



AGENDA ITEM

Human Resources

REPORT TO: Work Session (09/08/26)

REPORT TO: Voting Meeting (09/10/26)

ITEM NO: 451/2026

SUBJECT: Approve the award of RFQ/P #47-009 Medicare Advantage Prescription Drugs Provider for Medicare retiree benefits to Aetna Life Insurance Company of Hartford, CT. The estimated annual cost is \$639,498.00.

Meetings:

Work Session Date: 09/08/26

Voting Meeting Date: 09/10/26

Executive Summary:

Presenter: DLM

Recommendation:
Approve.

Purpose of Request:

Approve the award of RFQ/P #47-009 Medicare Advantage Prescription Drugs Provider for Medicare retiree benefits to Aetna Life Insurance Company of Hartford, CT. The estimated annual cost is \$639,498.00.

History:

Hall County has been with Aetna since January of 2022 and they are in good standing.

Facts and Issues:

Options:

There were three (3) vendors to bid on this RFQ/P: Aetna (current vendor), Anthem, and Humana, all with local offices in Georgia.

Aetna's submitted a bid rate at 12.6% (\$291.21PMPM) of an increase over the current premium; Anthem submitted a bid rate of 5.3% over current cost (\$272.21 PMPM); and Humana submitted a bid rate at 18% over current cost (\$305.15 PMPM).

Aetna Medicare is the selected vendor- No current plan service issues; strong network especially in the Atlanta metro area; strong in network with North GA Health System; 94.2% of vendors remained and renewed with Aetna based on service levels, cost, and strong networks.

*Cost for the Medicare Advantage retiree program will fluctuate based on monthly membership enrollments.

Funding Requested

\$ 639,498.00

Are funds within current budget?

Yes

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
LM	LM	AY	DA
Finance	Attorney	Administration	Clerk
TS	JL	CR	JR

Attachments:

Financial Supplement

Aetna Medicare Group Agreement

Aetna Cost Proposal

Bid Tab

Signature Request Cover Sheet



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

AGENDA ITEM 451/2026

Funds Requested: \$ 639,498.00

Request Budgeted: Yes

Proposed Source of Funding:

Budget Transfer Requested:

Group Insurance Fund

No

Funding Source Items:

Fiscal Year	Fund	Division	Account	Amount
2027	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$319,749.00
2028	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	\$319,749.00

Budget Transfer Items:

Additional Information/Comments:

Contact for Questions: DLM

Phone: 770-531-6712