

1 **BILL NO. S-12-11-20**

2 **SPECIAL ORDINANCE NO. S-120-12**

3 **AN ORDINANCE** approving the awarding of RFP
4 #3539 – SELF-FUNDED HEALTH & DENTAL
5 PLANS (ADMINISTRATION & REINSURANCE
6 COVERAGE) AND GROUP LIFE/AD&D
7 INSURANCE AND LONG TERM DISABILITY
8 INSURANCE by the City of Fort Wayne, Indiana,
9 by and through its Department of Purchasing and
10 AUTOMATED GROUP ADMINISTRATION AND
11 SYMETRA LIFE INSURANCE COMPANY.

12 **NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL**
13 **OF THE CITY OF FORT WAYNE, INDIANA;**

14 **SECTION 1.** That RFP #3539 – SELF-FUNDED HEALTH & DENTAL
15 PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AND GROUP
16 LIFE/AD&D INSURANCE AND LONG TERM DISABILITY INSURANCE
17 between the City of Fort Wayne, by and through its Department of Purchasing
18 and AUTOMATED GROUP ADMINISTRATION AND SYMETRA LIFE
19 INSURANCE COMPANY respectfully for:

20 approves contracts for: a) Self-Funded Health & Dental
21 (administration and reinsurance coverage); and b) Group
22 Life/Ad&D/LDT - Symetra Life Insurance Company (includes
23 employee paid supplemental life insurance):

24 involving a total cost of TWO MILLION, THREE HUNDRED NINE
25 THOUSAND, SEVEN HUNDRED FIFTY-SEVEN AND 00/100 DOLLARS -
26 (\$2,309,757.00) - (\$1,729,379.00-AUTOMATED GROUP ADMINISTRATION;
27 \$580,378.00-SYMETRA LIFE INSURANCE COMPANY) all as more
28 particularly set forth in said RFP #3539 – SELF-FUNDED HEALTH & DENTAL

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PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM DISABILITY INSURANCE which is on file in the Office of the Department of Purchasing, and is by reference incorporated herein, made a part hereof, and is hereby in all things ratified, confirmed and approved.

SECTION 2. That this Ordinance shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.



Council Member

APPROVED AS TO FORM AND LEGALITY



Carol Helton, City Attorney

REF. NO. : 3539
DEPT: Benefits
DATE: 11/14/2012
ITEM/SERVICE: Self-Funded Health & Dental
Plans (Administration &
Reinsurance Coverage) and
Group Life/AD&D Insurance and
Long Term Disability Coverage
ADVERTISED BID: Yes
DATES ADVERTISED: 6/19/12 & 6/26/12
DATE OPENED: 7/31/12
SINGLE SOURCE: No
NO. OF VENDORS NOTIFIED: 14
NO. OF VENDORS RECEIVING BID: 14
NO. OF VENDORS RETURNING BID: 11
NO. OF VENDORS DISQUALIFIED: 0
DATE SENT TO DEPT FOR RECOMM: 8/1/12
DATE RECOMM RECEIVED BACK: 11/14/12
DATE SENT TO LAW DEPT: 11/14/12
INTRODUCTION DATE: 11/27/12
DISCUSSION DATE: 12/4/12
PASSAGE DATE: 12/11/12

City of Fort Wayne RFP #3539
Summary of Proposals

Wells Fargo		Hylant Group		1st Source		DeHayes Group	
Automated Group Administration		Automated Group Administration		PHP - HCC Life		Employee Plan - HCC Life	
TPA Costs	\$667,933	TPA Costs	\$667,933	TPA Costs	\$845,500	TPA Costs	\$908,440
Reinsurance	\$972,973	Reinsurance	\$972,973	Reinsurance (not guaranteed)	\$803,611	Reinsurance (not guaranteed)	\$938,963
Total Fixed Costs	\$1,640,906	Total Fixed Costs	\$1,640,906	Total Fixed Costs	\$1,649,111	Total Fixed Costs	\$1,847,403
Symetra		Lincoln Financial		Lincoln Financial		Standard Insurance	
Life/AD&D	\$196,210	Life/AD&D	\$226,685	TPA Costs	\$226,685	TPA Costs	\$244,350
LTD	\$144,168	LTD	\$132,076	Reinsurance (not guaranteed)	\$132,076	Reinsurance (not guaranteed)	\$183,697
Total Costs	\$340,378	Total Costs	\$358,761	Total Costs	\$358,761	Total Costs	\$428,047
Broker Fee		Broker Fee		Broker Fee		Broker Fee	
	\$88,473		\$67,450		\$187,287		\$100,000 (+ standard commission on Life/LTD)
Annual Cost		Annual Cost		Annual Cost		Annual Cost	
	\$2,069,757		\$2,067,117		\$2,195,159		\$2,375,450

City of Fort Wayne
 Weighted Bid Analysis and Evaluation
 Self-Funded Health & Dental Plans

	BROKER QUALIFICATIONS 25%		TPA QUALIFICATIONS 20%		TPA SERVICES 20%		COST 35%		TOTAL POINTS
	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good		
WELLS FARGO									
AGA	5.00	1.25	5.00	1.00	4.90	0.98	4.50	1.58	4.805
ProClaim	5.00	1.25	4.75	0.95	4.60	0.92	3.63	1.27	4.391
PHP	5.00	1.25	4.75	0.95	4.60	0.92	3.88	1.36	4.478
Anthem	5.00	1.25	4.50	0.90	4.40	0.88	2.88	1.01	4.038
Aetna	5.00	1.25	4.50	0.90	4.60	0.92	2.63	0.92	3.991
Meritain	5.00	1.25	4.50	0.90	4.20	0.64	3.50	1.23	4.215
HYLANT GROUP									
AGA	4.60	1.15	5.00	1.00	4.90	0.98	4.50	1.58	4.705
ProClaim	4.60	1.15	4.75	0.95	4.60	0.92	3.63	1.27	4.291
PHP	4.60	1.15	4.75	0.95	4.60	0.92	3.88	1.36	4.378
Anthem	4.60	1.15	4.50	0.90	4.40	0.88	2.88	1.01	3.938
NAA	4.60	1.15	4.25	0.85	4.60	0.92	3.88	1.36	4.278
UMR	4.60	1.15	4.25	0.85	4.00	0.60	2.88	1.01	3.808
1ST SOURCE									
PHP	4.60	1.15	4.75	0.95	4.60	0.92	3.88	1.36	4.378
Anthem	4.60	1.15	4.50	0.90	4.40	0.88	2.88	1.01	3.938
UMR	4.60	1.15	4.25	0.85	4.00	0.60	2.88	1.01	3.808
DEHAYES GROUP									
Employee Plans	4.60	1.15	5.00	1.00	4.60	0.96	3.88	1.36	4.468
BAS	4.60	1.15	5.00	1.00	4.20	0.84	3.38	1.18	4.173

Sum of Percentages Must Equal 100%

Qualifications and Experience of broker and employees assigned to service account. See attached notes.

Qualifications and Experience of staff assigned to service account. See attached notes.

Services provided by TPA matches or exceeds current level. See attached notes.

Fee structure is competitive for both reinsurance and administrative services. See attached notes.

City of Fort Wayne

Weighted Bid Analysis & Evaluation - Life and Long Term Disability Insurance

	BROKER QUALIFICATIONS		CARRIER FINANCIAL STRENGTH		CARRIER SERVICES		COST		TOTAL POINTS
	25%	20%	20%	20%	20%	35%			
	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good	1 = Very Poor 2 = Poor 3 = Average 4 = Above Average 5 = Very Good		
WELLS FARGO									
Symetra	5.00	1.25	4.00	0.40	4.50	0.90	5.00	2.75	5.300
AUL/One America	5.00	1.25	5.00	0.50	4.50	0.90	3.50	1.93	4.575
LINUM	5.00	1.25	4.00	0.40	4.50	0.90	4.00	2.29	4.750
SunLife Financial	5.00	1.25	5.00	0.50	4.00	0.80	5.00	2.75	5.300
Met Life	5.00	1.25	5.00	0.50	4.50	0.90	4.50	2.48	5.125
Anthem	5.00	1.25	4.67	0.47	4.50	0.90	4.00	2.20	4.817
Lincoln National	5.00	1.25	4.67	0.47	4.50	0.90	5.00	2.75	5.367
Aetna	5.00	1.25	4.33	0.43	4.50	0.90	5.00	2.75	5.333
Guardian	5.00	1.25	5.00	0.50	3.50	0.70	4.00	2.20	4.650
Mutual of Omaha	5.00	1.25	4.67	0.47	4.50	0.90	4.50	2.48	5.092
Standard	5.00	1.25	4.33	0.43	4.50	0.90	4.00	2.20	4.783
Cigna	5.00	1.25	4.00	0.40	4.50	0.90	5.00	2.75	5.300
HYLANT GROUP									
SunLife Financial	4.60	1.15	5.00	0.50	4.00	0.80	5.00	2.75	5.200
Mutual of Omaha	4.60	1.15	4.67	0.47	4.50	0.90	4.50	2.48	4.992
Lincoln National	4.60	1.15	4.67	0.47	4.50	0.90	5.00	2.75	5.267
Cigna	4.60	1.15	4.00	0.40	4.50	0.90	5.00	2.75	5.200
Met Life	4.60	1.15	5.00	0.50	4.50	0.90	4.50	2.48	5.025
Anthem	4.60	1.15	4.67	0.47	4.50	0.90	4.00	2.20	4.717
1ST SOURCE									
Lincoln	4.60	1.15	4.67	0.47	4.50	0.90	5.00	2.75	5.267
MetLife	4.60	1.15	5.00	0.50	4.50	0.90	4.50	2.48	5.025
Anthem	4.60	1.15	4.67	0.47	4.50	0.90	4.00	2.20	4.717
DEHAYES GROUP									
Employee Plans	4.60	1.15	5.00	1.00	4.80	0.96	3.88	1.36	4.475
BAS	4.60	1.15	5.00	1.00	4.20	0.84	3.38	1.18	4.683

Sum of Percentages Must Equal 100%

Qualifications and Experience of broker and employees assigned to service account.
See attached notes.

Qualifications and Experience of staff assigned to service account.
See attached notes.

Services provided by TPA matches or exceeds current level.
See attached notes.

Fee structure is competitive for both reinsurance and administrative services.
See attached notes.



CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

TO: CITY COUNCIL MEMBERS

FROM: LAURA TOWNSEND – BENEFITS MANAGER

RE: RFP #3539 – SELF FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM DISABILITY INSURANCE

DATE: NOVEMBER 14, 2012

The Benefits Department requests approval for the following contracts effective January 1, 2012:

Self-Funded Health & Dental:	Automated Group Administration	
	\$667,933	Administrative Costs
	\$972,973	Reinsurance Costs
	<u>\$ 88,473</u>	Broker Fee to Wells Fargo Insurance
	\$1,729,379	Total Costs
Group Life/AD&D/LTD:	Symetra Life Insurance Company	
	\$196,210	Life & AD&D Insurance
	\$144,168	Long Term Disability Insurance
	<u>\$240,000</u>	Supplemental Life Insurance (EMPLOYEE PAID)
	\$580,378	
Total:	\$2,309,757	(includes employee paid supplemental life insurance)

See attached summaries for more detailed information. Funding Source 403 BENF1 5143

Please contact me at 427-2634 if you have any questions.

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Read the first time in full and on motion by Shoaff, and duly adopted, read the second time by title and referred to the Committee on Finance (and the City Plan Commission for recommendation) and Public Hearing to be held after due legal notice, at Room 030 - Council Discussion Garden Level - Citizens Square, Fort Wayne, Indiana, on the _____ day of _____, 2012, at _____ o'clock _____ M., E.S.T.

DATED: 11-27-12

Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

Read the third time in full and on motion by Shoaff, and duly adopted, placed on its passage. PASSED LOST
by the following vote:

	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
<u>TOTAL VOTES</u>	<u>9</u>	_____	_____	_____
<u>BENDER</u>	<u>✓</u>	_____	_____	_____
<u>CRAWFORD</u>	<u>✓</u>	_____	_____	_____
<u>DIDIER</u>	<u>✓</u>	_____	_____	_____
<u>HARPER</u>	<u>✓</u>	_____	_____	_____
<u>HINES</u>	<u>✓</u>	_____	_____	_____
<u>JEHL</u>	<u>✓</u>	_____	_____	_____
<u>PADDOCK</u>	<u>✓</u>	_____	_____	_____
<u>SHOAFF</u>	<u>✓</u>	_____	_____	_____
<u>SMITH</u>	<u>✓</u>	_____	_____	_____

DATED: 12-11-12

Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as ~~(ANNEXATION)~~ ~~(APPROPRIATION)~~ ~~(GENERAL)~~ (SPECIAL) ~~(ZONING)~~ ORDINANCE ~~(RESOLUTION)~~ NO. _____ on the 11th day of December, 2012

ATTEST:
Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

SEAL
[Signature]
PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 12th day of December, 2012, at the hour of one o'clock PM., E.S.T.

Sandra E. Kennedy
SANDRA E. KENNEDY, CITY CLERK

Approved and signed by me this 12th day of December, 2012, at the hour of 2:00 o'clock _____ M., E.S.T.

Thomas C. Henry
THOMAS C. HENRY, MAYOR

BILL NO. S-12-11-20

REPORT OF THE COMMITTEE ON FINANCE

NOVEMBER 27, 2012

JOHN SHOAFF – CHAIR
MITCH HARPER – CO-CHAIR
ALL COUNCIL MEMBERS

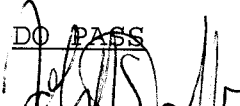
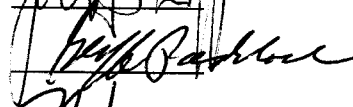
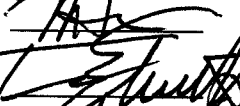
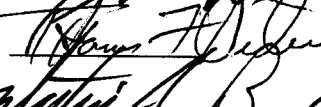
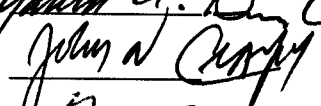
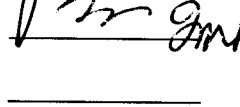
WE, YOUR COMMITTEE ON FINANCE TO WHOM WAS REFERRED A SPECIAL ORDINANCE NO. S-12-11-20, APPROVING THE AWARDDING OF RFP #3539 - SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM DISABILITY INSURANCE BY THE CITY OF FORT WAYNE, INDIANA, BY AND THROUGH ITS DEPARTMENT OF PURCHASING AND AUTOMATED GROUP ADMINISTRATION AND SYMETRA LIFE INSURANCE COMPANY. COMMITTEE OF FINANCE HAVE HAD SAID ORDINANCE UNDER CONSIDERATION AND BEG LEAVE TO REPORT BACK TO THE COMMON COUNCIL THAT SAID ORDINANCE

DO PASS

DO NOT PASS

ABSTAIN

NO REC

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A/C/S

SANDRA E. KENNEDY
CITY CLERK