

13R3375

***A RESOLUTION BY FINANCE/EXECUTIVE COMMITTEE AUTHORIZING THE MAYOR OR HIS DESIGNEE, ON BEHALF OF THE CITY OF ATLANTA, TO ENTER THE FIRST RENEWAL AGREEMENT FOR EACH OF THE NINE INSURANCE CONTRACTS ENTERED PURSUANT TO FC-6016 EMPLOYEE BENEFITS, AND SPECIFICALLY FOR THE FOLLOWING CONTRACTS: (1)BLUE CROSS AND BLUE SHIELD OF GEORGIA, INC. FOR GROUP HEALTH INSURANCE (POS); (2)KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC. FOR GROUP HEALTH INSURANCE (HMO); (3)UNITED HEALTHCARE INSURANCE COMPANY FOR MEDICARE ADVANTAGE INSURANCE (PPO); (4)KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC. FOR MEDICARE ADVANTAGE INSURANCE (HMO); (5)HUMANA, INC. FOR DENTAL INSURANCE (DHMO); (6)CIGNA HEALTH AND LIFE INSURANCE COMPANY FOR DENTAL INSURANCE (PPO); (7)UNITED HEALTHCARE INSURANCE COMPANY (OPTIMA HEALTH) FOR VOLUNTARY VISION INSURANCE; (8)MINNESOTA LIFE INSURANCE COMPANY FOR LIFE INSURANCE; AND (9)THE AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBAS, INC. FOR FLEXIBLE SPENDING ACCOUNTS AND VOLUNTARY BENEFITS; AND ESTABLISHING THE ACCOUNTS FROM WHICH THE INSURANCE PREMIUMS WILL BE CHARGED TO AND PAID FROM; AND FOR OTHER PURPOSES.

WHEREAS, the City of Atlanta (“City”) authorized the Mayor, on behalf of the City, to enter into nine contractual agreements for various types of health insurance coverage pursuant to FC-6016, Employee Benefits (collectively, the “Agreements”; and any one of them, “Agreement”); and

WHEREAS, the Agreements have an initial term of November 1, 2012 through August 31, 2013, and each Agreement has two one-year renewal terms that may be exercised at the sole discretion of the City; and

WHEREAS, each Agreement provides for a price modification during a renewal term, but only based upon the cost of claims of the immediately preceding term; and

WHEREAS, every company providing services pursuant to an Agreement has performed satisfactorily, and the Commissioner of the Department of Human Resources recommends renewal of each of the Agreements; and

WHEREAS, it is in the City’s best interest to exercise the first renewal option on each of the Agreements.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF ATLANTA, GEORGIA, HEREBY RESOLVES AS FOLLOWS:

SECTION 1: The Mayor, on behalf of the City, is hereby authorized to enter a renewal agreement (“Renewal Agreement”; and the nine collectively, “Renewal Agreements”) for each of the following nine insurance Agreements entered pursuant to FC-6016, Employee Benefits:

- 1) A Renewal Agreement with Blue Cross and Blue Shield of Georgia, Inc., for a Group Health Insurance POS Plan;
- 2) A Renewal Agreement with the Kaiser Foundation Health Plan of Georgia, Inc. for a Group Health Insurance HMO Plan;
- 3) A Renewal Agreement with United Healthcare Insurance Company for a Medicare Advantage PPO Insurance Plan;
- 4) A Renewal Agreement with the Kaiser Foundation Health Plan of Georgia Inc. for a Medicare Advantage HMO Insurance Plan;
- 5) A Renewal Agreement with Cigna Health and Life Insurance Company for a Dental Insurance PPO Plan;
- 6) A Renewal Agreement with Humana, Inc. for a Dental Insurance DHMO Plan;
- 7) A Renewal Agreement with United Healthcare Insurance Company (Optum Health) for a Voluntary Vision Insurance Plan;
- 8) A Renewal Agreement with Minnesota Life Insurance Company for a Life Insurance Plan; and
- 9) A Renewal Agreement with American Family Life Assurance Company of Columbus, Inc. for flexible spending accounts and voluntary insurance.

SECTION 2: Each Renewal Agreement shall be materially the same as the Agreement for the initial term, except that the prices for each Renewal Agreement shall be as set forth in Exhibit A attached hereto.

SECTION 3: The term of each Renewal Agreement shall begin on September 1, 2013 and shall end on August 31, 2014.

SECTION 4: All services to be performed under the Renewal Agreements shall be charged to and paid from the appropriate fund, department, account and function activity as follows:

<u>Fund</u>	<u>Dept\Org</u>	<u>Account</u>	<u>Funct\Act</u>	<u>Description</u>	
6002	200604	5730201	1540000	Health Insurance	Employees
6002	200605	5730202	1540000	Health Insurance	Retirees
6002	200604	5730201	1540000	Dental Insurance	Employees
6002	200605	5730202	1540000	Dental Insurance	Retirees
6002	200607	5730201	1540000	Life Insurance	Employees
6002	200608	5730202	1540000	Life Insurance	Retirees
6002	200609	5121004	1540000	Vision	Employees
6002	200611	5121005	1540000	Vision	Retirees
<u>AFLAC:</u>					
1001	000001	1213311	0000000	Medical	Employees
1001	000001	1213312	0000000	Dependent care	Retirees
1001	000001	1213149	0000000	Supplemental Insurance	Employees
1001	000001	1213158	0000000	Supplemental Insurance	Employees

SECTION 5: Each Agreement provides that the Renewal Agreement shall take effect upon the date set forth in the Renewal Agreement’s authorizing legislation, and that no new documents

must be executed in order to effectuate the renewal. Accordingly, no written documents shall be required to effectuate the Renewal Agreements authorized by this resolution.

SECTION 6: If the City Attorney determines that it is in the best interest of the City to execute renewal documents to effectuate the intent of this resolution, the City Attorney or her designee is directed to prepare said documents, and the Mayor or his designee is hereby authorized to execute said documents on behalf of the City. Said documents shall be approved as to form by the City Attorney or her designee. The documents shall not become binding upon the City, and the City shall incur no liability thereunder until the documents have been sealed by the Municipal Clerk and delivered to the contracting company.

SECTION 7: All resolutions and parts of resolutions in conflict herewith are hereby waived for purposes of this resolution only, and only to the extent of the conflict.

ATTACHMENT- A 2013-2014 Active Employee

Bi-Weekly Rates

BLUE CROSS BLUE SHIELD

POS*

	Total Cost
Employee only	\$246.47
Employee and child(ren)	\$431.31
Employee and Spouse/Domestic Partner	\$616.16
Employee and family	\$813.47

KAISER

HMO*

	Total Cost
Employee only	\$217.97
Employee and child(ren)	\$381.44
Employee and Spouse/Domestic Partner	\$544.92
Employee and family	\$719.30

CIGNA DENTAL

Total Cost

High Option

Employee only	\$13.42
Employee and child(ren)	\$28.42
Employee and spouse	\$27.42
Employee and family	\$44.96

CIGNA DENTAL

Low Option

	<u>Total Cost</u>
Employee only	\$13.07
Employee and child(ren)	\$25.27
Employee and spouse	\$26.58
Employee and family	\$40.14

HUMANA DENTAL

Access Managed Care

	<u>Total Cost</u>
Employee only	\$7.09
Employee and child(ren)	\$13.76
Employee and Spouse/Domestic Partner	\$14.45
Employee and family	\$21.86

HUMANA DENTAL

Pre-Select

	<u>Total Cost</u>
Employee only	\$4.78
Employee and child(ren)	\$8.69
Employee and Spouse/Domestic Partner	\$9.50
Employee and family	\$14.72

OPTUM HEALTH

Voluntary Vision

	<u>Total Cost</u>
Employee only	\$1.95
Employee and child(ren)	\$4.27
Employee and Spouse/Domestic Partner	\$4.07
Employee and family	\$5.50

Rates per

		\$1,000 of Coverage
Minnesota Life		
LIFE INSURANCE	Basic Life - Active Employees	\$0.080
	Basic AD&D	\$0.020
	Additional Life	\$0.440
	*Dependent Life (Spouse)	\$4.000
	*Dependent Life (Child)	\$1.190

*\$5,000 maximum coverage

2013-2014 Retiree Rates

MONTHLY INSURANCE RATES - RETIREES 70%

BLUE CROSS BLUE SHIELD

POS

WITHOUT MEDICARE

Total Cost

Retiree only	\$ 543.02
Retiree and child(ren)	\$ 934.50
Retiree and spouse/domestic partner	\$ 1,335.01
Retiree and family	\$ 1,762.51
Beneficiary child(ren)	\$ 534.02
Widow(er) only	\$ 534.02
Widow(er)/bene child(ren)	\$ 934.50

United Health Care

Medicare Advantage

Total

Cost

Retiree Only	\$ 258.00
Retiree and Spouse/domestic partner (2 Medicare)	\$ 516.00

***Part A and B Medicare Required**

KAISER

Total Cost

HMO**WITHOUT MEDICARE**

Retiree only	\$ 472.27
Retiree and child(ren)	\$ 826.46
Retiree and spouse/domestic partner	\$ 1,180.67
Retiree and family	\$ 1,558.48
Beneficiary child(ren)	\$ 472.27
Widow(er) only	\$ 472.27
Widow(er)/bene child(ren)	\$ 826.46

KAISER**Senior Advantage****WITH MEDICARE****Total Cost**

Retiree only-Medicare	\$ 200.00
Retiree and child(ren)-Medicare	\$ 866.70
Retiree and spouse/domestic partner (2 Medicare)	\$ 400.00
Retiree and family (1 Medicare)	\$ 1,213.58
Beneficiary child(ren)-Medicare	\$ 200.00
Widow(er) only-Medicare	\$ 200.00
Widow/bene child-Medicare	\$ 866.70

***Part A and B Medicare Members must enroll in Kaiser Senior Advantage**

Total Cost**OPTUM HEALTH****Voluntary Vision**

Retiree only	\$ 4.28
Retiree and child(ren)	\$ 9.40
Retiree and spouse	\$ 8.95
Retiree and family	\$ 12.10
Beneficiary child(ren)	\$ 5.13
Widow(er) only	\$ 4.27
Widow(er)/bene child(ren)	\$ 9.40

		<u>Total Cost</u>
CIGNA DENTAL High Option	Retiree only	\$ 29.08
	Retiree and child(ren)	\$ 61.58
	Retiree and spouse	\$ 59.40
	Retiree and family	\$ 97.42
	Beneficiary child(ren)	\$ 61.58
	Widow(er) only	\$ 29.08
	Widow(er)/bene child(ren)	\$ 61.58

		<u>Total Cost</u>
CIGNA DENTAL Low Option	Retiree only	\$ 28.31
	Retiree and spouse	\$ 57.60
	Retiree and family	\$ 86.97
	Beneficiary child(ren)	\$ 54.76
	Widow(er) only	\$ 28.31
	Widow(er)/bene child(ren)	\$ 54.76

		<u>Total Cost</u>
HUMANA DENTAL Access Managed Care	Retiree only	\$ 15.36
	Retiree and child(ren)	\$ 29.81
	Retiree and spouse	\$ 31.31
	Retiree and family	\$ 47.37
	Beneficiary child(ren)	\$ 29.81
	Widow(er) only	\$ 15.36
	Widow(er)/bene child(ren)	\$ 29.81

		<u>Total Cost</u>
HUMANA DENTAL Pre-Select	Retiree only	\$ 10.36
	Retiree and child(ren)	\$ 18.83
	Retiree and spouse	\$ 20.59
	Retiree and family	\$ 31.90
	Beneficiary child(ren)	\$ 18.83

Widow(er) only	\$	10.36
Widow(er)/bene child(ren)	\$	18.83

Rates

**Minnesota
LIFE INSURANCE**

Basic Life - Retirees \$5000	\$4.120
Grandfathered Retiree Life \$10,000	\$8.250
*Dependent Life (Spouse)	\$4.000
*Dependent Life (Child)	\$1.190

*\$5,000 maximum coverage