



AGENDA ITEM

Consent Agenda

REPORT TO: Work Session (07/22/24)

REPORT TO: Voting Meeting (07/25/24)

ITEM NO: 392/2024

SUBJECT: Approve the award of RFQ/P #45-002 Medical, Dental, & PBM Claims Administration for health benefits to Healthgram Health Insurance of Charlotte, NC, Delta Dental of Chicago, IL, Veracity Rx of Kennesaw, GA, and ProCare Rx of Gainesville, GA; authorization for the Chairman or Vice Chairman to execute all related documents, subject to the review and approval by the County Attorney. The estimated annual cost is \$921,627.00.

Meetings:

Work Session Date: 07/22/24

Voting Meeting Date: 07/25/24

Executive Summary:

Presenter: DLJ

Recommendation: Department recommends approving the award of RFP/P #45-002 Medical, Dental, & PBM Administration for health benefits.

Purpose of Request:

Purpose of this request is to seek approval of the award of RFQ/P #45-002 Medical, Dental, & PBM Administration for health benefits to Healthgram of Charlotte, NC., Delta Dental of Chicago, IL, Veracity Rx of Kennesaw, GA, and ProCare Rx of Gainesville, GA. The estimated annual cost is \$921,627.00.

History:

The vendors awarded in this RFP will be new partnerships with Hall County.

Facts and Issues:

Contracts with the vendors awarded in this RFP are forthcoming, as this agenda item is to award the selected vendors of the RFP. All contracts will be reviewed in accordance with the purchasing and legal process.

Options:

Funding Requested

\$ 921,627.00

Are funds within current budget?

No

Source of Funds

Group 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:

Submit	Approve	Purchasing	Budget
LJ	LJ	AP	DA
Finance	Attorney	Administration	Clerk
TS	WLI	CR	JR

Attachments:

Financial Supplement

Bid Tabulation Summary

RFP 45-002 Medical Admin Cost by Carrier

RFP-Medical, Dental, PBM Claims Administration



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

AGENDA ITEM 392/2024

Funds Requested: \$ 921,627.00

Request Budgeted: No

Proposed Source of Funding:

Budget Transfer Requested:

Group Insurance Fund

Yes

Funding Source Items:

Fiscal Year	Fund	Division	Account	Amount
2025	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	512100-HEALTH INSURANCE	\$460,814.00
2026	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552100- ADMINISTRATIVE INSURANCE FEES	\$460,813.00

Budget Transfer Items:

Additional Information/Comments:

Contact for Questions: DLJ

Phone: 770-531-6712