A and B medicare members must enroll in Kaiser Senior Advantage
 New Retirees as of September 1, 2009 rates will be 40% of total cost.
 New Retirees as of September 1, 2010 rates will be 50% of total cost.

**OPTUM HEALTH
Voluntary Vision**

	Total Cost	Employee Cost	City Cost
Employee only	\$4.80	\$4.80	\$0.00
Employee and child(ren)	\$10.56	\$10.56	\$0.00
Employee and spouse	\$10.06	\$10.06	\$0.00
Employee and family	\$13.59	\$13.59	\$0.00
Beneficiary child(ren)	\$5.76	\$5.76	\$0.00
Widow(er) only	\$4.80	\$4.80	\$0.00
Widow(er)/bene child(ren)	\$10.56	\$10.56	\$0.00

**CIGNA DENTAL
High Option**

	Total Cost	Employee Cost	City Cost
Employee only	\$27.35	\$8.21	\$19.15
Employee and child(ren)	\$58.04	\$17.41	\$40.63
Employee and spouse	\$55.79	\$16.74	\$39.05
Employee and family	\$91.81	\$27.54	\$64.27
Beneficiary child(ren)	\$58.04	\$17.41	\$40.63
Widow(er) only	\$27.35	\$8.21	\$19.15
Widow(er)/bene child(ren)	\$58.04	\$17.41	\$40.63
Domestic Partner	\$28.43	\$8.53	\$19.90

**CIGNA DENTAL
Low Option**

	Total Cost	Employee Cost	City Cost
Employee only	\$26.61	\$7.98	\$18.62
Employee and child(ren)	\$51.61	\$15.48	\$36.13
Employee and spouse	\$54.28	\$16.29	\$38.00
Employee and family	\$81.95	\$24.59	\$57.37
Beneficiary child(ren)	\$51.61	\$15.48	\$36.13
Widow(er) only	\$26.61	\$7.98	\$18.62
Widow(er)/bene child(ren)	\$51.61	\$15.48	\$36.13
Domestic Partner	\$27.68	\$8.30	\$19.37



HUMANA DENTAL
Access Managed Care

	Total Cost	Employee Cost	City Cost
Employee only	\$15.12	\$4.54	\$10.58
Employee and child(ren)	\$29.36	\$8.81	\$20.55
Employee and spouse	\$30.84	\$9.25	\$21.59
Employee and family	\$46.65	\$14.00	\$32.66
Beneficiary child(ren)	\$30.84	\$9.25	\$21.59
Widow(er) only	\$15.12	\$4.84	\$10.28
Widow(er)/bene child(ren)	\$30.84	\$9.25	\$21.59
Domestic Partner	\$15.72	\$4.72	\$11.00

HUMANA DENTAL
Pre-Select

	Total Cost	Employee Cost	City Cost
Employee only	\$10.20	\$3.06	\$7.14
Employee and child(ren)	\$18.54	\$5.56	\$12.98
Employee and spouse	\$20.29	\$6.09	\$14.20
Employee and family	\$31.43	\$9.43	\$22.00
Beneficiary child(ren)	\$18.54	\$5.56	\$12.98
Widow(er) only	\$10.50	\$3.36	\$7.14
Widow(er)/bene child(ren)	\$18.54	\$5.56	\$12.98
Domestic Partner	\$10.09	\$3.03	\$7.06

GREATER GEORGIA
LIFE INSURANCE

	Rates per \$1,000 of Coverage
Basic Life - Active Employees	\$0.150
Basic Life - Retirees	\$3.670
Basic AD&D	\$0.030
Additional Life	\$0.440
Dependent Life (Spouse)	\$0.800
Dependent Life (Child)	\$0.238
Surviving Spouse Life	\$2.000

RCS# 351
6/21/10
6:25 PM

Atlanta City Council

REGULAR SESSION

10-R-1050 AUTH.MAYOR TO ENTER AGREE.W/BCBS, KAISER,
HUMANA, CIGNA, OPTUM, AFLAC
ADOPT/SUB/AMEND

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

NV Smith	Y Archibong	Y Moore	Y Bond
Y Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	E Willis
Y Winslow	Y Adrean	Y Sheperd	NV Mitchell

RCS# 350
6/21/10
6:24 PM

Atlanta City Council

REGULAR SESSION

10-R-1050

AUTH.MAYOR TO ENTER AGREE.W/BCBS, KAISER,
HUMANA, CIGNA, OPTUM, AFLAC
AMEND1/MARTIN1

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

Y Smith	Y Archibong	Y Moore	Y Bond
Y Hall	Y Wan	Y Martin	Y Watson
N Young	Y Shook	Y Bottoms	E Willis
Y Winslow	Y Adrean	Y Sheperd	NV Mitchell