

## County of Albany

Harold L. Joyce Albany County Office Building 112 State Street - Albany, NY 12207

## Legislation Text

File #: TMP-2305, Version: 1		
REQUEST FOR LEGISLATIVE ACT	TION	
Description (e.g., Contract Authorization for Information Services): Contract Authorization with Aetna as the Administrator for the Medicare Advantage Plan for Medicare Eligible Retirees		
Date:	2/12/21	
Submitted By:	Jennifer Clement	
Department:	Human Resources	
Title:	Commissioner	
Phone:	518-447-5690	
Department Rep.		
Attending Meeting:	Jennifer Clement	
Purpose of Request:		
<ul> <li>□ Adopting of Local Law</li> <li>□ Amendment of Prior Legislation</li> <li>□ Approval/Adoption of Plan/Proced</li> <li>□ Bond Approval</li> <li>□ Budget Amendment</li> <li>☑ Contract Authorization</li> <li>□ Countywide Services</li> <li>□ Environmental Impact/SEQR</li> <li>□ Home Rule Request</li> <li>□ Property Conveyance</li> <li>□ Other: (state if not listed)</li> </ul>	ure  Click or tap here to enter text.	
CONCERNING BUDGET AMENDM	<u>ENTS</u>	
Increase/decrease category (choose	se all that apply):	
☐ Contractual		
☐ Equipment		
☐ Fringe		
☐ Personnel		

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☐ Personnel Non-Individual ☐ Revenue	
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.
CONCERNING CONTRACT AUTHORI	<u>ZATIONS</u>
Type of Contract:  ☐ Change Order/Contract Amendment ☐ Purchase (Equipment/Supplies) ☐ Lease (Equipment/Supplies) ☐ Requirements ☒ Professional Services ☐ Education/Training ☐ Grant ☐ Choose an item. ☐ Submission Date Deadline Click ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)	or tap to enter a date. Click or tap here to enter text.
Contract Terms/Conditions:	
Party (Name/address):     Liz Sampo, Sales Vice President     Aetna Life Insurance     151 Farmington Avenue     Hartford, CT, 06156  Additional Parties (Names/addresses):     Click or tap here to enter text.	
Amount/Raise Schedule/Fee: Scope of Services: Retirees	Click or tap here to enter text.  Administration of a Medicare Advantage Plan for Albany County
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.
CONCERNING ALL REQUESTS	
Mandated Program/Service: If Mandated Cite Authority:	Yes ⊠ No □ Albany County

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Is there a Fiscal Impact:	Yes □ No ⊠	
Anticipated in Current Budget:	Yes ⊠ No □	
County Budget Accounts:		
Revenue Account and Line:	Click or tap here to enter text.	
Revenue Amount:	Click or tap here to enter text.	
Appropriation Account and Line:	Click or tap here to enter text.	
Appropriation Amount:	Click or tap here to enter text.	
Source of Funding - (Percentages)		
Federal:	Click or tap here to enter text.	
State:	Click or tap here to enter text.	
County:	100%	
Local:	Click or tap here to enter text.	
Term		
Term: (Start and end date)	Click or tap here to enter text.	
Length of Contract:	3 years	
5	,	
Impact on Pending Litigation	Yes □ No ⊠	
If yes, explain:	Click or tap here to enter text.	
Previous requests for Identical or Simila	r Action:	
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## **Justification**: (state briefly why legislative action is requested)

Resolution/Law Number:

Date of Adoption:

The Department of Human Resources respectfully requests legislative action to enter into a three year contract with Aetna to serve as the Administrator for the Medicare Advantage Plan for Medicare Eligible Retirees. Due to a significant increase in rates proposed for 2021, Albany County issued an RFP and Aetna was the selected bidder.

Click or tap here to enter text.

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