



## AGENDA ITEM

### Consent Agenda

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**REPORT TO:** Work Session (12/09/24)

**REPORT TO:** Voting Meeting (12/12/24)

**ITEM NO:** 645/2024

**SUBJECT:** Approve the annual renewal of the retiree medicare advantage plan with Aetna Medicare of Atlanta, GA. The estimated cost of this renewal is \$381,401.28; authorization for the Chairman to execute all related documents, subject to the review and approval by the County Attorney.

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### Meetings:

**Work Session Date:** 12/09/24

**Voting Meeting Date:** 12/12/24

### Executive Summary:

**Presenter:** DLJ

**Recommendation:**  
Department recommends approval of this renewal.

### Purpose of Request:

The purpose of this agenda item is to seek approval of the renewal for the Aetna Medicare Advantage plan.

### History:

### Facts and Issues:

The Aetna Medicare Advantage plan will increase by \$106,212.00, which is \$53.00 per member per month.

### Options:

Changes in the Inflation Reduction Act (IRA) and reductions in funding from the Centers for Medicare & Medicaid Services (CMS) contribute to the cost challenges.

### Funding Requested

\$ 381,401.28

### 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	JM	TS
<b>Attorney</b>	<b>Administration</b>	<b>Clerk</b>	
WLI	CR	JR	

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**Attachments:**

Financial Supplement  
2025 Aetna Medicare Advantage Renewal



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

**AGENDA ITEM 645/2024**

**Funds Requested:** \$ 381,401.28

**Request Budgeted:** Yes

**Proposed Source of Funding:**

**Budget Transfer Requested:**

Group Health Insurance Fund

No

**Funding Source Items:**

Fiscal Year	Fund	Division	Account	Amount
2025	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$190,700.64
2026	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$190,700.64

**Budget Transfer Items:**

**Additional Information/Comments:**

**Contact for Questions:** DLJ

**Phone:** 770-531-6712