CONSENT AGENDA ITEM SUMMARY

August 7, 2025, City Council Workshop
Item Number: 6A

Presented by: Brian Linton Department: Technology Services

ITEM SUMMARY:

Request for approval to pay Henry County Tyler New World Public Safety System Software invoice in the amount of $21,568.32.

SPECIAL CONSIDERATIONS OR CONCERNS:

The Police Department uses New World software for incident and report management.

STAFF RECOMMENDATION:

Staff recommends approval.

FINANCIAL IMPACT:

$21,568.32

FUNDING SOURCE:

This expenditure is budgeted and approved in the FY 25 – 26, to be paid from line 100-5.1535.52.1301.

ATTACHMENTS:

Henry County Tyler New World Public Safety Software invoice

OTHER DEPARTMENTAL REVIEW NEEDED:

__X_Yes ___No

OTHER DEPARMENTAL REVIEW

_X__Finance

HENRY COUNTY BOARD OF COMMISSIONERS-FINANCE
140 Henry Pkwy
McDonough, GA 30253 US
asorrow@co.henry.ga.us

INVOICE

BILL TO
City of McDonough Georgia
136 Keys Ferry St
Attn: Accounts Payable
McDonough, GA 30253

INVOICE # 1247
DATE 07/15/2025
DUE DATE 07/15/2025
TERMS Due on receipt

ACTIVITY	AMOUNT
Tyler New World Public Safety System Software Annual Billing January 1, 2025 - December 31,2025. Billing based on IGA signed July 19, 2022 Resolution 22-189	21,568.32

Please make checks payable to:
Henry County Board of Commissioners
140 Henry Pkwy
McDonough, GA. 30253
Attn: Accounts Receivable
Any questions please call Angie Sorrow @ 770-288-6034

BALANCE DUE **$21,568.32**

CONSENT AGENDA ITEM SUMMARY
August 07, 2025, City Council Workshop
Item Number: 6B

Presented by: Brian Linton, Director — Technology Services Department

ITEM SUMMARY:

Request for authorization to pay two ClearGov invoices for annual maintenance renewal totaling $34,093.00

SPECIAL CONSIDERATIONS OR CONCERNS:

ClearGov is used for budgeting, transparency, and strategic planning.

STAFF RECOMMENDATION:

Staff recommend approval.

FINANCIAL IMPACT:

$34,093.00

FUNDING SOURCE:

Line Item 100-5.1535.52.1301
This software is budgeted and approved in the FY 25-26 budget.

ATTACHMENTS:

2 ClearGov invoices

OTHER DEPARTMENTAL REVIEW NEEDED:

_X__Yes ___No

OTHER DEPARTMENTAL REVIEW

_X__Finance

FROM

ClearGov Inc.
2 Mill and Main Pl, Suite 630
Maynard, MA 01754
855-553-2715
ar@cleargov.com

BILL TO

McDonough, GA - City
Sandra Vincent
136 Keys Ferry St
McDonough, GA 30253
United States

INVOICE NUMBER	2025-17336
DATE	07/01/2025
TERMS	Net 30
DUE DATE	07/31/2025
AMOUNT DUE (USD)	**$ 25,750.00**

ITEM / DESCRIPTION	QUANTITY	RATE	AMOUNT
Includes ClearGov Operational Budgets - Renewal This is your subscription fee for CG Operational Budget Builder for the term starting 07/01/2025 and ending 06/30/2026.	1	$ 12,463.00	$12,463.00
Includes ClearGov Personnel Budgeting - Renewal This is your subscription fee for Includes ClearGov Personnel Budgeting - Renewal for the term starting 07/01/2025 and ending 06/30/2026.	1	$ 12,463.00	$12,463.00
Includes ClearGov Capital Budgeting - Renewal This is your subscription fee for Includes ClearGov Capital Budgeting - Renewal for the term starting 07/01/2025 and ending 06/30/2026.	1	$ 7,622.00	$7,622.00
Includes ClearGov Digital Budget Book - Renewal This is your subscription fee for Includes ClearGov Digital Budget Book - Renewal for the term starting 07/01/2025 and ending 06/30/2026.	1	$ 7,622.00	$7,622.00

FROM

ClearGov Inc.
2 Mill and Main Pl, Suite 630
Maynard, MA 01754
855-553-2715
ar@cleargov.com

BILL TO

McDonough, GA - City
Sandra Vincent
136 Keys Ferry St
McDonough, GA 30253
United States

INVOICE NUMBER	2025-17337
DATE	07/01/2025
TERMS	Net 30
DUE DATE	07/31/2025
AMOUNT DUE (USD)	**$ 8,343.00**

ITEM / DESCRIPTION	QUANTITY	RATE	AMOUNT
Includes ClearGov Strategic Planning - Renewal This is your subscription fee for Includes ClearGov Strategic Planning - Renewal for the term starting 07/01/2025 and ending 06/30/2026.	1	$ 8,343.00	$8,343.00
		AMOUNT DUE (USD)	**$ 8,343.00**

BANK WIRE INSTRUCTIONS

Bank: Customers Bank

Routing #031302971

Account Type: Business Checking

Account #7228105

AGENDA ITEM SUMMARY
August 07, 2025, City Council Workshop
Item Number: 10

Presented by: Dr. Ralph Igwedibie Finance Department

ITEM SUMMARY:

Presentation of the City's 2023-2024 Audit Report to the Mayor and Council by the auditor, James Whitaker, CPA.

SPECIAL CONSIDERATIONS OR CONCERNS:

STAFF RECOMMENDATION:

FINANCIAL IMPACT:

FUNDING SOURCE:

ATTACHMENTS:

Audit Report has been provided to the Mayor.

OTHER DEPARMENTAL REVIEW NEEDED:

__Yes __x_ No

AGENDA ITEM SUMMARY

August 7, 2025, City Council Workshop
Item Number: 11

Presented by: Paige Hatley — Finance Department

ITEM SUMMARY:

A Public Hearing before the Mayor and Council will be held prior to any decision on the request for adoption of the Ordinance to consider comments from any persons wishing to be heard. Request for adoption of a Resolution authorizing the transmittal of the 2025 Draft Annual Update Report for the Fiscal Year Ended June 30, 2024, to the City's adopted Capital Improvements Element, relating to the City's Impact Fee Program, to the Atlanta Regional Commission for Regional and State Review.

SPECIAL CONSIDERATIONS OR CONCERNS:

None.

STAFF RECOMMENDATION:

Adopt the Resolution to transmit the 2025 Draft Annual Update Report for the year ended June 30, 2024, to the Atlanta Regional Commission after consideration of comments made during the Public Hearing.

FINANCIAL IMPACT:

None.

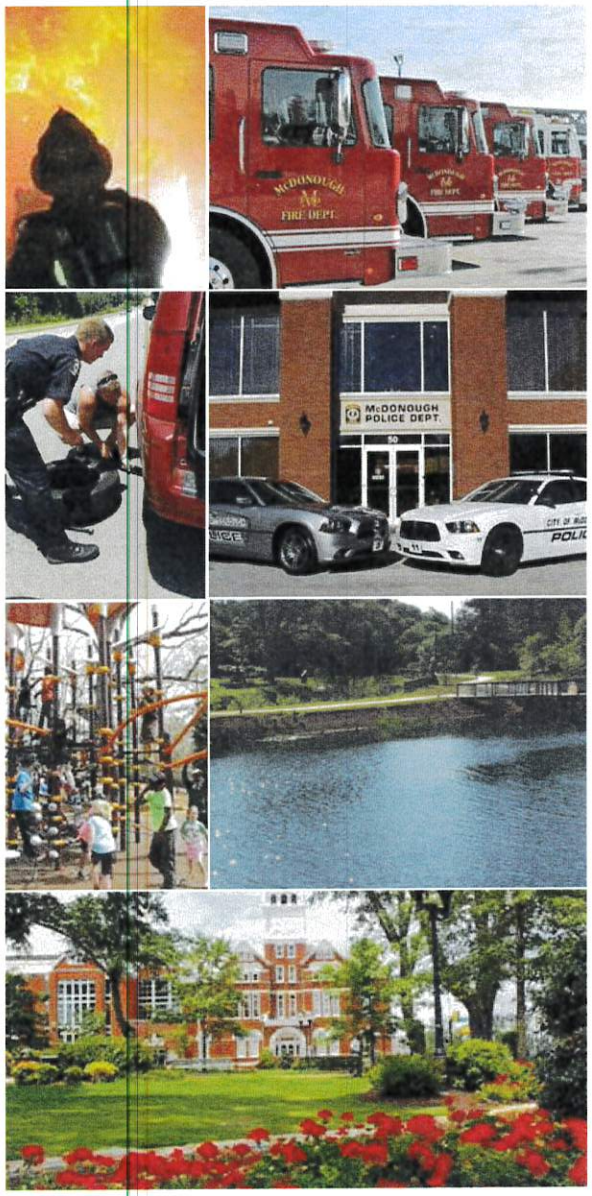
FUNDING SOURCE:

ATTACHMENTS:

Resolution of Transmittal
2025 Draft Annual Update Report for the Year Ended June 30, 2024

OTHER DEPARMENTAL REVIEW NEEDED:

___Yes __x_No



Capital Improvements Element

2025 Annual Update:

FY 2024 Financial Report & 2025-2029 Community Work Program

McDonough, Georgia

8.7.25 Transmittal Draft

ROSS+associates
urban planning & plan implementation

in association with HatleyPlans LLC

This CIE Annual Update covers the fiscal year 2024 and is based on the *Capital Improvements Element* adopted by the City in 2003 and subsequently amended March 18, 2019.

The City's fiscal year runs from July 1 through June 30.

This Annual Update has been prepared based on the rules and regulations pertaining to impact fees in Georgia, as specified by the *Development Impact Fee Act* (DIFA) and the Department of Community Affairs (DCA) documents *Development Impact Fee Compliance Requirements* and *Standards and Procedures for Local Comprehensive Planning*. These three documents dictate the essential elements of an Annual Update, specifically the inclusion of a financial report and a schedule of improvements.

According to DCA's Compliance Requirements, the Annual Update:

> "must include: 1) the Annual Report on impact fees required under O.C.G.A. 36-71-8; and 2) a new fifth year schedule of improvements, and any changes to or revisions of previously listed CIE projects, including alterations in project costs, proposed changes in funding sources, construction schedules, or project scope." (Chapter 110-12-2-.03(2)(c))

Financial Report

The Financial Report included in this document is based on the requirements of DIFA, specifically:

> "As part of its annual audit process, a municipality or county shall prepare an annual report describing the amount of any development impact fees collected, encumbered, and used during the preceding year by category of public facility and service area." (O.C.G.A. 36-71-8(c))

The required financial information for each public facility category appears in the main financial table (page 2); all of the public facility categories have a single, city-wide service area. The status of all impact fee projects, by public facility category, is shown on the tables beginning on page 3.

Schedule of Improvements

In addition to the financial report, the City has prepared a five-year schedule of improvements—a community work program (CWP)—as specified in DCA's Compliance Requirements (Chapter 110-12-2-.03(2)(c)), which states that local governments that have a CIE must "update their entire Short Term [i.e., Community] Work Programs annually.")[1]

According to DCA's requirements,[2] the CWP must include:

- A brief description of the activity;
- Legal authorization, if applicable;
- Timeframe for undertaking the activity;
- Responsible party for implementing the activity;
- Estimated cost (if any) of implementing the activity; and,
- Funding source(s), if applicable.

All of this information appears in the Community Work Program portion of this document beginning on page 8.

[1] Note that DCA's Compliance Requirements specify that the work program is to meet the requirements of Chapter 110-12-1-.04(7)(a), which is a reference to the work program requirements in a previous version of the *Standards and Procedures for Local Comprehensive Planning*. The correct current description is found at Chapter 110-12-1-.04(2)(b)1.

[2] Chapter 110-12-1-.03(3).

City of McDonough **Annual Impact Fee Financial Report - Fiscal Year 2024**

FY 24 Information	Public Facility Category			***Administration	TOTAL
	Fire Protection	**Law Enforcement	Parks & Recreation		
*Impact Fee Fund Balance June 30, 2023	$404,177.41	$331,760.00	$2,336,422.97	$70,583.87	$3,142,944.25
Impact Fees Collected (July 1, 2023 through June 30, 2024)	$68,571.35	$72,943.47	$419,354.15	$16,826.07	$577,695.04
Subtotal: Fee Accounts	*$472,748.76*	*$404,703.47*	*$2,755,777.12*	*$87,409.94*	*$3,720,639.29*
Accrued Interest	$2,208.65	$303.53	$12,658.85	$504.93	$15,675.96
(Impact Fee Refunds)	$0.00	$0.00	$0.00	$0.00	$0.00
Expenditures	($67,225.72)	($626,378.93)	($452,331.63)	($33,503.00)	($1,179,439.28)
Impact Fee Fund Balance June 30, 2024	$407,731.69	($221,371.93)	$2,316,104.34	$54,411.87	$2,556,875.97
Impact Fees Encumbered	$407,731.69	$0.00	$2,316,104.34		$2,723,836.03

* The Fee Account Balances as of June 30, 2022 and June 30, 2023 were adjusted in accordance with the City's annual financial audits to reflect the modified rates and fee allocations in the amended Impact Fee Schedule (adopted August 3, 2021). The Financial Reports for Fiscal Years 2022 and 2023 have been revised, accordingly, and are included in this Annual Update on the following pages.

**The amended Impact Fee Schedule resulted in reduced impact fees allocated to Fire Protection and Law Enforcement and increased allocations to Parks and Recreation after August 3, 2021. The reallocations applied retrospectively resulted in a deficit balance in the Law Enforcement category during the fiscal year ended June 30, 2024. In addition, FY24 expenditures were made for land aquisition to accommodate future police functions; however, it has been determined the land is better suited as a future park. Accordingly, Park funds will reimburse the Law Enforcement account, and this transaction will be reflected in a future Annual Update report.

***The amended Impact Fee Schedule (August 3, 2021) included an Administrative Fee of 3%, as allowed under state law, and eliminated the CIE Cost Recovery Fee of .20%.

City of McDonough Annual Impact Fee Financial Report - Fiscal Year 2023 (Amended)

FY 23 Information	Public Facility Category			Administration	TOTAL
	Fire Protection	Law Enforcement	Parks & Recreation		
Impact Fee Fund Balance June 30, 2022	$470,557.41	$290,392.00	$1,854,705.97	$26,020.87	$2,641,676.25
Impact Fees Collected (July 1, 2022 through June 30, 2023)	$210,811.00	$224,251.00	$1,327,776.00	$52,885.00	$1,815,723.00
Subtotal: Fee Accounts	*$681,368.41*	*$514,643.00*	*$3,182,481.97*	*$78,905.87*	*$4,457,399.25*
Accrued Interest	$1,169.00	$1,243.00	$6,538.00	$267.00	$9,217.00
(Impact Fee Refunds)	$0.00	$0.00	$0.00	$0.00	$0.00
Expenditures	($278,360.00)	($184,126.00)	($852,597.00)	($8,589.00)	($1,323,672.00)
Impact Fee Fund Balance June 30, 2023	$404,177.41	$331,760.00	$2,336,422.97	$70,583.87	$3,142,944.25
Impact Fees Encumbered	$404,177.41	$331,760.00	$2,336,422.97		$3,072,360.38

City of McDonough **Annual Impact Fee Financial Report - Fiscal Year 2022 (Amended)**

FY 22 Information	Public Facility Category			Administration	TOTAL
	Fire Protection	Law Enforcement	Parks & Recreation		
Impact Fee Fund Balance June 30, 2021	$307,878.46	$223,868.40	$677,591.06	($5,416.75)	$1,203,921.17
Impact Fees Collected (July 1, 2021 through June 30, 2022)	$198,078.50	$210,332.50	$1,076,220.00	$44,542.00	$1,529,173.00
Subtotal: Fee Accounts	*$505,956.96*	*$434,200.90*	*$1,753,811.06*	*$39,125.25*	*$2,733,094.17*
Accrued Interest	$120.45	$128.10	$272.82	$15.62	$536.99
***Transfer from General Fund**	$0.00	$0.00	$100,622.09	$0.00	$100,622.09
(Impact Fee Refunds)	$0.00	$0.00	$0.00	$0.00	$0.00
Expenditures	($35,520.00)	($143,937.00)	$0.00	($13,120.00)	($192,577.00)
Impact Fee Fund Balance June 30, 2022	$470,557.41	$290,392.00	$1,854,705.97	$26,020.87	$2,641,676.25
Impact Fees Encumbered	$470,557.41	$290,392.00	$1,854,705.97		$2,615,655.38

* Reimbursement for expenditures initally thought to have been impact fee eligible.

Public Facility: **Parks & Recreation**
Responsible Party: Public Services Department
Service Area: Citywide

Project Description*	Project Start Date	Project End Date	Estimated Local Cost of Project	Maximum Percentage of Funding from Impact Fees	Maximum Funding Possible from Impact Fees	FY 2024 Impact Fees Expended	Impact Fees Encumbered	Status/Remarks
Park Acres	2025	2040	$ 17,097,495.74	100.00%	17,097,495.74	$ 452,331.63	$ 1,751,109.51	on-going
Baseball/Softball Fields	**	**	$ 4,348,423.80	96.96%	4,216,123.71			
Batting Cages	**	**	$ 21,028.31	100.00%	21,028.31			
Football Fields	**	**	$ 884,831.71	100.00%	884,831.71			
Multi-Purpose Fields	**	**	$ 289,960.63	100.00%	289,960.63			
Tennis Courts	**	**	$ 1,740,749.50	96.96%	1,687,775.87			
Pickleball Courts	2026	2026	$ 394,280.75	42.11%	166,023.53		$ 100,000.00	
Basketball Courts (Full Court)	**	**	$ 290,289.20	96.96%	281,456.23			
Basketball Courts (Half Court)	**	**	$ 48,381.53	72.72%	35,182.03			
Playgrounds	2026	2027	$ 1,514,530.92	93.49%	1,416,006.87		$ 100,000.00	
Pavilions	2026	2027	$ 484,636.75	100.00%	484,636.75		$ 100,000.00	
Restroom Buildings	2026	2026	$ 149,485.34	100.00%	149,485.34		$ 100,000.00	
Concessions Stands	**	**	$ 93,428.34	72.72%	67,939.11			
Restroom/Concessions/Storage	**	**	$ 603,690.79	96.96%	585,321.58			
Storage Buildings	**	**	$ 215,603.85	72.72%	156,782.57			
Band Shell/Amphitheaters	**	**	$ 1,068,066.16	63.15%	674,470.87			
Splash Pad	**	**	$ 440,773.02	72.72%	320,520.83			
Disc Golf Courses	**	**	$ 147,875.82	42.10%	62,258.85			
Walking Trails	2026	2026	$ 385,029.58	100.00%	385,029.58		$ 109,994.83	
Benches	2026	2040	$ 29,571.06	96.96%	28,671.26		$ 5,000.00	on-going
Parking Spaces	2026	2040	$ 4,529,135.81	99.98%	4,528,240.50		$ 50,000.00	on-going
			$ 34,777,268.61		**$ 33,539,241.86**	**$ 452,331.63**	**$ 2,316,104.34**	

** Not yet programmed.

Public Facility: **Fire Stations and Equipment**
Responsible Party: Fire Department
Service Area: Citywide

ject Description	Project Start Date	Project End Date	Local Cost of Project	Maximum Percentage of Funding from Impact Fees	Maximum Funding Possible from Impact Fees	FY 2024 Impact Fees Expended	Impact Fees Encumbered	Status/Remarks
Storage Building Expansion	2023	2024	$ 22,302.65	100.00%	$ 22,302.65			Complete
Medical Response Vehicle	2026	2026	$ 202,625.59	100.00%	$ 202,625.59		$ 202,625.59	
Command Vehicle	2025	2025	$ 94,520.57	100.00%	$ 94,520.57	$ 67,225.72		Complete
Rescue ATV	2027	2027	$ 19,452.06	100.00%	$ 19,452.06			
Station 53	2020	--	$ 3,719,584.54	100.00%	$ 3,719,584.54			Delayed
Simpson Street Precinct	2021	2024	$ 52,220.00	100.00%	$ 52,220.00			Complete
Ladder Truck	2029	2029	$ 872,464.04	100.00%	$ 872,464.04			
Pumper Truck	2026	2026	$ 359,249.90	100.00%	$ 359,249.90		$ 185,000.00	
Medical Response Vehicle	2028	2028	$ 205,285.66	100.00%	$ 205,285.66			
Administrative Vehicle	2026	2026	$ 48,080.89	100.00%	$ 48,080.89		$ 20,106.10	
Pumper Truck	2030	2030	$ 409,298.09	100.00%	$ 409,298.09			
Ladder Truck	2030	2030	$ 872,464.04	100.00%	$ 872,464.04			
Command Vehicle	2030	2030	$ 98,537.12	100.00%	$ 98,537.12			
New Future Station	2030	2030	$ 1,654,302.44	100.00%	$ 1,654,302.44			
Administrative Vehicle	2034	2034	$ 40,288.09	100.00%	$ 40,288.09			
Administrative Vehicle	2040	2040	$ 43,567.48	100.00%	$ 43,567.48			
			$ 8,714,243.17		**$ 8,714,243.17**	**$ 67,225.72**	**$ 407,731.69**	

Public Facility: **Police Buildings and Equipment**
Responsible Party: Police Department
Service Area: Citywide

Project Description	Project Start Date	Project End Date	Estimated Local Cost of Project	Maximum Percentage of Funding from Impact Fees	Maximum Funding Possible from Impact Fees	FY 2024 Impact Fees Expended	Impact Fees Encumbered	Status/Remarks
Storage Building Expansion	2023	2024	$ 51,904.35	100.00%	$ 51,904.35			Complete
Simpson Street Precinct	2022	2024	$ 582,910.17	100.00%	$ 582,910.17			Complete
Vehicle	2024	2024	$ 35,459.48	100.00%	$ 35,459.48			Complete
Emergency Power Systems	2026	2026	$ 101,312.80	100.00%	$ 101,312.80			
Law Enforcement Complex	2026	2027	$ 2,000,000.00	100.00%	$ 2,000,000.00	$ 626,378.93		
Vehicle	2028	2028	$ 36,396.61	100.00%	$ 36,396.61			
Vehicle	2030	2030	$ 37,358.51	100.00%	$ 37,358.51			
Vehicle	2030	2030	$ 38,849.24	100.00%	$ 38,849.24			
Vehicle	2030	2030	$ 39,875.96	100.00%	$ 39,875.96			
Vehicle	2032	2032	$ 41,467.13	100.00%	$ 41,467.13			
Vehicle	2033	2033	$ 42,563.04	100.00%	$ 42,563.04			
Vehicle	2036	2036	$ 44,261.44	100.00%	$ 44,261.44			
Vehicle	2038	2038	$ 45,431.20	100.00%	$ 45,431.20			
Vehicle	2040	2040	$ 46,631.86	100.00%	$ 46,631.86			
			$ 3,144,421.79		**$ 3,144,421.79**	**$ 626,378.93**	$ -	

2025-2029 COMMUNITY WORK PROGRAM
Impact Fee Eligible Projects

Category	Action/Item	2025	2026	2027	2028	2029	Responsible Party	Cost Estimate	Funding Source
Fire Protection	Purchase Medical Response Vehicle		✓				Fire Department	$ 202,625.59	100% Impact Fees
Fire Protection	Purchase Ladder Truck					✓	Fire Department	$ 872,464.04	100% Impact Fees
Fire Protection	Purchase Pumper Truck		✓				Fire Department	$ 359,249.90	100% Impact Fees
Fire Protection	Purchase Medical Response Vehicle				✓		Fire Department	$ 205,285.66	100% Impact Fees
Fire Protection	Purchase Administrative Vehicle		✓				Fire Department	$ 48,080.89	100% Impact Fees
Law Enforcement	Purchase Police Vehicle			✓			Police Department	$ 37,358.51	100% Impact Fees
Law Enforcement	Install Emergency Power System		✓				Police Department	$ 101,312.80	100% Impact Fees
Law Enforcement	Construct Law Enforcement Complex		✓	✓			Police Department	$ 2,000,000	100% Impact Fees
Parks & Recreation	Construct 6 Pickleball Courts		✓				Public Works Department	$ 166,023.53	42.11% Impact Fees; SPLOST

Category	Action/Item	2025	2026	2027	2028	2029	Responsible Party	Cost Estimate	Funding Source
Parks & Recreation	Construct 2 Playgrounds		✓	✓			Public Works Department	$ 166,023.53	93.49% Impact Fees; SPLOST
Parks & Recreation	Construct 5 Pavilions		✓	✓			Public Works Department	$ 484,636.75	100% Impact Fees
Parks & Recreation	Construct 2 Restroom Buildings		✓				Public Works Department	$ 149,485.34	100% Impact Fees
Parks & Recreation	Walking Trails		✓				Public Works Department	$ 385,029.58	100% Impact Fees
Parks & Recreation	Construct 2 Disc Golf Courses				✓		Public Works Department	$ 62,258.85	42.10% Impact Fees; SPLOST
Parks & Recreation	Install 5 Benches		✓				Public Works Department	$ 28,671.26	96.96% Impact Fees; SPLOST
Parks & Recreation	Add 55 Parking Spaces		✓				Public Works Department	$ 128,278.53	99.98% Impact Fees; SPLOST

STATE OF GEORGIA
COUNTY OF HENRY

RESOLUTION NO. 25-08-07

A RESOLUTION AUTHORIZING THE TRANSMITTAL OF THE DRAFT 2025 CAPITAL IMPROVEMENTS ELEMENT ANNUAL UPDATE TO THE ATLANTA REGIONAL COMMISSION FOR REGIONAL AND STATE REVIEW

WHEREAS, the City of McDonough previously adopted a Capital Improvements Element as an amendment to its Comprehensive Plan; and

WHEREAS, the City of McDonough has prepared a 2025 Annual Update to the adopted Capital Improvements Element, which incorporates an impact fee financial report for FY 2024 and a 5-Year Community Work Program for 2026-2030; and

WHEREAS, the draft 2025 Capital Improvements Element Annual Update was prepared in accordance with the "Development Impact Fee Compliance Requirements" and the "Minimum Planning Standards and Procedures for Local Comprehensive Planning" adopted by the Department of Community Affairs pursuant to the Georgia Planning Act of 1989, and a duly advertised Public Hearing was held on August 7, 2025, at 6:00 p.m. in the City of McDonough City Hall, 136 Keys Ferry Street;

BE IT THEREFORE RESOLVED that the City Council does hereby authorize the transmittal of the draft 2025 Capital Improvements Element Annual Update (a copy of which is attached hereto as Exhibit "A") to the Atlanta Regional Commission for Regional and State review, as per the requirements of the Development Impact Fee Compliance Requirements adopted pursuant to the Georgia Planning Act of 1989.

RESOLVED this 7th day of August, 2025.

_____
Sandra Vincent, Mayor

Attest:

_____
Christy Taylor, City Clerk

AGENDA ITEM SUMMA
August 07, 2025, City Council Workshop
Item Number: 12

Presented by: Dr. Ralph Igwedibie Finance Department

ITEM SUMMARY:

Request for adoption of a Resolution amending the Fiscal Year 2024-2025 Budget; adjusting, reclassifying, and correcting certain revenues and expenditures, by fund, as reflected in the schedule of the budget amendment.

SPECIAL CONSIDERATIONS OR CONCERNS:

STAFF RECOMMENDATION:

FINANCIAL IMPACT:

FUNDING SOURCE:

ATTACHMENTS:

2024-2025 Budget Amendment Document

OTHER DEPARMENTAL REVIEW NEEDED:

_Yes __X_ No:

STATE OF GEORGIA
CITY OF MCDONOUGH

RESOLUTION NO. 25-08-07.1

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF MCDONOUGH, GEORGIA AMENDING THE FISCAL YEAR 2024-2025 BUDGET; ADJUSTING, RECLASSIFYING, AND CORRECTING CERTAIN REVENUES AND EXPENDITURES, BY FUND, AS REFLECTED IN THE SCHEDULE OF BUDGET AMENDMENTS:

WHEREAS, The Mayor and Council of the City of McDonough approved transactions and budget adjustments that effect the Annual Budget Document of the City for fiscal year 2024-2025;

WHEREAS, The Annual Budget Document should be amended to reflect the adjustments, reclassifications, and corrections approved by the Mayor and Council of the City of McDonough;

WHEREAS, The Code of Ordinances of the City of McDonough requires amendments to the Annual Budget Document made by Resolution;

WHEREAS, State law authorizes the City to amend its budget so as to adapt to changing governmental needs, under O.C.G.A. § 36-81-3(d).

NOW, THEREFORE BE IT RESOLVED, as follows:

Section 1. The City of McDonough Budget for the Fiscal Year ending June 30, 2025, is hereby amended to reflect the fund–level adjustments, reclassifications, and corrections as specifically set out in the attached Exhibit "A."

Section 2. All resolutions, ordinances, or portions thereof in conflict with the provisions of this Resolution are hereby repealed.

Section 3. This Resolution shall become effective immediately upon adoption.

SO RESOLVED this 7th day of August 2025.

CITY OF MCDONOUGH, GEORGIA

_____
Sandra Vincent, Mayor

ATTEST: _____
Christy L. Taylor, City Clerk

CITY OF MCDONOUGH
BUDGET AMENDMENT NO. 1
FISCAL YEAR ENDING JUNE 30, 2025

GENERAL FUND

	Account Number	Current Budget	Increase (Decrease)	Final Budget	Explanation
Expenditures:					
Facilities/Asset Mgmt	100-5.1565.52.2240	$ 324,164	$ 29,217	353,381	Annual maintenance and up keep
Traffic Control - Auto/Truck Repairs & Maint	100-5.3230.52.2210	79,760	16,900	96,660	Annual maintenance and up keep
Hwys and Streets -Utilities	100-5.4210.53.1280	85,571	16,810	102,381	Annual increase in Utility Costs
Hwys and Streets - Street Lights	100-5.4210.53.1301	403,130	84,800	487,930	Annual increase in Utility Costs
Park Areas	100-5.6220.53.1280	120,000	51,190	171,190	Annual increase in Utility Costs
Main St & Product - Beautification Projects	100-5.7540.53.3325	200,000	52,550	252,550	Beautification Project Costs
Main St & Product - Beautification Projects	100-5.7540.53.1280	0	12,810	12,810	Annual maintenance and up keep
Hwys and Streets - Sidewalks, Streets	100-5.4210.54.1406	100,000	(100,000)	0	Reallocation of BUDGETED expenditures
Hwys and Streets - Sidewalks, Streets	100-5.4210.54.2200	55,000	(55,000)	0	Reallocation of BUDGETED expenditures
Hwys and Streets - Sidewalks, Streets	100-5.4210.54.2599	156,000	(109,277)	46,723	Reallocation of BUDGETED expenditures
Total Expenditures			**$ 0**		

ARPA

	Account Number	Current Budget	Increase (Decrease)	Final Budget	
Expenditures:					
ARPA-Governing Body	230-5.1110.54.1206	3,500	11,500	15,000	Agenda approved November 7, 2024 - United Way Program
ARPA-City Administrator	230-5.1300.54.1201	800,000	150,925	950,925	Agenda approved December 16, 2024 -Various ARPA projects
ARPA-Undesignated Projects	230-5.1512.54.1200	149,100	28,440	177,540	Agenda approved February 6, 2025, December 16, 2024, and October 3, 2024 - ARPA Projects Funded with Undesignated Interest Income
ARPA-Human Resources	230-5.1540.54.1202	0	21,530	21,530	Agenda approved December 16, 2024 - Pandemic Premium Pay
ARPA-Park Improvements	230-5.6220.54.1211	0	36,000	36,000	Contract signed by Mayor 4/23/2025-Outdoor Fitness Court at Avalon
ARPA-Housing Rehab	230-5.1110.54.1203	1,320,000	(248,395)	1,071,605	Reallocation of BUDGETED expenditures
Total Expenditures			**0**		

SPLOST IV

Expenditures:	Account Number	Current Budget	Increase (Decrease)	Final Budget	
PRJ009-IT	325-5.1535.54.2599	0	132,428	132,428	Agenda approved June 17, 2024 and July 22, 2024 - IT annual Software
Hwys & Streets-Roads, Bridges, Sidewalks Etc	325-5.4210.54.1401	0	605,169	605,169	Agenda approved April 2024 - LMIG 2023
Total Expenditures			**$ 737,597**		

Revenues:	Account Number	Current Budget	Increase (Decrease)	Final Budget	
Unappropriated Fund Balance	325-4.37.1050	1,088,000	(737,597)	350,403	Splost IV revenues
Total Revenues			**$ (737,597)**		

SPLOST V

Expenditures:	Account Number	Current Budget	Increase (Decrease)	Final Budget	
PRJ003 ACQ/Improv Public Pro	326-5.3210.54.1400	0	276,080	276,080	Agenda approved November 7, 2024 - Avalon POD-Public Safety
PRJ0012 Vehicles	326-5.3210.54.2200	443,375	48,700	492,075	Agenda approved August 1, 2024 - Interceptors & Emergency Equip
PRJ01-Cultural/Rec/Historical	326-5.6180.54.1000	100,000	2,408,185	2,508,185	Agenda approved April 3, 2025 - Hazelhurst House
PRJ0013-Sidewalks	326-5.4210.54.1401	1,000,000	(835,856)	164,144	Reallocation of BUDGETED Splost V Expenditures
PRJ0014-Road Improvements	326-5.4210.54.1402	1,250,000	(463,554)	786,446	Reallocation of BUDGETED Splost V Expenditures
PRJ0022-Intersection Improvements	326-5.4210.54.1410	150,000	(150,000)	0	Reallocation of BUDGETED Splost V Expenditures
PRJ0020-City Entrance Sign	326-5.4210.54.1415	150,000	(150,000)	0	Reallocation of BUDGETED Splost V Expenditures
PRJ0021-Sidewalk Art Circles	326-5.4210.54.1421	100,000	(100,000)	0	Reallocation of BUDGETED Splost V Expenditures
PRJ0023-PW Facilities & Equip	326-5.4210.54.1422	150,000	(55,192)	0	Reallocation of BUDGETED Splost V Expenditures
PRJ002-Train Depot	326-5.6220.54.2599	300,000	(297,850)	0	Reallocation of BUDGETED Splost V Expenditures
PRJ004-Spring Pkg Improv	326-5.6220.54.6220	150,000	(150,000)	0	Reallocation of BUDGETED Splost V Expenditures
PRJ005-Playground Equipment	326-5.6220.54.6230	150,000	(150,000)	0	Reallocation of BUDGETED Splost V Expenditures
Total Expenditures			**$ 380,513**		
Revenues:					
SPLOST V Revenue	326-4.31.3200	4,000,000	(380,513)	3,619,487	Increase in SPLOST V Revenue

	Total Revenues		**$ (380,513)**		

		Account Number	Current Budget	Increase (Decrease)	Final Budget	
TRANSPORTATION SPLOST	**Expenditures:**					
	Veterans Dr North to Oak Park	335-5.4210.54.1408	0	$ 48,550	48,550	Agenda Approved on February 17, 2025
	RTE 155 From I-75/St RTE 42	335-5.4210.54.1412	0	$ 11,037	11,037	Various Projects
	RTE 20 Turner Church /Duel RNDB	335-5.4210.54.1415	0	$ 9,168	9,168	Various Projects
	RTE 81 Postmaster/Nbethany	335-5.4210.54.1411	100,000	$ (68,756)	11,323	Reallocation of BUDGETED Transportation Splost Expenditures
	Total Expenditures			**$ (0)**		

		Account Number	Current Budget	Increase (Decrease)	Final Budget	
IMPACT FEE FUND						
	Expenditures:					
	Capital Improvement Element Cost	360-5.1330.52.3855	0	54,795	54,795	Agenda approved December 16, 2024, and August 1, 2024 Acceptance of the 2024 CIE Annual Update-Ross + Associates-
	Capital Outlay - Land	360-5.3230.54.1102	0	1,028,731	1,028,731	Agenda Approved - Avalon/PCE Industrial Park POD
	Land/Building	360-5.6220.54.1311	0	1,153,030	1,153,030	Agenda approved December 16, 2024 - Jonesboro Road Skate Park
	Capital Outlay - Vehicles	360-5.3520.54.2200	75,000	(75,000)	0	Reallocation of BUDGETED Impact Fee Expenditures
	Capital Outlay - Park Construction	360-5.6220.54.1200	150,000	(150,000)	0	Reallocation of BUDGETED Impact Fee Expenditures
	Capital Outlay - Park Improvements	360-5.6220.54.1210	149,600	(149,600)	0	Reallocation of BUDGETED Impact Fee Expenditures
	Capital Outlay - Site Improvement Pavillions	360-5.6220.54.1220	167,000	(167,000)	0	Reallocation of BUDGETED Impact Fee Expenditures
	Total Expenditures			**$ 1,694,956**		
	Revenues:					
	Impact Fees - Commercial	360-4.32.2108	10,000	(26,970)	(16,970)	Increase in Interest Revenue
	Impact Fees-Unappropriated Fund Balance	360-4.37.1050	0	(1,667,986)	(1,667,986)	Decrease in commercial impact fees
	Total Revenues			**$ (1,694,956)**		

		Account Number	Current Budget	Increase (Decrease)	Final Budget	
WATER PLANT	**Expenditures:**					
	Engineering	505-5.4420.52.1250	103,875	103,880	207,755	Increase in engineering services
	Capital Outlay	505-5.4420.54.2599	7,460,000	(103,880)	7,356,120	Reallocation of BUDGETED Expenditures
	Total Expenses			**0**		

		Account Number	Current Budget	Increase (Decrease)	Final Budget	
WATER DISTRIBUTION	**Expenditures:**					
	Water Sub-Henry County	505-5.4440.52.3920	381,000	32,700	413,700	Henry County Water Services
	Engineering	505-5.4440.52.1250	50,000	(32,700)	17,300	Reallocation of BUDGETED Expenditures
	Total Expenses			**0**		

		Account Number	Current Budget	Increase (Decrease)	Final Budget	
SANITATION:						
	Expenditures:					
	Commercial Sanitation- Contract	540-5.4520.52.3862	2,316,600	125,900	2,442,500	Increase in contract fees during procurement process-reallocation
	Residential Sanitation - Contract	540-5.4520.52.3860	2,485,000	(125,900)	2,359,100	Reallocation of BUDGETED expenditures
	Total Expenses			**0**		

AGENDA ITEM SUMMARY
August 07, 2025, City Council Workshop
Item Number: 13

Presented by: William VonDenBosch Public Works - Water Treatment Plant

ITEM SUMMARY:

Request approval for purchase of a Forklift from Crown Lift Trucks, at a cost of $23,500.00

SPECIAL CONSIDERATIONS OR CONCERNS:

Various departments in Public Works will be able to utilize this equipment.

STAFF RECOMMENDATION:

Staff recommend moving forward with the purchase.

FINANCIAL IMPACT:

Total Cost: $ 23,500.00
Funded by Water Treatment Plant

FUNDING SOURCE:

Line Item: 505-5.4420.54.2500

ATTACHMENTS:

Quotes from:

- Crown Lift Trucks - $ 23,500.00
- Performance Lift - $ 26,350.00
- Metro Atlanta Forklifts - $ 29,400.00

OTHER DEPARMENTAL REVIEW NEEDED:

_X__Yes ___No

OTHER DEPARMENTAL REVIEW

_X__Finance

Crown Lift Trucks - Newnan
185 Bledsoe Rd
Newnan, GA 30263

crown.com

Quotation
07/17/2025
Quote No. 915802
Henry County Public Works

Pricing Information

Quantity	Products	Price Each	Extended
1	Used C5P	$23,500.00	$23,500.00
	Total Package Price: (Tax not included in price)		**$23,500.00**

Maintenance Information

Full Maintenance Program
Crown's 12 Month Full Maintenance Program is based on 125 hours per month at $0.00 (included in purchase price) per month per unit with an overtime fee of $2.00/hour.

CUSTOMER AGREES: (1) PRICES ARE FIRM FOR FIFTEEN (15) DAYS FROM THE DATE OF THIS QUOTATION; (2) THIS QUOTATION INCORPORATES CROWN'S TERMS AND CONDITIONS OF SALE AVAILABLE AT crown.com/en-us/terms-and-conditions ("TERMS") AS IF FULLY RESTATED IN THIS QUOTATION (THIS QUOTATION AND THE TERMS ARE COLLECTIVELY THE "AGREEMENT"); (3) IT HAS READ, OR HAS HAD THE OPPORTUNITY TO READ, THE AGREEMENT; AND (4) UNDERSIGNED HAS THE AUTHORITY TO BIND CUSTOMER AND ENTER INTO THE AGREEMENT.

Prices quoted are based upon quantities specified above.
If **Henry County Public Works** cannot accept merchandise at the time of shipment from our supplier, **Henry County Public Works** will be invoiced and normal terms will apply.

Above prices are subject to all state and local taxes
FOB: Delivered
Terms: Net 10 DAYS

Crown Lift Trucks

Gretchen Kurtz

Gretchen Kurtz

Henry County Public Works

By _____

Title _____

Date _____

PERFORMANCE LIFT
123 LONGVIEW ROAD
STOCKBRIDGE, GA 30281
+17707142021
performancelift@bellsouth.net

Estimate

ADDRESS
CITY OF MCDONOUGH
MCDONOUGH, GA
ATTN: BILLY VONDENBOSCH

SHIP TO
CITY OF MCDONOUGH
MCDONOUGH, GA

ESTIMATE #	DATE	EXPIRATION DATE
25-2025	03/12/2025	09/12/2025

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	SALES	PROVIDE AND DELIVER TOYOTA 8 SERIES 4 WHEEL SIT DOWN FORKLIFT. RM 5000 LB CAPACITY, LP FUEL, NEW SOLID PNUEMATIC TIRES, NEW COMPLETE PAINT AND COMPLIANCE LABELS, SIDE SHIFT CARRIAGE ASSY, W/ LOAD BACKREST, 48" FULL TAPER FORKS, FULL LIGHT PACKAGE NEW BRAKE ASSY'S, ALL FLUIDS AND FILTERS SERVICED. LIKE NEW CONDITION. 2 WEEK DELIVERY AFTER ORDER AND ISSUANCE OF PURCHASE ORDR.	1	25,800.00	25,800.00
	PICKUP/DELIVERY	PICK-UP AND DELIVERY	1	550.00	550.00

QUOTE GOOD FOR 180 DAYS. THANK YOU FOR THE OPPORTUNITY TO QUOTE AND WE ARE LOOKING FORWARD TO BEING OF SERVICE TO YOU.

SUBTOTAL	26,350.00
TAX (8%)	0.00
TOTAL	**$26,350.00**

Accepted By

Accepted Date

3/13/2025
Bid # 25-187

Metro Atlanta Forklifts
3730 Moss Landing Road
Acworth, GA 30102
Phone: 770-940-6566
metroatlantaforklifts@comcast.net
Greg Kiser

Equipment Bid Form:

Make	Toyota
Model	8 Series
Type	4 Wheel Sit Down Forklift
	Remanufactured
Weight	5,000 LB Capacity
Fuel	LP

- Premium Traction Tires
- New Paint & Decals
- 48" P&T Forks
- Light and Alarm Package
- Load Backrest
- Side Shift Carriage
- Fully Serviced

Forklift Total Price	$28,700.00
Delivery	700.00
Total	$29,400.00

565 Northside Dr. SW
Suite B101
Atlanta, GA 30310
Tel 404.876.2900
georgiaconservancy.org

June 30, 2025

Georgia CONSERVANCY

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Katherine Moore*

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Tim McKinley, Atlanta*

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Townsend Bailey, Atlanta*
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*Executive Committee Member

To whom it may concern,

Georgia Conservancy is pleased to be of service to the City of McDonough in assisting the City to complete the Blacksville Historic Preservation and Activation Small Area Plan. This project is facilitated through the Atlanta Regional Commission's Community Development Assistance Program (ARC-CDAP).

Georgia Conservancy understands that our services will aim to deliver a study that will provide recommendations and findings to support historic preservation and public placemaking efforts in the historic neighborhood of Blacksville. We are thrilled to assist the City and work with the community on such an important project, which will be tailored towards actionable and implementable recommendations for ownership by city staff and resident leaders alike.

Enclosed with this letter are two attachments: a contract document and a document containing the scope of the project. Please refer to the scope, as it has been updated to reflect the goals taken from recent meetings between Georgia Conservancy, Inc. and the City. Please request changes, if any, after reviewing the contract language. Should you find the contract and scope reflective of the City's needs, please sign, date, and return the contract document to me so Georgia Conservancy can initiate our work.

We appreciate the opportunity to collaborate with you on this project.

Sincerely,

Katherine Moore, AICP
President
Georgia Conservancy

Agreement for Consulting Services

GEORGIA CONSERVANCY, INC. agrees to provide CITY OF MCDONOUGH with the following professional services for the fees and on the terms and conditions set forth herein.

1. PARTIES TO THE AGREEMENT

The parties to this agreement are GEORGIA CONSERVANCY, INC. (hereinafter referred to as "Contractor") and CITY OF MCDONOUGH (hereinafter referred to as "Client").

2. SERVICES

Contractor agrees to perform for Client the services set forth in the following Scope of Work (hereinafter referred to as "Scope"). These services will be performed at their base level, with the understanding that the Client and Contractor can negotiate additional work or exchange work if priorities change along the course of the project, either in specific tasks or other duties as needed. No other services shall be performed unless this Agreement is amended in writing and signed by both parties.

3. PAYMENT

The Client shall pay Contractor an amount not to exceed $10,000 for services in accordance with work performed from the Scope. Client shall pay amounts invoiced within thirty (30) days after receipt of Contractor's invoice provided that the Services invoiced for have been accepted by the Client. The amount shall be paid in two installments of $5,000, equal to half the total amount each, and shall be billed for at dates approximating the midpoint and end of the project. The Client and Contractor may negotiate an alternative payment schedule at the Client's request, which shall constitute an amendment of this Agreement that shall be reflected in writing and signed by both parties.

4. TERM

The term of this Agreement shall be as set forth in the Scope, starting no earlier than July 1, 2025.

5. TERMINATION

Either party may terminate this Agreement without cause with thirty (30) days written notice to the other party.

6. ASSIGNMENT

Client is working to perform specific duties within Scope. Contractor shall not assign or subcontract the whole or any part of this Agreement without Client's prior written consent.

7. AGREEMENT

This Agreement constitutes the entire agreement between the parties. This Agreement may be amended, but only upon advance mutual written agreement by the parties.

IN WITNESS WHEREOF the parties have executed this Agreement on the date last written below.

AGREED TO BY:

CONTRACTOR	CLIENT
_____	_____
Signature	Signature
Printed name: Katherine Moore	Printed name: _____
Title: President, Georgia Conservancy	Title: _____
Date: July 2, 2025	Date: _____

Blacksville Historic Preservation and Activation Small Area Plan
Scope of Work

This project will seek to establish a clear vision for the Blacksville neighborhood, with an emphasis on documenting, preserving, and activating the neighborhood's historic assets and public spaces. The project will partner closely with Build a Better Blacksville (BBB) and the City of McDonough, with Technical Assistance provided by the Georgia Conservancy (GC) and the Atlanta Regional Commission (ARC).

Task 0: Project management

- Assemble a project management team, with representation from the City of McDonough and BBB in addition to partners from GC and ARC.
- Conduct monthly 1-hour project management team meetings, to be scheduled at the convenience of city staff and BBB leadership.

Task 1: Community Engagement Strategy

- Create a comprehensive community engagement strategy, strongly informed by partners at BBB with input from ARC's Community Engagement and the Arts team, as well as local artists to be identified and involved in the project. Community engagement strategy must be formerly agreed upon by Georgia Conservancy. Options could include (but are not limited to):
    - Establishing a stakeholder committee with representation from across the community, including residents, business owners, local elected leaders, and other local community based organizations
    - Conduct oral histories and interviews with legacy residents of Blacksville
    - Attend and set up a table for engagement at BBB events (block party, town hall, etc.)
    - Confer and engage with community-based artists to get their feedback on project ideas and possible participation in executing placemaking projects recommended/envisioned in this document.
- Define a vision for the Blacksville community, informed by and iterated upon with public input.
- Georgia Conservancy Staff will meet and present to McDonough City Council at key intervals of the project (kickoff, midway, and concluding presentations). Staff will present no more than three (3) times to city council.

Task 2: Neighborhood context, historic preservation, and community identity

- Review relevant past and current planning efforts
    - Potential past plans and documents may include, but are not limited to: Blacksville historic neighborhood area plan, McDonough Comprehensive Plan, Henry County Comprehensive Plan, local stormwater plans, local and regional trail plans (such as Walk. Bike. Thrive!), etc.
    - Ongoing planning efforts, as available, includes the JMT drainage study for the Blacksville Neighborhood
- Review Blacksville historic documents

- Conduct review of historical documentation for Blacksville, including (but not limited to) reports, books, literature, documentaries, and website archives. Materials will be provided by city staff and BBB.

- Historic assets audit and mapping
  - Utilizing input from the community engagement strategy and historic neighborhood research, identify and catalogue historic assets – which may include (but are not limited to) historic buildings, cemetery markers, and locations of historic events.
  - This information may be assembled however most helpful to BBB - as a list, map, walking tour route, etc.
- Case study development
  - Conduct case studies of comparable neighborhoods who have activated historic sites and repurposed them as public community spaces, with a focus on historically black neighborhoods and the unique challenges that they face
  - Using these insights, identify opportunities to activate Blackville's key historical sites as public community spaces.
- Identify opportunities for implementation of projects and strategies that support historic preservation, identity, and activation

Task 3: Public space (streetscapes, greenspace, and placemaking)

- Sidewalk and bike infrastructure - audit and improvements
  - Obtain data from Department of Public Works sidewalk and street audit, overlap this data with planned and programmed bike and pedestrian infrastructure (as outlined in Task 2 review of previous planning efforts)
  - Identify key bike/pedestrian infrastructure in need of maintenance, or new connections needed to be built.
- Placemaking and public realm improvements
  - Informed by Task 1 (engagement) and Task 2 (historic asset audit), identify key corridors, focus areas, gateways, nodes, etc. To be improved by placemaking strategies and interventions. Placemaking strategies should center on historic assets and places, with a focus on incorporating:
    - Bike/pedestrian improvements
    - Streetscape improvements
    - Greenspace/green infrastructure improvements, such as:
      - Stormwater parks and green infrastructure
      - Urban agriculture
      - Passive parks
  - Identify floodplain areas as opportunities for greenspace development, in coordination with drainage study conducted by JMT
  - Align placemaking suggestions with opportunities for involvement with artists identified and engaged with in Task 2
- Identify case studies and analyze insights from comparable placemaking projects, with a focus on historic preservation and public space efforts in historically black communities

- Visualize two concepts for key public space improvementsm using key historic sites identified in task 2. Tailor these vizualizations to public input, and ensure they support the community vision established in task 1. Apply best practices from case studies outlined above.
    - Accompanying visuals can include: birds eye view perspective, renderings, or a collage of inspiration photos from similar communities and improvements (as informed by the case studies outlined above)

Task 4: Deliverable

- Implementation planning and phasing
    - Collect all recommendations in a community work plan table, organized by short, medium, and long term projects
    - Identify cost estimates and budget out projects to the best of our ability, with a focus on detailed budgets for "lighter quicker cheaper" tactical urbanist approaches and improvements.
    - Identify key partnership opportunities and potential funding sources for each project's implementation
- Report creation, including:
    - Static PDF summary
    - Interactive element, either with ESRI Storymap or an alternative form, as preferred by the City and partners at BBB
- Share all collected data with partners at the City and BBB, including packaging and sending shapefiles

AGENDA ITEM SUMMARY
August 7, 2025, City Council Workshop
Item Number: 16

Presented by: Steve Morgan, City Administrator — Administration

ITEM SUMMARY:

Request for authorization to utilize Moss and Associates to provide architectural services and prepare drawings that will allow the City to draft an RFP for construction of the new police precinct at Avalon, at a cost of $357,500.00

SPECIAL CONSIDERATIONS OR CONCERNS:

STAFF RECOMMENDATION:

Staff recommends approval.

FINANCIAL IMPACT:

$357,500.00

FUNDING SOURCE:

Funding Source: SPLOST VI

ATTACHMENTS:

Proposal by Fritz Design

OTHER DEPARMENTAL REVIEW NEEDED:

__ Yes _X__No

OTHER DEPARMENTAL REVIEW

Fritz Design

July 28, 2025

City of McDonough
SPLOST VI

Reference: McDonough South Police Precinct
Avalon Parkway, McDonough GA
6,250 SF per floor including Exterior Stair 250 SF per floor
Total SFG 18,750. Estimated Cost $6.5m
Total Design fees $357,500 (5.5%) (Shell & Interior)

City of McDonough,

Fritz Design LLC and Red Sky Studio LLC appreciate the opportunity to provide Architectural Design Services for the referenced project. Design services include Architectural, Interior space planning and finish selections, Structural engineering and MEP (mechanical, electrical & plumbing) engineering for a three-story steel frame structure. Civil engineering is not included in our scope or fees. However, we will coordinate scope, budget, and schedule with your selected civil engineer.

Project Description:

This is a new three-story building with brick veneer and aluminum storefront for the McDonough South Police Precinct facility. This building design will complement the existing adjacent buildings with similar architectural features and materials. This 3-story building will be approximately 6,250 SF per floor and 13'- 4" floor to floor in height with a 42" high parapet around the top to hide the "roof top" HVAC equipment. Interior acoustic ceiling grid and tiles will be at 9'-0" ceiling heights throughout with 22" for structure and about 30" for plenum area for HVAC equipment and utilities. The lower floor will be 4" thick concrete "turn-down" slab with 6x6 10/10 wwf on 6 mil poly vapor barrier on 4" gravel base on compacted grade resting on spread footings. All columns will be spread footings. There will be two stairwells: one interior and one exterior. Both stairwells will be constructed of CMU walls and will act as wind-shear resistant walls. Second and third floor structure will be composite steel structure with 4" thick concrete floors and the roof structure will be typical bar joists with metal roofing deck, insulation and a single membrane "TPO" roof with a 50-year warranty and roof drains. The HVAC system will be light weight RTU's with compressors mounted above the roof and air handlers inside the building with an access stair to the roof for maintenance. The interior walls will be 3 3/8" metal studs with ½" gypsum board with paint finish, LVP flooring and acoustic ceilings with lighting to equal 80 footcandles at 36" AFF. Toilets will have tile floors and wall tile to 42" height. All hardware in the building will be hands-free meeting the ASTM 1117A and Americans with Disability Act provisions. All designs will meet the handicapped requirements.

Design Fritz, LLC
architect ◦ interiors
216 Arrow Point Rd. Jackson, GA 30233 (678) 485-7860

Proposed Schedule for Design Progress Meetings with City:

Initial Design Kick-off Meeting – Review scope, budget and schedule
Schematic Design review meeting at 30% completion – Review
Design Development review meeting at 60% completion – Review
Construction document review meeting at 90% completion – Review
Final Permit Construction Drawings at 100% submit for permits.

Schematic Design Documents (pricing plans) 30%

The Architect will begin with preliminary floor plans, elevations and wall sections and will submit drawings at 30% complete for a review meeting to ensure design direction and make any changes to scope, budget or schedule. Upon approval of these drawings, the architect will proceed to Design Development Phase. Included in the preliminary schematic design package will be:

1. Architectural site plan describing building and site relationship.
2. Floor plans with room numbers, room names, column lines, windows, door swings, plumbing fixtures, casework, workstations with electrical/data outlets indicated, air handling rooms, stairs, NFPA 101 exit requirements, etc.
3. Reflected Ceiling plans indicating lighting, exits, ceilings & grid.
4. Finish Plans indicating basic materials and cost related selections.
5. Exterior Elevations and a 3d model for easy viewing.
6. Typical structural wall sections indicating turn-down slabs, etc.
7. MEP Systems narrative and general notes on cover sheet.

If the City chooses to get preliminary pricing from a General Contractor at the completion of Schematic Design Phase, it is understood that these documents are only good for "preliminary budget pricing" and construction cost are subject to change as the design details and materials are refined and completed in CD phase.

Design Development Documents- 60%

The Architect shall provide Schematic Design Documents based on the mutually agreed upon program, schedule and budget established in the Schematic design phase. This phase of work will establish the detailed design of the building elements indicating the scale and relationship of the Project components. These Documents will include the same items as described in Schematic Design but will identify the assembly and construction, materials and specifications in greater detail. These Design Development Documents will include specifications to identify major materials and systems and establish in general their quantity and quality.

Construction Documents 90%

The Architect shall provide Construction documents based on the approved Design Development Documents and updated budget for the Cost of Work. The Construction Documents shall set forth in detail the requirements for construction of the Project. The Construction documents shall include Drawings and Specifications that establish in detail

the quality levels of materials and systems required for the Project. Architectural, Structural, Mechanical, Electrical and plumbing engineering and interior space planning and finish selections are included in this phase.

Construction Administration Services

The Architect will be a representative of and will advise and consult with the Owner during the construction phase of the Project including the following:

1. **Construction Kick-off Meeting:** On-Site meeting with Owner/Architect & GC
2. **Site Visits during Construction:** Visit site at appropriate intervals.
3. **Request for Information** "RFI" Provide clarification for GC.
4. **Pay Request Review:** The Architect will review the GC pay request.
5. **Shop Drawings, Product Data and Samples:** The Architect and Engineers will review all shop drawings and samples submitted by the GC for conformance to CD's.
6. **Change Orders:** The Architect will review change orders and make a recommendation to the owner.
7. **Punchlist Walkthrough at Substantial Completion:** Upon Substantial completion the Architect and owner will do a punchlist walkthrough.
8. **Final Completion:** GC to submit a final completion and the Arch & Owner will do a final walkthrough to observe completed items on the punchlist and approve final payment.
9. **As-Built Drawings:** The Architect and Engineers will provide a set of "As-built" drawings to the City in Hardcopy and electronic format for future reference. This will include any changes that were made in the field during construction.

Space planning and Interior Design Services (included in phases above)

The Architect will prepare a program on a per department basis and determined office sizes, location on glass (or not), cubicles, work rooms, storage rooms, receptionists, waiting areas, etc. Then, the Architect will prepare several schematics (test-fits) and review the proposed layouts with department leaders. Upon approval to proceed with the permit phase, the architect will prepare CDs for permits including MEP Engineering. and during this phase the architect will assist in the selection of paint color, plastic laminate, tiles and flooring that meets your approval.

Additional Services-

On occasion additional services may be required to our basic services. Outlined below is our Standard Hourly Billing Rates if needed for any additional services. It is the responsibility of the GC to submit drawings for permits and not included in the above services.

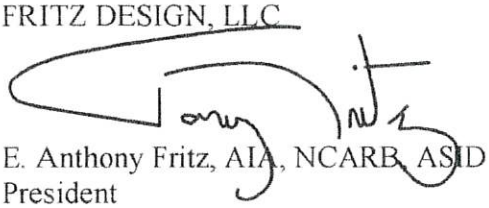
Associate	$ 165.00
Staff Associate	$ 125.00
Admin/Clerical	$ 65.00

Project Expenses

Printing, courier charges, travel and overnight charges are not included in our base services and will be billed at our invoice price plus 15% handling charge. Mileage is invoiced at $ .575/mi.

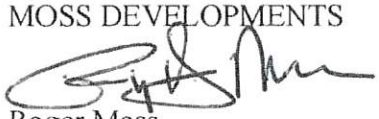
We are prepared to begin immediately. Should you have any questions about the above scope of work, please do not hesitate to contact me immediately. If you find the terms acceptable, please sign and return one copy of the attached Agreement that references this proposal.

Yours very truly,
FRITZ DESIGN, LLC



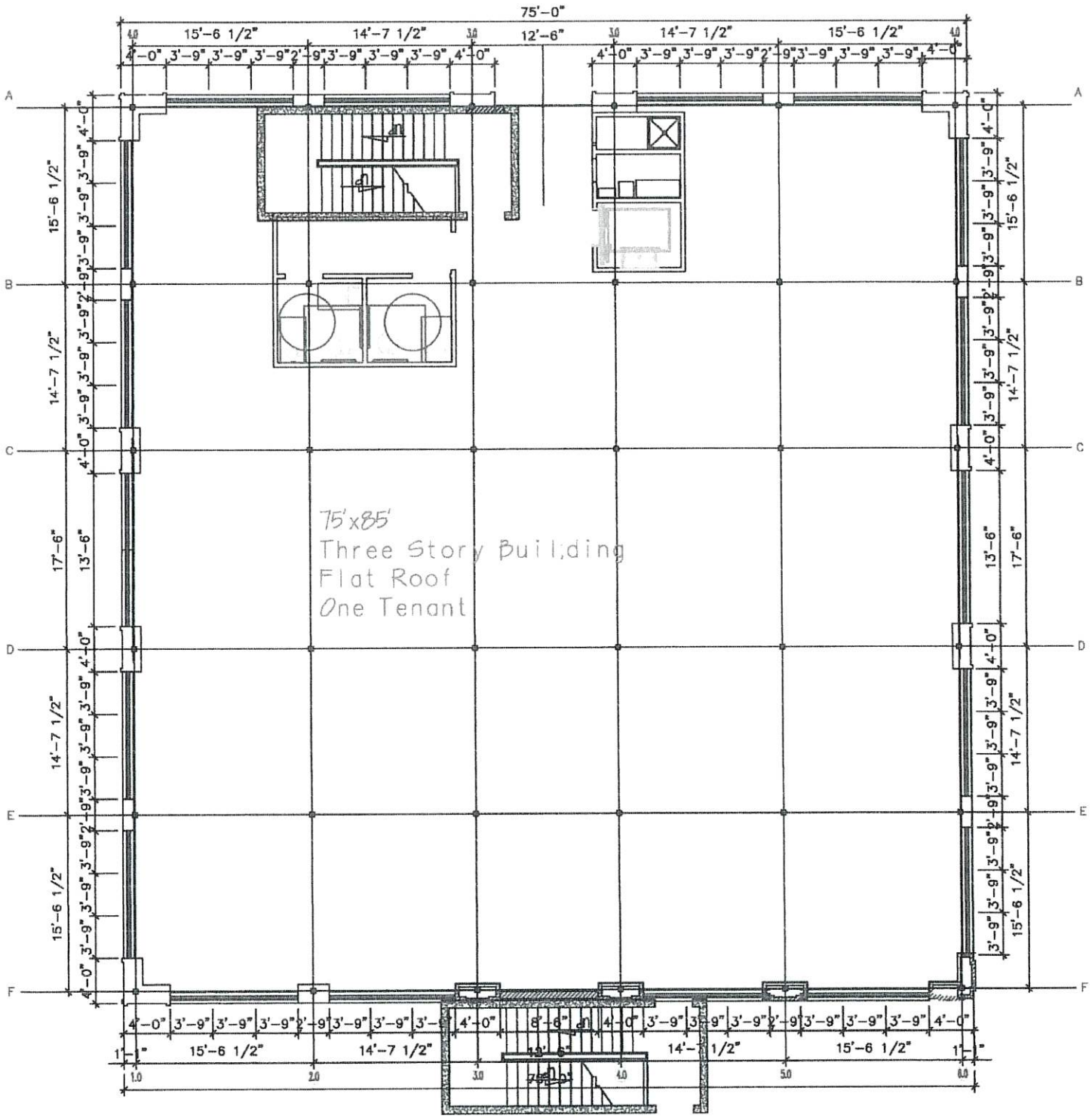
E. Anthony Fritz, AIA, NCARB, ASID
President

RED SKY STUDIO, LLC
MOSS DEVELOPMENTS



Roger Moss
President, Consultant

City official _____ Date: _____



FIRST LEVEL FLOOR PLAN
Schematic Phase– Scheme A
7-15-25

McDonough Police Headquarters

AGENDA ITEM SUMMARY
August 7, 2025, City Council Workshop
Item Number: 17

Presented by: Steve Morgan, City Administrator Administration

ITEM SUMMARY:

Request approval for the renewal of Anthem Blue Cross Blue Shield Health and Dental Insurance; and authorization for the Mayor to sign all related documents.

SPECIAL CONSIDERATIONS OR CONCERNS:

STAFF RECOMMENDATION:

Staff recommends approval.

FINANCIAL IMPACT:

FUNDING SOURCE:

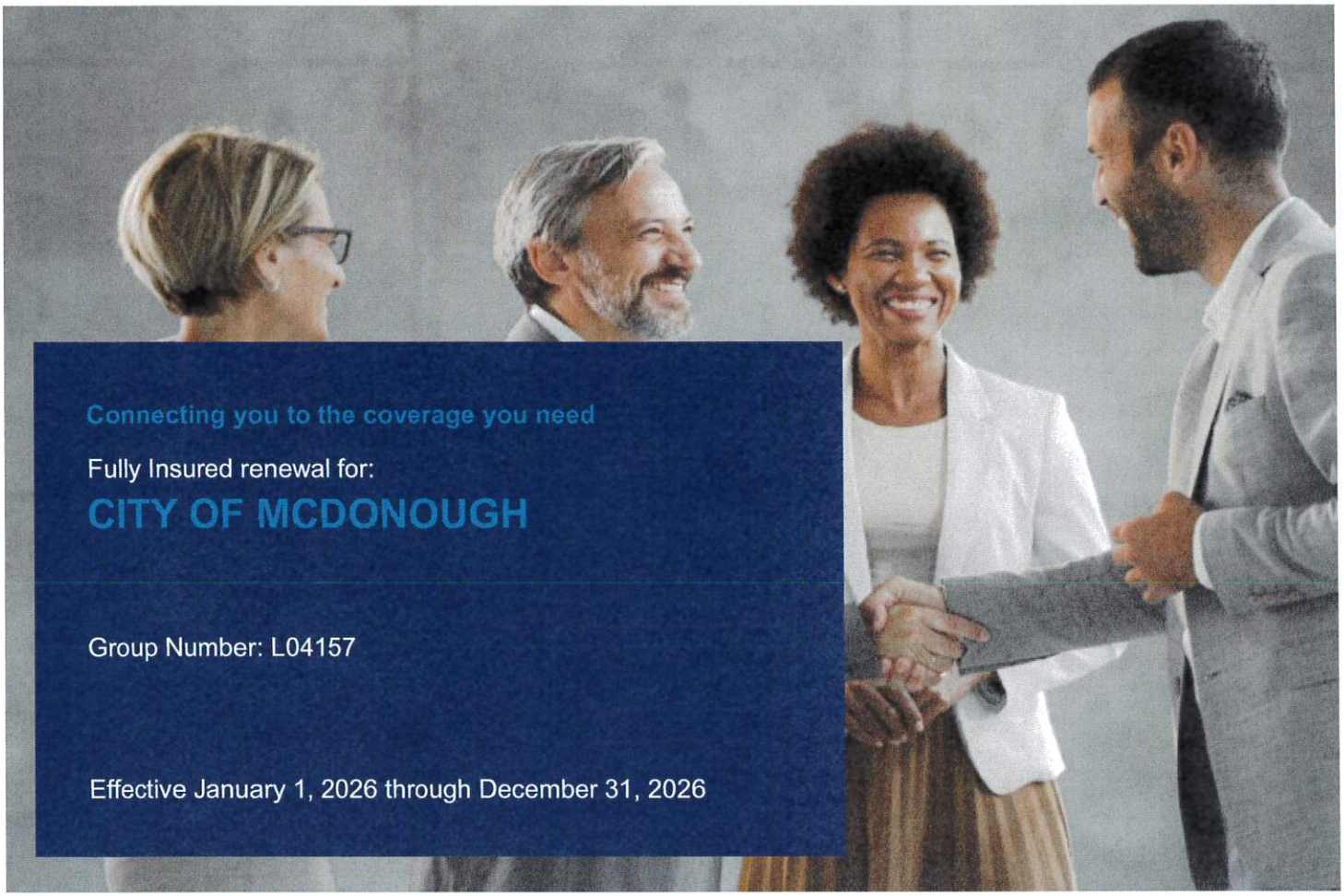
ATTACHMENTS:

OTHER DEPARMENTAL REVIEW NEEDED:

__ Yes _X__No

OTHER DEPARMENTAL REVIEW

Your Anthem Blue Cross and Blue Shield Renewal Packet



Created on:
July 18, 2025

Broker:
MSI BENEFITS GROUP INC

Anthem Sales Contact:
Jessica Duncan

404-632-9965
jessica.duncan@anthem.com

Thank you for partnering with Anthem

We are deeply committed to helping your employees feel covered and confident in their healthcare. We're here to help you promote an effective healthcare strategy by working closely with you and your broker.

Our associates live and work in the same places you do. We are both members of the communities we serve and partners in helping those communities thrive. In Georgia, Anthem is proud to have:[1]

Georgia

4.1M members

5,927 associates

86 years in the local market

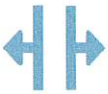
We're reimagining what's possible for every moment of health. Your renewal includes the latest innovations from Anthem to deliver:

Empathy-driven technology

131% increase

in engagement with health and wellness tools for members using our innovative Sydney℠ Health app.[2]

Whole-person care



1.45 million

gaps in care detected each month, to help prevent and intervene.[3]

Diverse networks and winning partnerships

95% of doctors

and 96% of hospitals in the U.S. are included in our PPO network, offering high-quality care.[4]

Your success is our success. We're here to help build confidence in care and support you every step of the way.

1 Anthem internal data, Q4 2020

2 Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield ©2021-2022

3 Anthem internal data, 2020

4 Anthem internal data, 2020, and Anthem Ebase, 2020

Anthem

Proposed fully insured benefit rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured
Commission level : $69.82 PCPM

	Selected Plan	Renewal Plan Designs	
		(Custom) Anthem Blue Open Access POS OAP5 1500/10%/4500 AE ($15/$35/$60/25% to $350) Essential	(Custom) Anthem Blue Open Access POS OAP5 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Essential
	Network	Blue Open Access POS	Blue Open Access POS
		Custom	Custom
Benefits	Deductible (individual/family)	$1,500 / $4,500	$2,500 / $5,000
	Coinsurance	20%	20%
	Out-of-pocket maximum (individual/family)	$6,000 / $12,000	$7,900 / $15,800
	Office visit (primary care physician/specialist) copay	$30/$60	$30/$60
	Inpatient / Outpatient Copay (Surgery)	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins
	Emergency Room / Urgent Care Copay	$350 + Coins/$60	$350 + Coins/$60
	Prescription Drugs – Retail	$150 Ded Tiers 2-4 $20/$40/$50/25% to $350	$300 Ded Tiers 2-4 $20/$50/$90/25% to $350
	Prescription Drugs – Mail Order	$50/$100/$125	$50/$125/$225
	OON Deductible (individual/family)	$3,000 / $9,000	$7,500 / $15,000
	OON Coinsurance	40%	40%
	OON Out-of-pocket maximum (individual/family)	$13,500 / $27,000	$15,000 / $30,000
	Commission (PCPM)	$69.82	$69.82

Benefit categories reflect In-network benefits unless noted as Out-Of-Network (OON)
Benefit amounts reflect member cost-share unless otherwise noted

	Monthly Rates, Assumed Enrollment and Total Premium					
	Employees	Current rates	Renewal rates	Employees	Current rates	Renewal rates
Total	Employee	29	$825.03	***$876.98***	33	$779.70	***$797.40***
	Employee + Spouse	12	$1,656.66	***$1,760.98***	7	$1,565.64	***$1,601.18***
	Employee + Children	24	$1,490.82	***$1,584.69***	6	$1,408.91	***$1,440.89***
	Employee + Family	42	$2,490.74	***$2,647.58***	18	$2,353.89	***$2,407.33***
	Total Employees/Monthly Premium	107	$184,197	***$195,795***	64	$87,513	***$89,500***
	Annual Premium		$2,210,359	***$2,349,541***		$1,050,157	***$1,073,997***
	Premium Action		***6.30%***			***2.27%***	

	Current Premium	Renewal Premium
Overall Total Annual Premium	$ 3,260,515	***$ 3,423,538***
Overall Premium Action		***5.00%***

Authorized Signature: _____
By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.
Title: _____
Date: _____

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. - 0575438-02

Anthem

Renewal rate sheet (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Commission level : $69.82 PCPM

✓	Plan Name		Monthly rates					
			Employee	Employee + Spouse	Employee + Children	Employee + Family	Total	Premium Increase
Renewal Plan Designs								
	Blue Open Access POS - (Custom) Anthem Blue Open Access POS OAP5 1500/10%/4500 AE ($15/$35/$60/25% to $350)	Enrollment	29	12	24	42	107	
		Current	$825.03	$1,656.66	$1,490.82	$2,490.74	$184,196.55	
		Renewal	***$876.98***	***$1,760.98***	***$1,584.69***	***$2,647.58***	***$195,795.10***	***6.30%***
	Blue Open Access POS - (Custom) Anthem Blue Open Access POS OAP5 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350)	Enrollment	33	7	6	18	64	
		Current	$779.70	$1,565.64	$1,408.91	$2,353.89	$87,513.06	
		Renewal	***$797.40***	***$1,601.18***	***$1,440.89***	***$2,407.33***	***$89,499.74***	***2.27%***

Total Premium Increase ***5.00%***

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

0575438-02

Anthem

Services included and buy-up options (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured

Included in Premiums for All Plans
Fully Insured Foundational Program
Diabetes Prevention Outreach
FI Engagement Package 700
EAP Basic 3-Visit
Renewal Wellness Budget- Annual credit in the amount of $15,000.00 will be applied for the purchase of services provided from Anthem, or an outside vendor through December 31, 2026. All applicable invoices must be submitted prior to December 10, 2026. Funds will be forfeited if not used by December 31, 2026.

Buy-Up Options	PCPM	Confirm Purchase Here
EAP Enhanced 4-Visit	*$1.27*	
EAP Enhanced 6-Visit	*$1.76*	

Spending Account & Other Buy-up Options (charged separately)	Fee Billed Per Participant Per Month	Confirm Purchase Here
Add ASA FSA, Commuter, or Dependent Care FSA*	*$3.55*	
Discounted cost of FSA buy-up (*when adding to HRA)	*$0.80*	
Discounted cost of FSA buy-up (*when adding to HSA)	*$1.15*	

Notes

Rates are described as Per Contract Per Month (PCPM) and will be added to premiums if buy up offering is selected.
Additional details for buy up options available upon request.
HRA and HSA plan designs include Anthem Account Administration.
Anthem FSA pricing is also applicable to Limited Purpose FSAs and Dependent Care FSAs.
Applicable taxes or assessments are not reflected in the buy-up option pricing.

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Essential Open Access POS OAP12 2500/30%/7900 C ($15 Generic) Embedded Essential	POS	POS	Blue Open Access POS	8HQH	$2,500 / $7,500	30%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$699.66	$1,404.92	$1,264.28	$2,112.25
	Anthem Blue Essential Open Access POS OAP12 2500/30%/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HT	$2,500 / $7,500	30%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$748.74	$1,503.47	$1,352.96	$2,260.42
	Anthem Blue Essential Open Access POS OAP12 5000/30%/7900 C ($15 Generic) Embedded Essential	POS	POS	Blue Open Access POS	8HQG	$5,000 / $10,000	30%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$673.91	$1,353.21	$1,217.75	$2,034.51
	Anthem Blue Essential Open Access POS OAP12 5000/30%/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HSW	$5,000 / $10,000	30%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$715.75	$1,437.23	$1,293.35	$2,160.83
	Anthem Blue Essential Open Access POS OAP12 6350/30%/7900 C ($15 Generic) Embedded Essential	POS	POS	Blue Open Access POS	88GT	$6,350 / $12,700	30%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$12,700 / $25,400	50%	$23,700 / $47,400	$670.69	$1,346.75	$1,211.93	$2,024.79
	Anthem Blue Essential Open Access POS OAP12 6350/30%/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HTE	$6,350 / $12,700	30%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$12,700 / $25,400	50%	$23,700 / $47,400	$703.68	$1,412.99	$1,271.54	$2,124.39
	Anthem Blue Essential Open Access POS OAP12 6350/40%/7900 C ($15 Generic) Embedded Essential	POS	POS	Blue Open Access POS	8HSF	$6,350 / $12,700	40%	$7,900 / $15,800	$30 / $60	$500 + Coins/Ded & Coins	$12,700 / $25,400	50%	$23,700 / $47,400	$669.88	$1,345.12	$1,210.47	$2,022.35
	Anthem Blue Open Access POS OAP1 $0 35/70 7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HU	$0 / $0	0%	$7,900 / $15,800	$35 / $70	$750 Per Day for 3 days/$600	$2,000 / $4,000	50%	$23,700 / $47,400	$869.45	$1,745.86	$1,571.09	$2,624.84
	Anthem Blue Open Access POS OAP1 $0 45/85 7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88JS	$0 / $0	0%	$7,900 / $15,800	$45 / $85	$1,000 Per Day for 3 days/$850	$2,000 / $4,000	50%	$23,700 / $47,400	$853.35	$1,713.53	$1,541.99	$2,576.24
	Anthem Blue Open Access POS OAP14 2000/20%/9100 M (Med Ded T3-T4, $15/50%/50%/50%) Embedded Essential	POS	POS	Blue Open Access POS	8HTX	$2,000 / $6,000	20%	$9,100 / $18,200	$35 for 4 OVs, then Ded & Coins / $35 for 4 OVs, then Ded & Coins	$500 then Ded & Coins/$250 then Ded & Coins	$4,500 / $9,000	50%	$23,700 / $47,400	$732.65	$1,471.16	$1,323.89	$2,211.85
	Anthem Blue Open Access POS OAP14 3000/20%/9100 M (Med Ded T3-T4, $15/50%/50%/50%) Embedded Essential	POS	POS	Blue Open Access POS	88HC	$3,000 / $9,000	20%	$9,100 / $18,200	$35 for 4 OVs, then Ded & Coins / $35 for 4 OVs, then Ded & Coins	$500 then Ded & Coins/$250 then Ded & Coins	$9,000 / $18,000	50%	$23,700 / $47,400	$706.90	$1,419.45	$1,277.36	$2,134.11
	Anthem Blue Open Access POS OAP14 5000/0%/9100 M (Med Ded T3-T4, $15/50%/50%/50%) Embedded Essential	POS	POS	Blue Open Access POS	8HSG	$5,000 / $10,000	0%	$9,100 / $18,200	$35 for 4 OVs, then Ded & Coins / $35 for 4 OVs, then Ded & Coins	$500 then Ded & Coins/$250 then Ded & Coins	$10,000 / $20,000	50%	$23,700 / $47,400	$723.80	$1,453.39	$1,307.90	$2,185.13
	Anthem Blue Open Access POS OAP2H 5000/30%/7350 H ($750 T2-T4, $15/$50/$100/30% to $500) Embedded Essential	POS	POS	Blue Open Access POS	8HT9	$5,000 / $10,000	30%	$7,350 / $14,700	$35 for 3 OVs, then Ded & Coins / $35 for 3 OVs, then Ded & Coins	$500 then Ded & Coins/$250 then Ded & Coins	$15,000 / $30,000	50%	$22,050 / $44,100	$711.73	$1,429.15	$1,286.09	$2,148.69

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS OAP4 FP $30 $3000/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HV1	$3,000 / $6,000	0%	$7,900 / $15,800	$30 / $60	Ded, then $500/Ded, then $350	$6,000 / $12,000	50%	$15,800 / $31,600	$784.95	$1,576.18	$1,418.40	$2,369.74
	Anthem Blue Open Access POS OAP4 FP $30 $4500/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQ3	$4,500 / $9,000	0%	$7,900 / $15,800	$30 / $60	Ded, then $750/Ded, then $500	$9,000 / $18,000	50%	$15,800 / $31,600	$755.99	$1,518.03	$1,366.07	$2,282.31
	Anthem Blue Open Access POS OAP4 FP $30 $7000/9100 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88G0	$7,000 / $14,000	0%	$9,100 / $18,200	$30 / $60	Ded, then $900/Ded, then $750	$14,000 / $28,000	50%	$18,200 / $36,400	$712.53	$1,430.76	$1,287.53	$2,151.11
	Anthem Blue Open Access POS OAP5 1000/0%/2500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HV6	$1,000 / $3,000	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$7,500 / $22,500	$925.78	$1,858.97	$1,672.87	$2,794.90
	Anthem Blue Open Access POS OAP5 1000/0%/2500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HPW	$1,000 / $3,000	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$7,500 / $22,500	$913.71	$1,834.73	$1,651.06	$2,758.46
	Anthem Blue Open Access POS OAP5 1000/0%/2500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HQN	$1,000 / $3,000	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$7,500 / $22,500	$904.86	$1,816.96	$1,635.07	$2,731.74
	Anthem Blue Open Access POS OAP5 1000/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HUW	$1,000 / $3,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$23,700 / $47,400	$896.00	$1,799.17	$1,619.06	$2,705.00
	Anthem Blue Open Access POS OAP5 1000/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQV	$1,000 / $3,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$23,700 / $47,400	$883.93	$1,774.93	$1,597.25	$2,668.56
	Anthem Blue Open Access POS OAP5 1000/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HU6	$1,000 / $3,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$23,700 / $47,400	$875.08	$1,757.16	$1,581.26	$2,641.84
	Anthem Blue Open Access POS OAP5 1000/10%/4000 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88H9	$1,000 / $3,000	10%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$12,000 / $36,000	$883.93	$1,774.93	$1,597.25	$2,668.56
	Anthem Blue Open Access POS OAP5 1000/10%/4000 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HU1	$1,000 / $3,000	10%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$12,000 / $36,000	$871.86	$1,750.69	$1,575.44	$2,632.12
	Anthem Blue Open Access POS OAP5 1000/10%/4000 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88GH	$1,000 / $3,000	10%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$12,000 / $36,000	$863.01	$1,732.92	$1,559.45	$2,605.40
	Anthem Blue Open Access POS OAP5 1000/20%/4000 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HUD	$1,000 / $3,000	20%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$12,000 / $36,000	$874.28	$1,755.55	$1,579.81	$2,639.42
	Anthem Blue Open Access POS OAP5 1000/20%/4000 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88GD	$1,000 / $3,000	20%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$12,000 / $36,000	$862.21	$1,731.32	$1,558.00	$2,602.99
	Anthem Blue Open Access POS OAP5 1000/20%/4000 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HN	$1,000 / $3,000	20%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$3,000 / $9,000	50%	$12,000 / $36,000	$852.55	$1,711.92	$1,540.55	$2,573.82
	Anthem Blue Open Access POS OAP5 1500/0%/2500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88H5	$1,500 / $4,500	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$7,500 / $22,500	$916.93	$1,841.20	$1,656.88	$2,768.18

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS OAP5 1500/0%/2500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HR4	$1,500 / $4,500	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$7,500 / $22,500	$905.66	$1,818.57	$1,636.52	$2,734.16
	Anthem Blue Open Access POS OAP5 1500/0%/2500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HUZ	$1,500 / $4,500	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$7,500 / $22,500	$896.00	$1,799.17	$1,619.06	$2,705.00
	Anthem Blue Open Access POS OAP5 1500/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88JP	$1,500 / $4,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$23,700 / $47,400	$880.71	$1,768.47	$1,591.43	$2,658.84
	Anthem Blue Open Access POS OAP5 1500/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HS6	$1,500 / $4,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$23,700 / $47,400	$868.64	$1,744.23	$1,569.62	$2,622.40
	Anthem Blue Open Access POS OAP5 1500/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88GX	$1,500 / $4,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$23,700 / $47,400	$858.99	$1,724.85	$1,552.19	$2,593.26
	Anthem Blue Open Access POS OAP5 1500/10%/4500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HTR	$1,500 / $4,500	10%	$4,500 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$13,500 / $27,000	$866.23	$1,739.39	$1,565.27	$2,615.12
	Anthem Blue Open Access POS OAP5 1500/10%/4500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88JC	$1,500 / $4,500	10%	$4,500 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$13,500 / $27,000	$854.16	$1,715.15	$1,543.46	$2,578.68
	Anthem Blue Open Access POS OAP5 1500/10%/4500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HUY	$1,500 / $4,500	10%	$4,500 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$13,500 / $27,000	$845.31	$1,697.38	$1,527.47	$2,551.96
	Anthem Blue Open Access POS OAP5 1500/20% /4500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88H0	$1,500 / $4,500	20%	$4,500 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$13,500 / $27,000	$857.38	$1,721.62	$1,549.28	$2,588.40
	Anthem Blue Open Access POS OAP5 1500/20% /4500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRE	$1,500 / $4,500	20%	$4,500 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$13,500 / $27,000	$845.31	$1,697.38	$1,527.47	$2,551.96
	Anthem Blue Open Access POS OAP5 1500/20% /4500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HB	$1,500 / $4,500	20%	$4,500 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$13,500 / $27,000	$835.65	$1,677.98	$1,510.01	$2,522.80
	Anthem Blue Open Access POS OAP5 1500/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HV4	$1,500 / $4,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$23,700 / $47,400	$823.58	$1,653.75	$1,488.20	$2,486.36
	Anthem Blue Open Access POS OAP5 1500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HUS	$1,500 / $4,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$23,700 / $47,400	$811.51	$1,629.51	$1,466.39	$2,449.92
	Anthem Blue Open Access POS OAP5 1500/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88FY	$1,500 / $4,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$4,500 / $13,500	50%	$23,700 / $47,400	$801.85	$1,610.11	$1,448.93	$2,420.76
	Anthem Blue Open Access POS OAP5 2000/0%/3000 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HPV	$2,000 / $6,000	0%	$3,000 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$9,000 / $27,000	$900.83	$1,808.87	$1,627.79	$2,719.58
	Anthem Blue Open Access POS OAP5 2000/0%/3000 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQJ	$2,000 / $6,000	0%	$3,000 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$9,000 / $27,000	$889.57	$1,786.26	$1,607.44	$2,685.58

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS OAP5 2000/0%/3000 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HR9	$2,000 / $6,000	0%	$3,000 / $9,000	$30 / $60	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$9,000 / $27,000	$880.71	$1,768.47	$1,591.43	$2,658.84
	Anthem Blue Open Access POS OAP5 2000/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HS3	$2,000 / $6,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$23,700 / $47,400	$867.03	$1,741.00	$1,566.71	$2,617.54
	Anthem Blue Open Access POS OAP5 2000/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQ7	$2,000 / $6,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$23,700 / $47,400	$854.96	$1,716.76	$1,544.90	$2,581.10
	Anthem Blue Open Access POS OAP5 2000/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88JJ	$2,000 / $6,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$23,700 / $47,400	$846.11	$1,698.99	$1,528.91	$2,554.38
	Anthem Blue Open Access POS OAP5 2500/0%/3750 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQA	$2,500 / $7,500	0%	$3,750 / $11,250	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$11,250 / $33,750	$882.32	$1,771.70	$1,594.34	$2,663.70
	Anthem Blue Open Access POS OAP5 2500/0%/3750 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88GL	$2,500 / $7,500	0%	$3,750 / $11,250	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$11,250 / $33,750	$871.06	$1,749.09	$1,574.00	$2,629.70
	Anthem Blue Open Access POS OAP5 2500/0%/3750 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88J3	$2,500 / $7,500	0%	$3,750 / $11,250	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$11,250 / $33,750	$861.40	$1,729.69	$1,556.54	$2,600.54
	Anthem Blue Open Access POS OAP5 2500/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HS	$2,500 / $7,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$855.77	$1,718.39	$1,546.37	$2,583.54
	Anthem Blue Open Access POS OAP5 2500/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HUK	$2,500 / $7,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$843.70	$1,694.15	$1,524.56	$2,547.10
	Anthem Blue Open Access POS OAP5 2500/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88G4	$2,500 / $7,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$834.85	$1,676.38	$1,508.56	$2,520.39
	Anthem Blue Open Access POS OAP5 2500/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HV3	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$806.68	$1,619.81	$1,457.66	$2,435.34
	Anthem Blue Open Access POS OAP5 2500/20%/7900 C ($15 Generic) Embedded Essential	POS	POS	Blue Open Access POS	88GV	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$5,000 / $10,000	50%	$15,800 / $31,600	$728.63	$1,463.09	$1,316.63	$2,199.71
	Anthem Blue Open Access POS OAP5 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRV	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$793.81	$1,593.97	$1,434.41	$2,396.49
	Anthem Blue Open Access POS OAP5 2500/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HQ2	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$784.95	$1,576.18	$1,418.40	$2,369.74
	Anthem Blue Open Access POS OAP5 3000/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HM	$3,000 / $9,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$9,000 / $27,000	50%	$23,700 / $47,400	$846.11	$1,698.99	$1,528.91	$2,554.38
	Anthem Blue Open Access POS OAP5 3000/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HUF	$3,000 / $9,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$9,000 / $27,000	50%	$23,700 / $47,400	$834.04	$1,674.75	$1,507.10	$2,517.94

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
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						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS OAP5 3000/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88J7	$3,000 / $9,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$9,000 / $27,000	50%	$23,700 / $47,400	$824.39	$1,655.37	$1,489.66	$2,488.81
	Anthem Blue Open Access POS OAP5 3000/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HTQ	$3,000 / $9,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$9,000 / $27,000	50%	$23,700 / $47,400	$799.44	$1,605.28	$1,444.58	$2,413.48
	Anthem Blue Open Access POS OAP5 3000/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88J5	$3,000 / $9,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$9,000 / $27,000	50%	$23,700 / $47,400	$787.37	$1,581.04	$1,422.77	$2,377.05
	Anthem Blue Open Access POS OAP5 3000/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88FX	$3,000 / $9,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$9,000 / $27,000	50%	$23,700 / $47,400	$778.52	$1,563.27	$1,406.78	$2,350.33
	Anthem Blue Open Access POS OAP5 3500/0%/5750 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HX	$3,500 / $10,500	0%	$5,750 / $11,500	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$17,250 / $34,500	$848.53	$1,703.85	$1,533.28	$2,561.69
	Anthem Blue Open Access POS OAP5 3500/0%/5750 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRT	$3,500 / $10,500	0%	$5,750 / $11,500	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$17,250 / $34,500	$836.46	$1,679.61	$1,511.47	$2,525.25
	Anthem Blue Open Access POS OAP5 3500/0%/5750 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HSQ	$3,500 / $10,500	0%	$5,750 / $11,500	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$17,250 / $34,500	$827.60	$1,661.82	$1,495.46	$2,498.50
	Anthem Blue Open Access POS OAP5 3500/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HR0	$3,500 / $10,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$837.26	$1,681.22	$1,512.92	$2,527.66
	Anthem Blue Open Access POS OAP5 3500/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HPX	$3,500 / $10,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$825.19	$1,656.98	$1,491.11	$2,491.22
	Anthem Blue Open Access POS OAP5 3500/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HS2	$3,500 / $10,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$816.34	$1,639.21	$1,475.12	$2,464.51
	Anthem Blue Open Access POS OAP5 3500/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRC	$3,500 / $10,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$793.81	$1,593.97	$1,434.41	$2,396.49
	Anthem Blue Open Access POS OAP5 3500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRA	$3,500 / $10,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$781.74	$1,569.73	$1,412.60	$2,360.05
	Anthem Blue Open Access POS OAP5 3500/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88G7	$3,500 / $10,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$772.88	$1,551.94	$1,396.59	$2,333.30
	Anthem Blue Open Access POS OAP5 3500/30%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HW	$3,500 / $10,500	30%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$786.56	$1,579.41	$1,421.31	$2,374.60
	Anthem Blue Open Access POS OAP5 3500/30%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88H1	$3,500 / $10,500	30%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$774.49	$1,555.18	$1,399.49	$2,338.16
	Anthem Blue Open Access POS OAP5 3500/30%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HQZ	$3,500 / $10,500	30%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$764.84	$1,535.80	$1,382.06	$2,309.03

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS OAP5 500/0%/2500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HF	$500 / $1,500	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$941.87	$1,891.27	$1,701.95	$2,843.48
	Anthem Blue Open Access POS OAP5 500/0%/2500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQ9	$500 / $1,500	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$929.80	$1,867.04	$1,680.14	$2,807.04
	Anthem Blue Open Access POS OAP5 500/0%/2500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HT2	$500 / $1,500	0%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$920.95	$1,849.27	$1,664.15	$2,780.32
	Anthem Blue Open Access POS OAP5 500/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HK	$500 / $1,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$23,700 / $47,400	$916.12	$1,839.57	$1,655.42	$2,765.74
	Anthem Blue Open Access POS OAP5 500/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88J8	$500 / $1,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$23,700 / $47,400	$904.86	$1,816.96	$1,635.07	$2,731.74
	Anthem Blue Open Access POS OAP5 500/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HUJ	$500 / $1,500	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$23,700 / $47,400	$895.20	$1,797.56	$1,617.62	$2,702.58
	Anthem Blue Open Access POS OAP5 500/10%/2500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HPT	$500 / $1,500	10%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$922.56	$1,852.50	$1,667.06	$2,785.18
	Anthem Blue Open Access POS OAP5 500/10%/2500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRG	$500 / $1,500	10%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$911.29	$1,829.87	$1,646.69	$2,751.16
	Anthem Blue Open Access POS OAP5 500/10%/2500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HU4	$500 / $1,500	10%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$901.64	$1,810.49	$1,629.25	$2,722.02
	Anthem Blue Open Access POS OAP5 500/20%/2500 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88JK	$500 / $1,500	20%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$916.12	$1,839.57	$1,655.42	$2,765.74
	Anthem Blue Open Access POS OAP5 500/20%/2500 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HSR	$500 / $1,500	20%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$904.05	$1,815.33	$1,633.61	$2,729.30
	Anthem Blue Open Access POS OAP5 500/20%/2500 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HTF	$500 / $1,500	20%	$2,500 / $7,500	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$7,500 / $22,500	$894.39	$1,795.93	$1,616.15	$2,700.14
	Anthem Blue Open Access POS OAP5 500/20%/4400 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQS	$500 / $1,500	20%	$4,400 / $13,200	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$13,200 / $39,600	$882.32	$1,771.70	$1,594.34	$2,663.70
	Anthem Blue Open Access POS OAP5 500/20%/4400 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HTW	$500 / $1,500	20%	$4,400 / $13,200	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$13,200 / $39,600	$870.25	$1,747.46	$1,572.53	$2,627.26
	Anthem Blue Open Access POS OAP5 500/20%/4400 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HTZ	$500 / $1,500	20%	$4,400 / $13,200	$30 / $60	Ded & Coins/Ded & Coins	$1,500 / $4,500	50%	$13,200 / $39,600	$860.60	$1,728.08	$1,555.09	$2,598.12
	Anthem Blue Open Access POS OAP5 5000/0%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HT7	$5,000 / $10,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$818.75	$1,644.05	$1,479.47	$2,471.78

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS OAP5 5000/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88J0	$5,000 / $10,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$806.68	$1,619.81	$1,457.66	$2,435.34
	Anthem Blue Open Access POS OAP5 5000/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88JD	$5,000 / $10,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$797.83	$1,602.04	$1,441.67	$2,408.62
	Anthem Blue Open Access POS OAP5 5000/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88J1	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$786.56	$1,579.41	$1,421.31	$2,374.60
	Anthem Blue Open Access POS OAP5 5000/20%/7900 C ($15 Generic) Embedded Essential	POS	POS	Blue Open Access POS	8HQQ	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,000 / $20,000	50%	$15,800 / $31,600	$691.61	$1,388.75	$1,249.73	$2,087.95
	Anthem Blue Open Access POS OAP5 5000/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HST	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$773.69	$1,553.57	$1,398.05	$2,335.75
	Anthem Blue Open Access POS OAP5 5000/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88JG	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$764.03	$1,534.17	$1,380.59	$2,306.58
	Anthem Blue Open Access POS OAP5 5000/30%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQ8	$5,000 / $10,000	30%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$782.54	$1,571.34	$1,414.04	$2,362.46
	Anthem Blue Open Access POS OAP5 5000/30%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88HA	$5,000 / $10,000	30%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$770.47	$1,547.10	$1,392.23	$2,326.03
	Anthem Blue Open Access POS OAP5 5000/30%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HQ5	$5,000 / $10,000	30%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$761.62	$1,529.33	$1,376.24	$2,299.31
	Anthem Blue Open Access POS OAP5 6000/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRX	$6,000 / $12,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$18,000 / $36,000	50%	$23,700 / $47,400	$776.91	$1,560.04	$1,403.87	$2,345.47
	Anthem Blue Open Access POS OAP5 6000/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HSZ	$6,000 / $12,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$18,000 / $36,000	50%	$23,700 / $47,400	$764.84	$1,535.80	$1,382.06	$2,309.03
	Anthem Blue Open Access POS OAP5 6000/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HJ	$6,000 / $12,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$18,000 / $36,000	50%	$23,700 / $47,400	$755.18	$1,516.40	$1,364.60	$2,279.87
	Anthem Blue Open Access POS OAP5 DP 1000/20%/4000 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQ6	$1,000 / $3,000	20%	$4,000 / $12,000	$30 / $60	Ded & Coins/Ded & Coins	$2,000 / $4,000	50%	$8,000 / $16,000	$863.01	$1,732.92	$1,559.45	$2,605.40
	Anthem Blue Open Access POS OAP5 DP 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88GS	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$5,000 / $10,000	50%	$15,800 / $31,600	$793.00	$1,592.34	$1,432.94	$2,394.04
	Anthem Blue Open Access POS OAP5 DP 5000/0%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88JM	$5,000 / $10,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,000 / $20,000	50%	$15,800 / $31,600	$802.66	$1,611.74	$1,450.40	$2,423.21
	Anthem Blue Open Access POS OAP5 DP 5000/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HRK	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$10,000 / $20,000	50%	$15,800 / $31,600	$769.67	$1,545.50	$1,390.79	$2,323.61

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	Anthem Blue Open Access POS OAP6 2500/30%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HRN	$2,500 / $7,500	30%	$7,900 / $15,800	$30 / $60	$500 then Ded & Coins/$500 then Ded & Coins	$7,500 / $15,000	50%	$23,700 / $47,400	$768.86	$1,543.87	$1,389.32	$2,321.16
	Anthem Blue Open Access POS OAP6 5000/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HUU	$5,000 / $10,000	0%	$7,900 / $15,800	$30 / $60	$500 then Ded & Coins/$500 then Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$780.93	$1,568.11	$1,411.13	$2,357.60
	Anthem Blue Open Access POS OAP6 5000/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88GW	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	$500 then Ded & Coins/$500 then Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$761.62	$1,529.33	$1,376.24	$2,299.31
	Anthem Blue Open Access POS OAP6 5000/30%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HRR	$5,000 / $10,000	30%	$7,900 / $15,800	$30 / $60	$500 then Ded & Coins/$500 then Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$757.59	$1,521.24	$1,368.96	$2,287.14
	Anthem Blue Open Access POS OAP6 6000/30%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HG	$6,000 / $12,000	30%	$7,900 / $15,800	$30 / $60	$500 then Ded & Coins/$500 then Ded & Coins	$18,000 / $36,000	50%	$23,700 / $47,400	$748.74	$1,503.47	$1,352.96	$2,260.42
	Anthem Blue Open Access POS OAP6 6350/0%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HE	$6,350 / $12,700	0%	$7,900 / $15,800	$30 / $60	$500 then Ded & Coins/$500 then Ded & Coins	$19,050 / $38,100	50%	$23,700 / $47,400	$764.84	$1,535.80	$1,382.06	$2,309.03
	Anthem Blue Open Access POS OAP7 $30 $3500/$7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HUT	$3,500 / $7,000	0%	$7,900 / $15,800	$30 / Ded, then $60	Ded, then $700/Ded, then $500	$10,500 / $21,000	50%	$23,700 / $47,400	$755.18	$1,516.40	$1,364.60	$2,279.87
	Anthem Blue Open Access POS OAP7 $30 $4200/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HS0	$4,200 / $8,400	0%	$7,900 / $15,800	$30 / Ded, then $60	Ded, then $700/Ded, then $500	$12,600 / $25,200	50%	$20,700 / $41,400	$743.92	$1,493.79	$1,344.26	$2,245.87
	Anthem Blue Open Access POS OAP7 $30 $6500/7900 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HQ0	$6,500 / $13,000	0%	$7,900 / $15,800	$30 / Ded, then $60	Ded, then $700/Ded, then $500	$8,400 / $16,800	50%	$18,000 / $36,000	$714.14	$1,433.99	$1,290.44	$2,155.97
	Anthem Blue Open Access POS OAP9 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HU2	$2,500 / $7,500	20%	$7,900 / $15,800	$30 for 5 OVs, then Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$769.67	$1,545.50	$1,390.79	$2,323.61
	Anthem Blue Open Access POS OAP9 3500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	88G2	$3,500 / $10,500	20%	$7,900 / $15,800	$30 for 5 OVs, then Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$10,500 / $31,500	50%	$23,700 / $47,400	$747.94	$1,501.86	$1,351.52	$2,258.01
	Anthem Blue Open Access POS OAP9 4250/0%/7350 J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HT6	$4,250 / $8,500	0%	$7,350 / $14,700	$30 for 5 OVs, then Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$12,750 / $25,500	50%	$22,050 / $44,100	$777.71	$1,561.64	$1,405.31	$2,347.88
	Anthem Blue Open Access POS OAP9 5000/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	Blue Open Access POS	8HSB	$5,000 / $10,000	20%	$7,900 / $15,800	$30 for 5 OVs, then Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$733.45	$1,472.77	$1,325.34	$2,214.26

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Link Virtual First Blue Open Access POS 2000/20%/5000 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HRS	$2,000 / $4,000	20%	$5,000 / $10,000	$50 / $75	Ded & Coins/Ded & Coins	$6,000 / $18,000	50%	$15,000 / $30,000	$792.20	$1,590.74	$1,431.50	$2,391.63
	Anthem Link Virtual First Blue Open Access POS 3500/20%/6500 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88J2	$3,500 / $7,000	20%	$6,500 / $13,000	$50 / $75	Ded & Coins/Ded & Coins	$10,500 / $21,000	50%	$19,500 / $39,000	$741.50	$1,488.93	$1,339.88	$2,238.57
	Anthem Link Virtual First Blue Open Access POS 6000/20%/9100 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Prev Rx, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	88HP	$6,000 / $12,000	20%	$9,100 / $18,200	$50 / $75	Ded & Coins/Ded & Coins	$12,000 / $24,000	50%	$18,200 / $36,400	$706.90	$1,419.45	$1,277.36	$2,134.11
	Anthem Link Virtual First Blue Open Access POS 6000/20%/9100 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Tiered) Embedded Essential	POS	POS	Blue Open Access POS	8HTM	$6,000 / $12,000	20%	$9,100 / $18,200	$50 / $75	Ded & Coins/Ded & Coins	$18,000 / $36,000	50%	$27,300 / $47,400	$681.95	$1,369.36	$1,232.28	$2,058.79
	Anthem Open Access POS OAP10 FP $0/$25/$75/$7900 AL ($0/$10/$60/$125/$400) Embedded Essential	POS	POS	Blue Open Access POS	88JB	$0 / $0	0%	$7,900 / $15,800	$25 / $75	$750 Per Day for 4 days/$600	$10,000 / $12,000	50%	$15,800 / $31,600	$866.23	$1,739.39	$1,565.27	$2,615.12
	Anthem Blue Open Access POS HRAOAP8 2500/20%/7900 AE (Med Ded, $15/$35/$60/25% to $350) Embedded Essential	POS	HRA	Blue Open Access POS	88J4	$2,500 / $5,000	20%	$7,900 / $15,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$747.94	$1,501.86	$1,351.52	$2,258.01
	Anthem Blue Open Access POS HSAOAP3B 4500/0%/6900 (Med Ded, $15/$40/$80/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88JL	$4,500 / $9,000	0%	$6,900 / $13,800	Ded, then $30 / Ded, then $60	Ded & Coins/Ded & Coins	$13,500 / $27,000	50%	$20,700 / $41,400	$727.02	$1,459.86	$1,313.72	$2,194.85
	Anthem Blue Open Access POS HSAOAP3B 5000/20%/6750 (Med Ded, $15/$40/$80/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88JF	$5,000 / $10,000	20%	$6,750 / $13,500	Ded, then $30 / Ded, then $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$20,250 / $40,500	$699.66	$1,404.92	$1,264.28	$2,112.25
	Anthem Blue Open Access POS HSAOAP8 3300/0%/3600 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88G6	$3,300 / $6,600	0%	$3,600 / $10,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$8,100 / $16,200	50%	$10,800 / $32,400	$804.27	$1,614.97	$1,453.31	$2,428.07
	Anthem Blue Open Access POS HSAOAP8 3300/20%/5000 (20%/20%/20%/20%, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88H6	$3,300 / $6,600	20%	$5,000 / $10,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$8,100 / $16,200	50%	$15,000 / $30,000	$765.64	$1,537.40	$1,383.50	$2,311.44
	Anthem Blue Open Access POS HSAOAP8 3500/0%/4500 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88H8	$3,500 / $7,000	0%	$4,500 / $9,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$10,500 / $21,000	50%	$13,500 / $27,000	$788.17	$1,582.65	$1,424.21	$2,379.46
	Anthem Blue Open Access POS HSAOAP8 3500/0%/7500 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	8HTB	$3,500 / $7,000	0%	$7,500 / $15,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$10,500 / $21,000	50%	$13,500 / $27,000	$780.13	$1,566.50	$1,409.69	$2,355.19
	Anthem Blue Open Access POS HSAOAP8 3500/30%/6900 (30%/30%/30%/30%, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88H2	$3,500 / $7,000	30%	$6,900 / $13,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$10,500 / $21,000	50%	$20,700 / $41,400	$714.95	$1,435.62	$1,291.91	$2,158.41
	Anthem Blue Open Access POS HSAOAP8 4500/20%/5000 (20%/20%/20%/20%, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88GB	$4,500 / $9,000	20%	$5,000 / $10,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$13,500 / $27,000	50%	$15,000 / $30,000	$751.16	$1,508.33	$1,357.34	$2,267.73
	Anthem Blue Open Access POS HSAOAP8 5000/0%/6900 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88JN	$5,000 / $10,000	0%	$6,900 / $13,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$20,700 / $41,400	$727.02	$1,459.86	$1,313.72	$2,194.85

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
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						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Open Access POS HSAOAP8 5000/0%/7500 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	8HS1	$5,000 / $10,000	0%	$7,500 / $15,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$20,700 / $41,400	$725.41	$1,456.62	$1,310.81	$2,189.99
	Anthem Blue Open Access POS HSAOAP8 5000/20%/6900 (20%/20%/20%/20%, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	8HR2	$5,000 / $10,000	20%	$6,900 / $13,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$10,000 / $20,000	50%	$13,800 / $27,600	$706.90	$1,419.45	$1,277.36	$2,134.11
	Anthem Blue Open Access POS HSAOAP8 5000/20%/6900 (20%/20%/20%/20%) Embedded Essential	POS	HSA	Blue Open Access POS	8GP	$5,000 / $10,000	20%	$6,900 / $13,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$20,700 / $41,400	$694.02	$1,393.59	$1,254.09	$2,095.22
	Anthem Blue Open Access POS HSAOAP8 5500/0%/5500 (0%/0%/0%/0%, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	8HUE	$5,500 / $11,000	0%	$5,500 / $11,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$16,500 / $33,000	50%	$19,650 / $39,300	$736.67	$1,479.23	$1,331.15	$2,223.98
	Anthem Blue Open Access POS HSAOAP8 6100/0%/6400 RX I (CDHP) (Med Ded, $15/$40/$80/25% to $350, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88HR	$6,100 / $12,200	0%	$6,400 / $12,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$18,300 / $36,600	50%	$19,200 / $38,400	$702.88	$1,411.38	$1,270.10	$2,121.97
	Anthem Blue Open Access POS HSAOAP8 6300/0%/6300 (0%/0%/0%/0%, Prev Rx) Embedded Essential	POS	HSA	Blue Open Access POS	88GA	$6,300 / $12,600	0%	$6,300 / $12,600	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$18,900 / $37,800	50%	$20,700 / $41,400	$714.14	$1,433.99	$1,290.44	$2,155.97
	Anthem Blue Open Access POS HSAOAP8 NE 2500/0%/3000 (20%/20%/20%/20%, Prev Rx) Non-Embedded Essential	POS	HSA	Blue Open Access POS	8HQB	$2,500 / $5,000	0%	$3,000 / $9,000	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$5,000 / $10,000	50%	$6,000 / $12,000	$831.63	$1,669.91	$1,502.75	$2,510.67
	Anthem Blue Open Access POS HSAOAP8 NE/E 3200/0%/3600 (20%/20%/20%/20%, Prev Rx) Mixed Essential	POS	HSA	Blue Open Access POS	88JE	$3,200 / $6,400	0%	$3,600 / $10,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$6,400 / $12,800	50%	$7,200 / $14,400	$793.00	$1,592.34	$1,432.94	$2,394.04
	Anthem Blue Open Access POS HRAOAP5 5000/0%/7900 AE DF with copays ($15/$35/$60/25% to $350) Embedded Essential	POS	HRA-DF	Blue Open Access POS	8HR3	$5,000 / $10,000	0%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$821.97	$1,650.52	$1,485.29	$2,481.50
	Anthem Blue Open Access POS HRAOAP7 $30 $4200/7900 DF with Copays J (Med Ded T3-T4, $10/$60/$85/25% to $350) Embedded Essential	POS	HRA-DF	Blue Open Access POS	8HUR	$4,200 / $8,400	0%	$7,900 / $15,800	$30 / Ded, then $60	Ded, then $700/Ded, then $500	$12,600 / $25,200	50%	$20,700 / $41,400	$746.33	$1,498.63	$1,348.61	$2,253.15
	Anthem Blue Open Access POS HRAOAP8 2500/20%/7900 DF2 AE (Med Ded, $15/$35/$60/25% to $350) Embedded Essential	POS	HRA-DF	Blue Open Access POS	88GN	$2,500 / $5,000	20%	$7,900 / $15,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$746.33	$1,498.63	$1,348.61	$2,253.15
	Anthem Blue Open Access POS HRAOAP8 3000/20%/7900 DF with Copays (20%/20%/20%/20%) Embedded Essential	POS	HRA-DF	Blue Open Access POS	88H7	$3,000 / $6,000	20%	$7,900 / $15,800	Ded, then $30 / Ded, then $60	Ded, then $500/Ded, then $500	$3,000 / $6,000	50%	$23,700 / $47,400	$747.13	$1,500.24	$1,350.06	$2,255.56
	Anthem Blue Open Access POS HRAOAP8 5000/20%/7900 DF2 AE (Med Ded, $15/$35/$60/25% to $350) Embedded Essential	POS	HRA-DF	Blue Open Access POS	88G3	$5,000 / $10,000	20%	$7,900 / $15,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	$15,000 / $30,000	50%	$23,700 / $47,400	$681.95	$1,369.36	$1,232.28	$2,058.79
	Anthem Blue Open Access POS HRAOAP8 6000/20%/7700 DF with Copays (20%/20%/20%/20%) Embedded Essential	POS	HRA-DF	Blue Open Access POS	8HT8	$6,000 / $12,000	20%	$7,700 / $15,400	Ded, then $30 / Ded, then $60	Ded, then $500/Ded, then $500	$6,000 / $12,000	50%	$23,700 / $47,400	$681.95	$1,369.36	$1,232.28	$2,058.79
	Anthem Blue Open Access HMO OAH5 1500/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	HMO	HMO	Blue Open Access HMO	88FZ	$1,500 / $4,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$802.66	$1,611.74	$1,450.40	$2,423.21
	Anthem BlueChoice Healthcare HMO GKH5 5000/20%/7900 S ($300 T2-T4, $5/$20/$45/$90/25% to $450, Tiered) Embedded Essential	HMO	HMO	BlueChoice Healthcare HMO	8HS9	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$739.89	$1,485.70	$1,336.97	$2,233.70

Anthem

Alternate plans and rates (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
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						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem BlueChoice Healthcare POS GKP5 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	POS	POS	BlueChoice Healthcare POS	8HR8	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	$7,500 / $22,500	50%	$23,700 / $47,400	$796.22	$1,598.81	$1,438.76	$2,403.76
	Anthem Blue Connection EPO13 FP HSA with Copay $4000/$25/$75/$6900 AL (CDHP) (Med Ded, $0/$10/$60/$125/$400, Prev Rx) Embedded Essential	EPO	HSA	Blue Connection	88JR	$4,000 / $8,000	0%	$6,900 / $13,800	Ded, then $25 / Ded, then $75	Ded, then $500/Ded, then $350	Not Applicable	N/A	Not Applicable	$604.06	$1,212.95	$1,091.53	$1,823.64
	Anthem Blue Connection EPO13 FP HSA with Copay $5000/$25/$75/$6750 AL (CDHP) (Med Ded, $0/$10/$60/$125/$400, Prev Rx) Embedded Essential	EPO	HSA	Blue Connection	8HTC	$5,000 / $10,000	0%	$6,750 / $13,500	Ded, then $25 / Ded, then $75	Ded, then $750/Ded, then $500	Not Applicable	N/A	Not Applicable	$588.97	$1,182.65	$1,064.26	$1,778.08
	Anthem Blue Connection EPO13 FP HSA with Copay 3300/$25/$75/$5000 AL (CDHP) (Med Ded, $0/$10/$60/$125/$400, Prev Rx) Embedded Essential	EPO	HSA	Blue Connection	8HUL	$3,300 / $6,600	0%	$5,000 / $10,000	Ded, then $25 / Ded, then $75	Ded, then $500/Ded, then $350	Not Applicable	N/A	Not Applicable	$633.57	$1,272.21	$1,144.85	$1,912.73
	Anthem Blue Connection EPO10 FP $0/$25/$75/$7900 AL ($0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	8HT4	$0 / $0	0%	$7,900 / $15,800	$25 / $75	$750 Per Day for 4 days/$600	Not Applicable	N/A	Not Applicable	$725.51	$1,456.82	$1,310.99	$2,190.29
	Anthem Blue Connection EPO4 FP $1500/$25/$75/$7900 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	88HH	$1,500 / $3,000	0%	$7,900 / $15,800	$25 / $75	Ded, then $500/Ded, then $350	Not Applicable	N/A	Not Applicable	$687.09	$1,379.68	$1,241.56	$2,074.30
	Anthem Blue Connection EPO4 FP $2500/$25/$75/$7900 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	8HTH	$2,500 / $5,000	0%	$7,900 / $15,800	$25 / $75	Ded, then $500/Ded, then $350	Not Applicable	N/A	Not Applicable	$667.87	$1,341.08	$1,206.83	$2,016.28
	Anthem Blue Connection EPO4 FP $3000/$25/$75/$7900 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	88GC	$3,000 / $6,000	0%	$7,900 / $15,800	$25 / $75	Ded, then $500/Ded, then $350	Not Applicable	N/A	Not Applicable	$660.33	$1,325.94	$1,193.21	$1,993.52
	Anthem Blue Connection EPO4 FP $4500/$25/$75/$7900 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	88HZ	$4,500 / $9,000	0%	$7,900 / $15,800	$25 / $100	Ded, then $750/Ded, then $500	Not Applicable	N/A	Not Applicable	$630.82	$1,266.69	$1,139.88	$1,904.43
	Anthem Blue Connection EPO4 FP $500/$25/$75/$6000 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	88JH	$500 / $1,000	0%	$6,000 / $12,000	$25 / $75	Ded, then $500/Ded, then $350	Not Applicable	N/A	Not Applicable	$719.33	$1,444.41	$1,299.82	$2,171.63
	Anthem Blue Connection EPO4 FP $5000/$25/$100/$7900 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	8HQC	$5,000 / $10,000	0%	$7,900 / $15,800	$25 / $100	Ded, then $750/Ded, then $500	Not Applicable	N/A	Not Applicable	$623.96	$1,252.91	$1,127.49	$1,883.72
	Anthem Blue Connection EPO4 FP $7000/$25/$100/$9100 AL (Med Ded T3-T4, $0/$10/$60/$125/$400) Embedded Essential	EPO	EPO	Blue Connection	88J6	$7,000 / $14,000	0%	$9,100 / $18,200	$25 / $100	Ded, then $900/Ded, then $750	Not Applicable	N/A	Not Applicable	$594.46	$1,193.68	$1,074.18	$1,794.66
	Anthem Blue Connection EPO 5 2500/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	EPO	EPO	Blue Connection	88JA	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$681.60	$1,368.65	$1,231.64	$2,057.73
	Anthem Blue Connection EPO 5 2500/20%/7900 C ($15 Generic) Embedded Essential	EPO	EPO	Blue Connection	88HV	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$612.30	$1,229.50	$1,106.42	$1,848.51
	Anthem Blue Connection EPO 5 2500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	EPO	EPO	Blue Connection	8HTK	$2,500 / $7,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$671.30	$1,347.97	$1,213.03	$2,026.63

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Quote highlights
Total quoted medical employees: 171
Commission level : $69.82 PCPM

						In-network benefits					Out-of-network benefits			Monthly rates			
✓	Plan name	Product category	Product code	Network	Contract Code	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Office visit (PCP/ specialist) copay	Inpatient / Outpatient hospital copay (Surgery)	Deductible (individual/ family)	Coinsurance	Out-of-pocket maximum (individual/ family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Connection EPO 5 3500/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	EPO	EPO	Blue Connection	8HSP	$3,500 / $10,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$671.99	$1,349.36	$1,214.28	$2,028.72
	Anthem Blue Connection EPO 5 3500/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	EPO	EPO	Blue Connection	8HR7	$3,500 / $10,500	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$661.70	$1,328.69	$1,195.68	$1,997.65
	Anthem Blue Connection EPO 5 5000/20%/7900 AE ($15/$35/$60/25% to $350) Embedded Essential	EPO	EPO	Blue Connection	88J9	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$665.13	$1,335.58	$1,201.88	$2,008.01
	Anthem Blue Connection EPO 5 5000/20%/7900 C ($15 Generic) Embedded Essential	EPO	EPO	Blue Connection	8HSX	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$582.11	$1,168.88	$1,051.87	$1,757.37
	Anthem Blue Connection EPO 5 5000/20%/7900 KE ($200 T2-T4, $15/$45/$85/25% to $350) Embedded Essential	EPO	EPO	Blue Connection	88G8	$5,000 / $10,000	20%	$7,900 / $15,800	$30 / $60	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$654.15	$1,313.53	$1,182.04	$1,974.86
	Anthem Link Virtual First Blue Connection EPO 2000/20%/5000 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Tiered) Embedded Essential	EPO	EPO	Blue Connection	88H4	$2,000 / $4,000	20%	$5,000 / $10,000	$50 / $75	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$668.56	$1,342.47	$1,208.08	$2,018.36
	Anthem Link Virtual First Blue Connection EPO 3500/20%/6500 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Tiered) Embedded Essential	EPO	EPO	Blue Connection	88HL	$3,500 / $7,000	20%	$6,500 / $13,000	$50 / $75	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$627.39	$1,259.80	$1,133.69	$1,894.07
	Anthem Link Virtual First Blue Connection EPO 6000/20%/9100 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Prev Rx, Tiered) Embedded Essential	EPO	EPO	Blue Connection	8HRU	$6,000 / $12,000	20%	$9,100 / $18,200	$50 / $75	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$595.14	$1,195.04	$1,075.41	$1,796.71
	Anthem Link Virtual First Blue Connection EPO 6000/20%/9100 RT (Med Ded T2-T4, $0/$15/$50/$80/25% to $350, Tiered) Embedded Essential	EPO	EPO	Blue Connection	8HV5	$6,000 / $12,000	20%	$9,100 / $18,200	$50 / $75	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$576.62	$1,157.85	$1,041.95	$1,740.80
	Anthem Blue Connection EPO8 HSA 3300/0%/3600 AE (Med Ded, $15/$35/$60/25% to $350, Prev Rx) Embedded Essential	EPO	HSA	Blue Connection	8HV0	$3,300 / $6,600	0%	$3,600 / $10,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$679.54	$1,364.52	$1,227.92	$2,051.51
	Anthem Blue Connection EPO8 HSA 5000/20%/6900 (20%/20%/20%/20%, Prev Rx) Embedded Essential	EPO	HSA	Blue Connection	88HY	$5,000 / $10,000	20%	$6,900 / $13,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$593.77	$1,192.29	$1,072.94	$1,792.57
	Anthem Blue Connection EPO8 HSA 5000/20%/6900 (20%/20%/20%/20%) Embedded Essential	EPO	HSA	Blue Connection	8HS7	$5,000 / $10,000	20%	$6,900 / $13,800	Ded & Coins / Ded & Coins	Ded & Coins/Ded & Coins	Not Applicable	N/A	Not Applicable	$586.91	$1,178.52	$1,060.54	$1,771.86

Authorized Signature: _____
Title: _____
Date: _____

Assumptions and conditions (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured
SIC Code: 9121

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This contract will be issued in GA and governed by GA state legislation.
- The proposed services, rates and fees are effective from 1/1/2026 through 12/31/2026.
- The medical rates quoted herein incorporate any and all applicable discounts. If the plans or products selected are revised, by either adding or removing specialty products, the medical rates may be revised (up or down) so that the resulting rates are both adequate and reflect any applicable bundling savings or discount.

- This quote provides coverage highlights only. A specimen copy of the policy is available upon request. Benefits chosen are subject to the terms and conditions in the documents that form the contract between the group and Anthem Blue Cross and Blue Shield.
- Employers, as plan sponsors and administrators, are responsible for complying with all applicable laws.
- If subject to regulatory approval, and the applicable regulator has not yet approved, these benefits and rates may need to be adjusted.
- An employer-employee relationship must exist for all eligible employees, or the quote will not be valid.
- An eligible employee is defined as an active, permanent employee who works for pay or profit at least 30 hours a week, 50 weeks a year, as of the effective date, and who completes the waiting period for eligibility. Seasonal employees, temporary employees or employees working less than 30 hours a week are not eligible.
- Cash in-lieu-of coverage cannot be offered as part of the employer's contribution schedule.
- Where consistent with applicable law, if the number of full-time employees falls below the minimum for a Large Group, upon request Anthem may offer the group any small group medical product for which it qualifies.
- Employees in Hawaii are not eligible for coverage under this plan.
- The proposal assumes the same enrollment for medical and drug coverages.
- The cost for our standard reporting package is included.

- This quote assumes that at least 50% of eligible employees and 75% of net eligible employees will participate in this plan (net eligible is total eligible less valid waivers). In order to encourage employee participation Anthem Blue Cross and Blue Shield recommends that the employer contribution be at minimum 50% of the employee rate for the least expensive benefit plan.
- All employees requesting waiver of coverage must submit satisfactory evidence of qualifying existing coverage.
- Anthem products quoted cannot be offered along with another carrier's defined contribution plan.
- Anthem's rates assume no self-insuring by the employer of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges must be paid solely by the member. The client may not partially pay, reimburse or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.
- Electronic eligibility or tape feeds must be in a format compatible with Anthem's systems.
- Rates are quoted on a monthly fully insured non-refunding basis.
- This proposal expires 14 days from the date of release or on the effective date, whichever is sooner.
- Anthem Blue Cross and Blue Shield will be the sole carrier.

- Anthem Blue Cross and Blue Shield has the right to change this proposal or these rates under any of these circumstances:

Assumptions and conditions (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured
SIC Code: 9121

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

-Employees are given the option to purchase individual market insurance using cafeteria plan (Internal Revenue Code section 125) funds
-Any taxes, fees and assessments set by any statutory, regulatory or other legal authority, that in Anthem Blue Cross and Blue Shield discretion no longer makes the quote valid
-A change in contract period
-Changes in benefits, services or networks
-Change in nature of the employer's business
-Change in ownership of employer's business
-Total enrollment or enrollment distribution by membership type, product, demographics or location changes by 10% or more from that assumed when preparing pricing for this package
-COBRA enrollment exceeds 10% of total enrollment
-Legislative and/or regulatory changes or mandates that materially impact the policy or the employer's plan documents. Plan documents will include those used to create the terms of the plan.
-Changes in the terms, conditions, services or products from those assumed when developing the pricing
-A change in employee contributions of 10% or more

- The premium grace period is 30 days from the billing date.
- The renewal notification will be provided no later than 60 days before the next renewal effective date.
- This plan assumes that the employer is funding 0% of the deductible.
- Seasonal employees are not eligible.
- Retirees are not eligible.

- This quote is for domestic United States employees only. International employees are not eligible for coverage under this plan.
- A commission fee of $69.82 PCPM per contract per month has been included in this proposal.
- Anthem Blue Cross and Blue Shield quoted rates are not valid if any other remaining carrier continues to offer age-banded rates (such as member level rating).
- The oral chemotherapy coverage mandate was taken into account when reviewing amendments needed for the policies.

- This offer assumes that no class of employees will be offered an HRA integrated with individual health insurance coverage. Anthem must be notified if particular classes of employees will be offered an HRA integrated with individual health insurance coverage, and a census of those employees must be provided so that appropriate adjustments, if needed, can be made to this offer.

- Anthem shall provide up to one Monthly data feed to a supported outside vendor in Anthem's standard format, not to exceed 12 feeds. The charge is $1,000 for each additional feed. Each time a report is sent to a supported vendor electronically, it is considered a feed, even if the same report is sent to the same vendor monthly. For example, if monthly feeds are sent to two supported vendors, 24 electronic data feeds will have been used on an annual basis. The charge for Weekly data feeds to a single supported vendor, not to exceed 52 feeds, is $15,000 annually. The charge for Daily data feeds to a single supported vendor, not to exceed 365 feeds, is $20,000 annually. Additional fees would be required for Rx integration feeds and telemedicine.
- This quote contains incurred financial and utilization amounts, which includes estimated incurred but not reported claims and predictive modelling risk adjustment, along with taxes, fees and provision for adverse deviation.

Assumptions and conditions (FI)

CITY OF MCDONOUGH
Group Number: L04157
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured
SIC Code: 9121

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.
- The agent/broker does not have the authority to bind or modify the terms of this offer without prior approval of Anthem.
- Please note, any additional budgets provided in conjunction with this proposal, if applicable, must be invoiced prior to the end of the plan year in which they are allocated in order to be funded.
- HSA/HDHP plan benefits are subject to IRS guidelines and may change.
- There is a restriction on the types of eligible expenses payable under an FSA when offered alongside an HSA. Consult your tax advisor for more information.
- Medicare enrollees cannot contribute to a new HSA plan i.e. if a member has an existing HSA then they become eligible/actively participating in Medicare they can still use that HSA but they cannot put more money into it.

- Anthem's rates assume no self-insuring or funding by the employer or third-party payors of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges, must be paid solely by the member. Neither the client nor a third party payor may partially pay, reimburse, or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.

Authorized Signature: _____
Title: _____
Date: _____

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association.
ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. - 0575438-02

Dental Renewal for:

City of McDonough

Group Number: L04157

Fully Insured

For the Period
January 1, 2026 through December 31, 2026

Presented By

Anthem

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Claim projection

City of McDonough

Analysis period: July 1, 2024 through June 30, 2025

Effective January 1, 2026 through December 31, 2026

Average Subscribers	179
Current Subscribers	184

	Dental
Total Paid Claims	**$122,534**
Total Annual Projected Claims Expense	**$136,998**
Administrative Expenses	$43,581
Premium Tax	$1,009
Commission	$20,176
Premium Requirement Based on Experience	**$201,764**
Claims Credibility Weighting: Experience	100.00%
Claims Credibility Weighting: Manual	0.00%
Total Proposed Annual Premium	***$187,951***
Current Premium	***$178,996***
Required Rate Action	***12.72%***
Proposed Rate Action	***5.00%***

Anthem Blue Cross and Blue Shield reserves the right to revise premiums should the group request changes in their benefits, networks, or service level, or should the total enrollment or enrollment distribution by product, membership type, or location differ by 10% or more from the ending enrollment noted above. Minimum participation and contribution requirements must be maintained at all times to continue coverage.

Projected premium requirement includes broker commission

Statement of Confidentiality

This information is the property of Anthem Blue Cross and Blue Shield and its affiliates and may not be disclosed except to employees or duly authorized agents of City of McDonough without the express written permission of Anthem Blue Cross and Blue Shield and its affiliates.

Renewal dental rate sheet

City of McDonough

Group Number: L04157

Fully Insured

Effective January 1, 2026 through December 31, 2026

Commission level: 10.00%

Plan Name		Monthly rates		
		Employee Only	Employee + Family	Total
Renewal Plan Designs				
Dental PPO	Enrollment	72	112	184
	Current	$38.30	$108.56	$14,916.32
	Renewal	***$40.22***	***$113.99***	***$15,662.72***
		Required Rate Action		12.72%
		Proposed Rate Action		**5.00%**

Renewal of your contract is predicated upon the assumption that your group continues to meet Anthem's underwriting guidelines. Payment of the renewal rates listed constitutes acceptance of this renewal offer. If you wish to cancel your contract with Anthem for any reason, we must have notification 15 days prior to the renewal date. It is not necessary to complete any paperwork or forms to continue your plan.

Anthem Blue Cross and Blue Shield reserves the right to revise the premiums or charges should the group request changes in their benefits, networks, or service level, or should the total enrollment or enrollment distribution by product, membership type, or location differ by 10% or more from the ending of the enrollment noted above. Minimum participation and contribution requirements must be maintained at all times to continue coverage.

This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

Jim Sewell 7/23/2025