



## AGENDA ITEM

### Consent

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**REPORT TO:** Work Session (09/25/23)

**REPORT TO:** Voting Meeting (09/28/23)

**ITEM NO:** 524/2023

**SUBJECT:** Approve the renewal for health and welfare benefit plans, inclusive of medical, dental, vision, life, disability, and the Hall County Government Family Health Center; authorization for the Chairman to execute any and all related documents. The estimated annual cost is \$25,169,880.00.

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#### Meetings:

**Work Session Date:** 09/25/23

**Voting Meeting Date:** 09/28/23

#### Executive Summary:

**Presenter:** DLJ

**Recommendation:**  
Department recommends approval for the renewal of the health and welfare benefits for 2024.

**Purpose of Request:**  
Approve the renewal for health and welfare benefit plans, inclusive of medical, dental, vision, life, disability, and the Hall County Government Family Health Center; authorization for the Chairman to execute any and all related documents. The estimated annual cost is \$25,169,880.00.

The purpose of this request is to approve the health and welfare benefit plans for 2024.

**History:**  
The County has been in partnership with the current vendors for the last ten years.

#### Facts and Issues:

#### Options:

The following text outlines the costs associated with the benefit renewals:

- Medical Insurance Claims (Cigna)- \$20,066,425
- Cigna Administrative fees - \$654,841 2% increase
- Aetna Retiree Medicare Advantage - \$273,541 7.85% increase
- Unum Life and Disability - \$874,323 - 21.86% increase
- Stop Loss Insurance - \$1,389,616 0% increase, pooling point increase to \$280,000
- HSA Bank Admin fees - \$10,140 0% increase
- Onsite RX Pharmacy Admin fees - \$531,807 3% increase
- NGHS EAP Annual Admin fees - \$34,460 0% increase
- P&A Retiree and COBRA Annual Admin fees - \$13,701 0% increase
- HCG Family Health Center - \$1,321,026 2.5% increase

**Funding Requested** \$ 25,169,880.00  
**Are funds within current budget?** Yes  
**Source of Funds** Group Health Insurance Fund  
**Does the action involve a Resolution, Ordinance, Contract, Agreement, etc.?** Yes  
**Has it been reviewed by the County Attorney?** Yes  
**Is there a deadline for this item?**

**Approvals:**

<b>Submit</b>	<b>Approve</b>	<b>Budget</b>	<b>Finance</b>
LJ	LJ	TS	WG
<b>Attorney</b>	<b>Administration</b>		<b>Clerk</b>
VS	JR		JR

**Attachments:**

Financial Supplement



**HALL COUNTY BOARD OF COMMISSIONERS  
FINANCIAL SUPPLEMENT REPORT**

**AGENDA ITEM 524/2023**

**Funds Requested:** \$ 25,169,880.00

**Request Budgeted:** Yes

**Proposed Source of Funding:**

**Budget Transfer Requested:**

Group Health Insurance Fund

No

**Funding Source Items:**

<b>Fiscal Year</b>	<b>Fund</b>	<b>Division</b>	<b>Account</b>	<b>Amount</b>
2024	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552100-ADMINISTRATIVE INSURANCE FEES	\$903,262.00
2024	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552201-INSURANCE CLAIMSâ€EMPLOYEES	\$18,500,000.00
2024	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552202-INSURANCE CLAIMSâ€RETIREES	\$1,900,000.00
2024	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$2,100,000.00
2024	601-GROUP INSURANCE FUND	5171-HALL COUNTY PHARMACY	521000-PROFESSIONAL SERVICES	\$511,618.00
2024	601-GROUP INSURANCE FUND	5172-HALL COUNTY CLINIC	521000-PROFESSIONAL SERVICES	\$1,255,000.00

**Budget Transfer Items:**

**Additional Information/Comments:**

The documents for signature will be forthcoming in December 2023. Agenda entry delayed due to Broker/Departmental discussions.

**Contact for Questions:** DLJ

**Phone:**

770-531-6712