

3  
1 BILL NO. S-14-12-03

2 SPECIAL ORDINANCE NO. S-139-14

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

9 NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL  
10 OF THE CITY OF FORT WAYNE, INDIANA;

11 SECTION 1. That RFP #3539- RENEWAL OF SELF FUNDED  
12 HEALTH & DENTAL PLANS (ADMINISTRATION & REINSURANCE  
13 COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM &  
14 SHORT TERM DISABILITY INSURANCE between the City of Fort Wayne, by  
15 and through its Department of Purchasing and SYMETRA LIFE INSURANCE  
16 COMPANY for the CITY OF FORT WAYNE BENEFITS DEPARTMENT,  
17 respectfully for:  
18

19 SELF-FUNDED HEALTH & DENTAL: AUTOMATED GROUP ADMINISTRATION  
20 Total annual fees are based on per person/per month  
21 enrollment.  
22 Total annual not to exceed \$1,900,000

23 GROUP LIFE/AD&D/LTD/STD: SYMETRA LIFE INSURANCE COMPANY  
24 Total annual fees are based on per person/per month  
25 enrollment.  
26 Total annual not to exceed \$975,000  
27 (Includes \$290,000 of Supplemental Life Insurance  
28 (EMPLOYEE PAID)

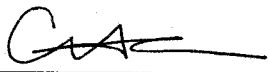
29 involving a total cost of: ONE MILLION NINE HUNDRED THOUSAND AND  
30

1 00/100 DOLLARS - (\$1,900,000) - AUTOMATED GROUP  
2 ADMINISTRATION: NINE HUNDRED SEVENTY-FIVE THOUSAND AND  
3 00/100 DOLLARS - (\$975,000) - SYMETRA LIFE INSURANCE COMPANY  
4 all as more particularly set forth in said RFP #3539- RENEWAL OF SELF  
5 FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION &  
6 REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND  
7 LONG TERM & SHORT TERM DISABILITY INSURANCE which is on file in  
8 the Office of the Department of Purchasing, and is by reference incorporated  
9 herein, made a part hereof, and is hereby in all things ratified, confirmed and  
10 approved.  
11  
12

13 **SECTION 2.** That this Ordinance shall be in full force and effect  
14 from and after its passage and any and all necessary approval by the Mayor.  
15  
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17   
18 \_\_\_\_\_  
19 Council Member  
20

21 APPROVED AS TO FORM AND LEGALITY  
22

23   
24 \_\_\_\_\_  
25 Carol Helton, City Attorney  
26  
27



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

**TO:** CITY COUNCIL MEMBERS

**FROM:** LAURA TOWNSEND – HR & BENEFITS MANAGER

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

**DATE:** DECEMBER 1, 2014

The Benefits Department requests approval for the following contracts effective January 1, 2015:

**Self-Funded Health & Dental:** **Automated Group Administration**  
Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$1,900,000

**Group Life/AD&D/LTD/STD:** **Symetra Life Insurance Company**  
Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$975,000  
(Includes \$290,000 of Supplemental Life Insurance (EMPLOYEE PAID))

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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**CITY OF FORT WAYNE  
SELF FUNDED HEALTH PLAN  
AUTOMATED GROUP ADMINISTRATION  
2015 RENEWAL  
SPECIFIC DEDUCTIBLE OF \$325,000**

Renewal Effective Date: January 1, 2015

**(3 PLAN OPTIONS \$600/\$1200/\$3400 Ded.)**

<b>Service</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Contract Type (Specific & Aggregate)	18/12	18/12	18/12	18/12	18/12 Unlimited Annual	18/12 Unlimited Annual
Specific Deductible	\$ 275,000	\$ 275,000	\$ 275,000	\$ 275,000	\$ 300,000	\$ 325,000
Aggregating Specific	\$ 137,500	\$ 137,500	\$ 137,500	\$ 137,500	\$ 150,000	\$ 150,000
Medical Administration	\$ 12.95	\$ 13.75	\$ 14.50	\$ 14.50	\$ 14.95	\$ 15.50
Dental Administration	\$ 2.00	\$ 2.25	\$ 2.35	\$ 2.35	\$ 2.50	\$ 2.65
Utilization Review & Mgmt	\$ 2.95	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25
OP Therapy Review	\$ 0.60	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70
OP Surgery Review	\$ 0.75	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80
MCC Disease Mgmt Pkg			\$ 3.25	\$ 3.25	\$ 3.75	\$ 4.25
Network Access Fee PPO (Includes Preferred Heart & Cardiac Pathways)	\$ 5.75	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.50	\$ 6.50
Specific Premium	\$ 35.90	\$ 38.77	\$ 44.59	\$ 40.13	\$ 43.25	\$ 43.85
Aggregate Premium	\$ 2.18	\$ 2.29	\$ 2.45	\$ 2.21	\$ 2.35	\$ 2.54
Medical Aggregate Factor	\$ 1,081.19	\$ 1,208.51	\$ 1,392.45	\$ 1,392.45	\$ 1,426.81	\$ 1,455.35
Dental Aggregate Factor	\$ 50.63	\$ 53.39	\$ 58.89	\$ 58.89	\$ 59.48	\$ 62.31
Broker Fee (Monthly)	-	-	-	NET	NET	NET
Total Maximum EE/MO	\$ 1,194.90	\$ 1,329.71	\$ 1,529.23	\$ 1,524.53	\$ 1,564.34	\$ 1,597.70
% of increase on Max. \$	#VALUE!	11.28%	15.00%	-0.30%	2.61%	2.13%

SYMETRA LIFE INSURANCE COMPANY  
 777 108th Avenue NE, Suite 1200  
 Bellevue, Washington 98004-5135

PREMIUM RATE NOTICE

Policy Number: 01 016266 00

Policyholder: City of Fort Wayne

Effective Date of Premium Rates: October 1, 2014

<u>Coverage</u>	<u>Monthly Rate</u>
Basic Life Insurance	\$0.186 per \$1,000
Basic Accidental Death and Dismemberment Insurance	\$0.02 per \$1,000
Supplemental Life Insurance	*Step-rated
Supplemental Accidental Death & Dismemberment Insurance	\$0.03 per \$1,000
Supplemental Dependent Life Insurance - Spouse	*Step-rated
Supplemental Dependent Life Insurance - Child	\$0.07 per \$1,000
Supplemental Dependent Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000
Long-Term Disability Insurance	0.31 % of covered payroll
Short-Term Disability Insurance	\$0.38 per \$10 of weekly benefit

\* Supplemental Life and Supplemental Dependent Life Insurance - Spouse monthly step-rates as follows:  
 (Premiums for Spouse Life Insurance are calculated based on the spouse's age.)

<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>
Under 25	\$0.07	50-54	\$0.50
25-29	0.07	55-59	0.82
30-34	0.07	60-64	1.09
35-39	0.11	65-69	1.70
40-44	0.17	70-74	3.00
45-49	0.28	75+	4.94

Premium rate adjustments due to change in age are effective on the policy anniversary following the date of change.

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

	BROKER 25%		TPA 20%		TPA SERVICES 20%		COST 35%		TOTAL POINTS
	QUALIFICATIONS		QUALIFICATIONS		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		
<b>WELLS FARGO</b>									
AGA	5.00	1.25	5.00	1.00	4.90	0.96	4.50	0.58	4.805
ProClaim	5.00	1.25	4.75	0.95	4.60	0.92	3.63	0.27	4.391
PHP	5.00	1.25	4.75	0.95	4.60	0.92	3.88	1.35	4.478
Anthem	5.00	1.25	4.50	0.90	4.40	0.88	2.88	0.01	4.038
Aetna	5.00	1.25	4.50	0.90	4.60	0.92	2.63	0.92	3.991
Mentain	5.00	1.25	4.50	0.90	4.20	0.84	3.50	1.23	4.215
<b>HYLAINT GROUP</b>									
AGA	4.60	1.15	5.00	1.00	4.90	0.96	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	1.35	4.378
Anthem	4.60	1.15	4.50	0.90	4.40	0.88	2.88	1.07	3.938
NAA	4.60	1.15	4.25	0.85	4.60	0.92	3.88	0.56	4.278
UMR	4.60	1.15	4.25	0.85	4.00	0.80	2.88	1.01	3.808
<b>1ST SOURCE</b>									
PHP	4.60	1.15	4.75	0.95	4.60	0.92	3.88	1.39	4.378
Anthem	4.60	1.15	4.50	0.90	4.40	0.88	2.88	1.07	3.938
UMR	4.60	1.15	4.25	0.85	4.00	0.80	2.88	1.01	3.808
<b>DELAYES GROUP</b>									
Employee Plans	4.60	1.15	5.00	1.00	4.80	0.96	3.88	1.39	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%		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		Sum of Percentages Must Equal 100%
<b>WELLS FARGO</b>								
Symetra	5.00	1.25	4.00	4.50	5.00	2.75	5.300	5.300
AULOne America	5.00	1.25	5.00	4.50	3.50	1.93	4.575	4.575
UNUM	5.00	1.25	4.00	4.00	4.00	2.70	4.750	4.750
SunLife Financial	5.00	1.25	5.00	4.50	5.00	2.75	5.300	5.300
Met Life	5.00	1.25	5.00	4.50	4.50	2.48	5.125	5.125
Anthem	5.00	1.25	4.67	4.50	4.00	2.70	4.817	4.817
Lincoln National	5.00	1.25	4.67	4.50	5.00	2.75	5.367	5.367
Aetna	5.00	1.25	4.33	4.50	5.00	2.75	5.333	5.333
Guardian	5.00	1.25	5.00	3.50	4.00	2.20	4.650	4.650
Mutual of Omaha	5.00	1.25	4.67	4.50	4.50	2.48	5.092	5.092
Standard	5.00	1.25	4.33	4.50	4.00	2.20	4.783	4.783
Cigna	5.00	1.25	4.00	4.50	5.00	2.75	5.300	5.300
<b>HYLIANT GROUP</b>								
SunLife Financial	4.60	1.15	5.00	4.00	5.00	2.75	5.200	5.200
Mutual of Omaha	4.60	1.15	4.67	4.50	4.50	2.48	4.992	4.992
Lincoln National	4.60	1.15	4.67	4.50	5.00	2.75	5.267	5.267
Cigna	4.60	1.15	4.00	4.50	5.00	2.75	5.200	5.200
Met Life	4.60	1.15	5.00	4.50	4.50	2.48	5.025	5.025
Anthem	4.60	1.15	4.67	4.50	4.00	2.20	4.717	4.717
<b>WELLS FARGO</b>								
Lincoln	4.60	1.15	4.67	4.50	5.00	2.75	5.267	5.267
MetLife	4.60	1.15	5.00	4.50	4.50	2.48	5.025	5.025
Anthem	4.60	1.15	4.67	4.50	4.00	2.20	4.717	4.717
<b>DEJAYES GROUP</b>								
Employee Plans	4.60	1.15	5.00	4.80	3.88	1.35	4.475	4.475
BAS	4.60	1.15	5.00	4.20	3.38	1.18	4.683	4.683

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.

# COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

## RFPs , BIDS, OTHER PROJECTS

Bid/RFP#/Name of Project	Renewal of RFP # 3539
Awarded To	Automated Group Administration/Symetra Life Insurance
Amount	Not to exceed \$2,875,000 (includes \$290,000 of employee paid life ins)
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

## EXTENSIONS

Date Last Bid Out	1/1/13 effective date
# Extensions Granted To Date	1

## SPECIAL PROCUREMENT

Contract #/ID (State, Federal, Piggyback--Authority)	
Sole Source/ Compatibility Justification	

## BID CRITERIA *(Take Buy Indiana requirements into consideration.)*

Most Responsible, Responsive Lowest	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain below</i>
If not lowest, explain	

# COUNCIL DIGEST SHEET

## COST COMPARISON

<i>Increase/decrease amount from prior years For annual purchase (if available).</i>	
--	--

## DESCRIPTION OF PROJECT / NEED

<i>Identify need for project &amp; describe project; attach supporting documents as necessary.</i>	Third year of a three year agreement. <hr/> <hr/> <hr/> <hr/>
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## REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	<hr/> <hr/> <hr/> <hr/>
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## FUNDING SOURCE

<i>Account Information.</i>	403 BENF1 5143 <hr/> <hr/> <hr/> <hr/>
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REF. NO.: 3539  
DEPT: Benefits  
DATE: 12/30/13  
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: 12/30/13  
DATE SENT TO LAW DEPT: 12/1/14  
INTRODUCTION DATE: 12/9/14  
DISCUSSION DATE: 12/16/14  
PASSAGE DATE: 12/23/14

Public Hearing Date, if applicable \_\_\_\_\_

Read the first time in full and on motion by Councilman John Crawford  
Read the second time by title and referred to the Finance Committee  
Committee. Read the third time in full and on motion by Councilman  
John Crawford, placed on passage by the following vote:

	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
<u>TOTAL VOTES</u>	<u>8</u>	_____	_____	<u>1</u>
BENDER	<u>✓</u>	_____	_____	_____
CRAWFORD	<u>✓</u>	_____	_____	_____
DIDIER	<u>✓</u>	_____	_____	_____
HARPER	<u>✓</u>	_____	_____	_____
HINES	_____	_____	_____	<u>✓</u>
JEHL	<u>✓</u>	_____	_____	_____
PADDOCK	<u>✓</u>	_____	_____	_____
SHOAFF	<u>✓</u>	_____	_____	_____
SMITH	<u>✓</u>	_____	_____	_____

DATED: 12-16-14 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. S-139-14 on the 16<sup>th</sup> day of  
December, 2014

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

Marshall A. Bender  
PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 17<sup>th</sup> day  
of December, 2014, at the hour of 10:00 o'clock AM. E.S.T.

Sandra E. Kennedy  
SANDRA E. KENNEDY, CITY CLERK

Approved and signed by me this 19<sup>th</sup> day of December  
2014, at the hour of 9:00 o'clock AM. E.S.T.

Thomas C. Henry  
THOMAS C. HENRY, MAYOR

BILL NO. S-14-12-03

# REPORT OF COMMITTEE ON FINANCE

## DECEMBER 16, 2014

*JOHN CRAWFORD – CHAIR  
RUSS JEHL – CO-CHAIR  
ALL COUNCIL MEMBERS*

**AN ORDINANCE** approving the awarding of RFP #3539 – Renewal of Self-Funded Health & Dental Plans (Administration & Reinsurance Coverage) and Group Life/AD&D Insurance and Long Term & Short 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 for the Benefits. **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**

*[Handwritten signatures under DO PASS]*

*[Handwritten signatures under DO PASS]*

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**SANDRA E. KENNEDY  
CITY CLERK**