

District One

District Two

Ray Sandelli

District Three

District Four Frank Mann District Five

Examiner

John E. Manning September 29, 2020 Cecil L. Pendergrass Mr. Scott Weber Aetna Life Insurance Company 4630 Woodlands Corporate Blvd. Brian Hamman Tampa, FL 33614 Roger Desjarlais County Manager SUBJECT: Renewal of Annual Contract No. RFP170337LKD **Richard Wesch** County Attorney Group Medicare Advantage Plan **Donna Marie Collins** County Hearing Dear Mr. Weber: This is to inform you that Lee County agrees to renew the above subject contract for an additional one (1) year period, from 1/1/21 through 12/31/21. We are hereby extending the annual contract for an additional one year period under the

same terms and conditions as agreed upon in the attached rate proposal increase of 1.17%.

If you have any questions regarding this letter, please contact me at (239) 533-8871.

Sincerely,

## Kímberly Urban

Kimberly Urban Contracts Analyst Procurement Management Division

C: Project File



John E. Manning District One

Cecil L. Pendergrass

August 21, 2020

239-533-8871

Mr. Scott Weber Aetna Life Insurance Company 4630 Woodlands Corporate Blvd. Tampa, FL 33614

Brian Hamman

Ray Sandelli

Frank Mann **District** Five

Roger Desjarlais ounty Manager

**Richard Wesch** County Attorney

Donna Marie Collins County Hearing Examiner

Subject: Renewal of Annual Contract RFP170337LKD Group Medicare Advantage Plan

Dear Mr. Weber

The above-referenced annual contract will expire on December, 31, 2020, unless renewed. Lee County is requesting that this annual contract be renewed for an additional one year period 1/1/21 - 12/31/21. Therefore, we are requesting that you choose one of the following options and return this letter to Lee County Procurement Management, Attn: Kimberly Urban, P.O. Box 398, Ft. Myers, FL 33902-0398, (Fax: 239-485-8383 or email kurban@leegov.com ), within 15 calendar days from receipt. Failure to return by September 7, 2020, may, at the County's sole discretion, result in contract cancellation and/or rebid of solicitation.

X I want to continue performing under this annual contract for an a. additional one year period under the same terms and conditions as agreed upon in the attached rate proposal increase of 1.17%.

As a condition of this renewal, the vendor agrees to provide Lee County with an updated insurance certificate upon expiration of the original certificate on file with the County.

I am not interested in extending this contract for an additional b. one-year period. Why?

Vendor Signature

Market Head Public and Labor Sales & Service

1-3-2020

Lee County Signature of Authorized Official

Procurement Management Director Title

09-28-2020

Date

Date

Title

## **♥aetna**™

## MEDICARE ADVANTAGE RATE PROPOSAL

Plan Sponsor Name: Group Number: Policy Period Start Date: Policy Period End Date: Medical Plan: Pharmacy Plan: Lee County Board of County Commissioners AE467172 01/01/2021 12/31/2021 Medicare (V01) ESA PPO Rx \$10/\$20/\$35/\$35

• Please refer to the Financial Conditions and Plan Design Exhibits for an outline of the level of benefits quoted, as well as the terms and conditions of this proposal.

• Your Aetna Group Medicare Plan for January 1, 2021 will be automatically renewed if we do not hear from you by October 1, 2020.

• Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year and are subject to CMS contract approval.

• All rates are on a Per Member Per Month (PMPM) basis.

These rates exclude commissions.

• Affordable Care Act – fees and assessments - The Affordable Care Act (ACA) imposes several fees/assessments. The Health Insurance Provider Fee (HIF) is one such fee and was applicable in 2020, but a federal omnibus bill signed on December 20, 2019 repealed the HIF for 2021 and beyond.

	NATIONAL RATES			
	Medical Rate	Pharmacy Rate	Total Rate	
Current	\$148.32	\$231.47	\$379.79	
Proposed	\$133.89	\$250.36	\$384.25	
Change	-\$14.43	\$18.89	\$4.46	

Total Medicare Eligible Members 493

State	Medicare Eligible Members	Medical Rate	Pharmacy Rate	Total Rate	
Arizona	1	\$133.89	\$250.36	\$384.25	
Arkansas	2	\$133.89	\$250.36	\$384.25	
California	3	\$133.89	\$250.36	\$384.25	
Florida	424	\$133.89	\$250.36	\$384.25	
Georgia	8	\$133.89	\$250.36	\$384.25	
Illinois	2	\$133.89	\$250.36	\$384.25	
Indiana	1	\$133.89	\$250.36	\$384.25	
Kentucky	1	\$133.89	\$250.36	\$384.25	
Louisiana	1	\$133.89	\$250.36	\$384.25	
Michigan	5	\$133.89	\$250.36	\$384.25	
Mississippi	2	\$133.89	\$250.36	\$384.25	
Missouri	1	\$133.89	\$250.36	\$384.25	
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Ohio	5	\$133.89	\$250.36	\$384.25
Pennsylvania	5	\$133.89	\$250.36	\$384.25
South Carolina	6	\$133.89	\$250.36	\$384.25
Tennessee	7	\$133.89	\$250.36	\$384.25
Texas	1	\$133.89	\$250.36	\$384.25
Virginia	7	\$133.89	\$250.36	\$384.25
Wisconsin	0	\$133.89	\$250.36	\$384.25