

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

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

16 **SECTION 1.** That RENEWAL OF SELF-FUNDED HEALTH &
17 DENTAL PLANS (ADMINISTRATION AND REINSURANCE FEES) AND
18 GROUP LIFE/LONG AND SHORT TERM DISABILITY INSURANCE PLANS
19 between the City of Fort Wayne, by and through its Department of Purchasing
20 and AUTOMATED GROUP ADMINISTRATION/SYMETRA LIFE INSURANCE
21 for the HUMAN RESOURCES AND BENEFITS, respectfully for:

22 **Self –Funded Health & Dental:** **Automated Group Administration**
23 Total annual fees are based on
24 per person/per month enrollment.
25 Total annual not to exceed \$1,990,500

26 **Group Life/AD&D/LTD/STD:** **Symetra Life Insurance Company**
27 Total annual fees are based on per
28 person/per month enrollment.
29 Total annual not to exceed \$1,125,000
30 (Includes \$325,000 of Supplemental Life
Insurance (EMPLOYEE PAID))

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involving a total cost of not to exceed THREE MILLION, ONE HUNDRED FIFTEEN THOUSAND FIVE HUNDRED AND 00/100 DOLLARS - (\$3,115,500.00) - (INCLUDES \$325,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE FEES) AND GROUP LIFE/LONG AND SHORT TERM DISABILITY INSURANCE PLANS which are on file in the Office of the Department of Purchasing, and are 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

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 Self-Funded Health & Dental Plans (Administration and Reinsurance Fees) AND Group Life/Long and Short Term Disability Insurance Plans
Awarded To	Automated Group Administration/Symetra Life Insurance
Amount	Not to exceed \$3,115,500 (includes \$325,000 of employee paid life ins)
Conflict of interest on file?	<input checked="" 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	
# Extensions Granted To Date	

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 checked="" 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>	
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DESCRIPTION OF PROJECT / NEED

<i>Identify need for project & describe project; attach supporting documents as necessary.</i>	Quotes were obtained through our insurance broker and reviewed/selected based on competitive rates/service

REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	

FUNDING SOURCE

<i>Account Information.</i>	403 BENFI 5143



CITY OF FORT WAYNE

THOMAS G. HENRY, MAYOR

TO: CITY COUNCIL MEMBERS

FROM: LAURA TOWNSEND – HR & BENEFITS MANAGER

RE: 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, 2015

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 \$1,990,500

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 \$1,125,000
(Includes \$325,000 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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CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer

City of Fort Wayne
January 1, 2016 Self Funded Cost Comparison



Plan Administrator Managing Underwriter Reinsurance Carrier Networks	Current - 2015 AGA MDS Transamerica Premier Life Signature Care, Lutheran Preferred & Evolutions	Renewal - 2016 AGA MDS Transamerica Premier Life Signature Care, Lutheran Preferred & Evolutions
Reinsurance Contract Terms		
Specific Deductible	\$325,000	\$325,000
Aggregating Specific Deductible	\$150,000	\$150,000
Specific Contract	18/12	18/12
Aggregate Contract	18/12	18/12
Specific Contract Coverage	Medical	Medical
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental
Enrollment	<u>Medical</u> <u>Dental</u>	<u>Medical</u> <u>Dental</u>
TOTAL	1972 1972	1972 1972
Administration Fees		
Medical	15.50	15.95
Dental	2.65	2.75
PPO Access	6.50	6.50
Utilization Review/Mgmt	3.25	3.25
OP Therapy Review	0.70	0.70
OP Surgery Review	0.80	0.80
MCC Disease Mgmt Pkg	4.25	4.25
Broker Fee	1.80	1.80
Total Monthly Admin per Employee	35.45	36.00
Monthly Administration Costs	\$69,907.40	\$70,992.00
Annual Administration Costs	\$838,888.80	\$851,904.00
Reinsurance Premiums		
Specific Premium	43.85	46.98
Aggregate Premium	2.54	2.59
Monthly Reinsurance Premium	\$91,481.08	\$97,752.04
Annual Reinsurance Premium	\$1,097,772.96	\$1,173,024.48
Aggregate Claim Factors		
Medical Aggregate Factor	1,455.35	1,455.35
Dental Aggregate Factor	62.31	62.31
Monthly Aggregate Factors	\$2,992,825.52	\$2,992,825.52
Annual Aggregate Factors	\$35,913,906.24	\$35,913,906.24
Total Minimum Plan Costs	\$1,936,661.76	\$2,024,928.48
Total Maximum Plan Costs	\$37,850,568.00	\$37,938,834.72

Percent of Increase/Change

0.23%

Notes/Contingencies

Current Benefits
Grandfathered Status
E. Garman - additional \$45,000 monthly kidney dialysis laser

Current Benefits
Grandfathered Status
Completion of Disclosure Statement. Based on the results
some individuals may be subject to different specific deductibles



City of Fort Wayne

January 1, 2016 Companies Requested to Quote

Reinsurance Carriers

Status

Transamerica Premier Life

Presented

Symetra

Decline – uncompetitive (manual rate would not support risk) due to high claims experience

Sun Life Financial

Waiting on formal response – have advised that they are approximately 37% higher on specific rates



Symetra Life Insurance Company
 P.O. Box 34690
 Seattle, WA 98124-1690

Phone: (800) 426-7784
 Fax: (866) 348-0058
 TTY/TTY (800) 833-6388 (Deaf/HH only)

cc: WDCK dba The DeHayes Group
 11-26-9822-03

Laura Townsend
 City of Fort Wayne
 200 E. Berry, Suite 370
 Fort Wayne, IN 46802

Re: Policy 01-016266-00
 January 1, 2016, Renewal

Dear Policyholder:

This letter contains the results of our annual review of your group insurance coverages. We have evaluated your rates using current census data. A brief summary of your plan's experience is provided below for the period of January 1, 2013, through July 31, 2015:

<u>Current Coverage</u>	<u>Premium</u>	<u>Claims</u>
Basic Employee Life Insurance	\$485,092	\$740,775
Basic Employee Accidental Death and Dismemberment Insurance	\$64,459	\$15,025
Supplemental Employee Life Insurance	\$576,042	\$100,219
Supplemental Spouse Life Insurance	\$102,438	\$55,000
Supplemental Child Life Insurance	\$5,209	\$0
Supplemental Employee Accidental Death and Dismemberment Insurance	\$34,368	\$0
Supplemental Spouse Accidental Death and Dismemberment Insurance	\$5,784	\$0
Supplemental Child Accidental Death and Dismemberment Insurance	\$1,286	\$0
Long-Term Disability Insurance	\$384,816	Paid Claims: \$105,427 Reserves: \$141,323
Short-Term Disability Insurance	\$417,359	\$318,198

Effective January 1, 2016 your renewal rates are as follows:

<u>Current Coverage</u>	<u>Current Monthly Rates</u>	<u>Renewal Monthly Rates</u>
Basic Employee Life Insurance	\$0.186 per \$1,000	\$0.250 per \$1,000
Basic Employee Accidental Death and Dismemberment Insurance	\$0.02 per \$1,000	\$0.02 per \$1,000
Supplemental Employee Life Insurance	*Step-Rated	*Step-Rated
Supplemental Spouse Life Insurance	*Step-Rated	*Step-Rated
Supplemental Child Life Insurance	\$0.07 per \$1,000	\$0.07 per \$1,000
Supplemental Employee Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000	\$0.03 per \$1,000
Supplemental Spouse Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000	\$0.03 per \$1,000
Supplemental Child Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000	\$0.03 per \$1,000
Long-Term Disability Insurance	\$0.31 % covered payroll	\$0.31 % covered payroll
Short-Term Disability Insurance	\$0.38 per \$10	\$0.41 per \$10

The renewal rates are guaranteed for 2 years.

If you have any questions regarding this renewal information, please contact me or WDCK dba The DeHayes Group. We appreciate the opportunity to provide this insurance coverage and look forward to many more years of continued service to you.

Sincerely,

Katrina Bond
Regional Account Manager
(317) 308-8284
Symetra Financial

date



Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690

Phone: (800) 426-7784
Fax: (866) 348-0058
TT/TTY (800) 833-6388 (Deaf/HH only)

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: January 1, 2016

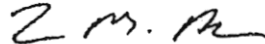
<u>Coverage</u>	<u>Monthly Rate</u>
Basic Employee Life Insurance	\$0.250 per \$1,000
Basic Employee Accidental Death and Dismemberment Insurance	\$0.02 per \$1,000
Supplemental Employee Life Insurance	*Step-Rated
Supplemental Spouse Life Insurance	*Step-Rated
Supplemental Child Life Insurance	\$0.07 per \$1,000
Supplemental Employee Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000
Supplemental Spouse Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000
Supplemental Child Accidental Death and Dismemberment Insurance	\$0.03 per \$1,000
Long-Term Disability Insurance	\$0.310 per \$100
Short-Term Disability Insurance	\$0.410 per \$10

*Supplemental Employee and Spouse step-rates are as follows:

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

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

SYMETRA LIFE INSURANCE COMPANY



BY: Thomas M. Marra, President

Registrar: David Spak

Date: October 19, 2015

- Instructions: (1) Use these rates beginning on the effective date shown above.
(2) Retain this Premium Rate Notice with your policy.



City of Fort Wayne
January 1, 2016 Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Current - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	OneAmerica Life/AD&D	MetLife Life/AD&D	Dearborn National Life/AD&D
Benefit Amount					
Life Amount	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits
AD&D Amount	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits
Guarantee Issue Amount	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit
Waiver of Premium (Active Employee's)	Included	Included	Included	Included	Included
Accelerated Benefit (Active Employee's)	Included	Included	Included	Included	Included
Reduction Schedule	None	None	None	None	None
Conversion/Portability (Life)	Included	Included	Included	Included	Included
Participation Requirements	100%	100%	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Rates					
Life Volume (monthly)	\$103,577,000	\$103,577,000	\$103,577,000	\$103,577,000	\$103,577,000
AD&D Volume (monthly)	\$133,986,000	\$133,986,000	\$133,986,000	\$133,986,000	\$133,986,000
Life Rate (per \$1,000)	\$0.186	\$0.25	\$0.26	\$0.256	\$0.312
AD&D Rate (per \$1,000)	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02
Monthly Premium	\$21,945.04	\$28,573.97	\$29,609.74	\$29,195.43	\$34,995.74
Annual Premium	\$263,340.50	\$342,887.64	\$355,316.88	\$350,345.18	\$419,948.93
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	3 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Short Term Disability Rate Comparison



Insurance Carrier Plan Name	Current - Symetra STD	Renewal - Symetra STD	OneAmerica STD	MetLife STD	Companion Life STD
Benefit Detail					
Benefit Amount	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income
Maximum Weekly Benefit	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Maximum Benefit Duration	12 weeks	12 weeks	12 weeks	12 weeks	12 weeks
Benefits Begin On					
Accident	8th Day	8th Day	8th Day	8th Day	8th Day
Illness	8th Day	8th Day	8th Day	8th Day	8th Day
Participation Requirement	100%	100%	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Rates					
Volume (monthly)	\$580,007	\$580,007	\$580,007	\$580,007	\$580,007
Rate (per \$10)	\$0.38	\$0.41	\$0.42	\$0.38	\$0.41
Monthly Premium	\$22,040.27	\$23,780.29	\$24,360.29	\$22,040.27	\$23,780.29
Annual Premium	\$264,483.19	\$285,363.44	\$292,323.53	\$264,483.19	\$285,363.44
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	2 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Short Term Disability Rate Comparison



Insurance Carrier Plan Name	Dearborn National STD				
Benefit Detail					
Benefit Amount	60% of weekly income				
Maximum Weekly Benefit	\$1,300				
Maximum Benefit Duration	12 weeks				
Benefits Begin On					
Accident	5th Day				
Illness	5th Day				
Participation Requirement	100%				
Employer Contribution	Non-contributory				
Rates					
Volume (monthly)	\$580,007				
Rate (per \$10)	\$0.449				
Monthly Premium	\$26,042.31				
Annual Premium	\$312,507.77				
Rate Guarantee	2 Years				

City of Fort Wayne
January 1, 2016 Long Term Disability Rate Comparison



Insurance Carrier Plan Name	Current - Symetra LTD	Renewal - Symetra LTD	OneAmerica LTD	MetLife LTD	Dearborn National LTD
Benefit Detail					
Benefit Percentage	60%	60%	60%	60%	60%
Monthly Benefit Maximum	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Elimination Period	90 Days	90 Days	90 Days	90 Days	90 Days
Guarantee Issue Amount	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit
Benefit Duration	65/SSNRA/ADEA	65/SSNRA/ADEA	65/SSFRA	65/SSNRA/RBD	65/SSNRA
Disability Definition	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ
Social Security Integration	Family	Family	Family	Family	Family
Mental/Nervous & Substance Abuse	24 Months	24 Months	24 Months	24 Months	24 Months
Special Limitation	24 Months	24 Months	24 Months	24 Months	n/a
Pre-existing Limitation	3/3/12	3/3/12	3/3/12	3/3/12	3/3/12
Participation Requirement	100%	100%	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Rates					
Covered Payroll (monthly)	\$4,188,941	\$4,188,941	\$4,188,941	\$4,188,941	\$4,188,941
Rate (per \$100)	\$0.31	\$0.31	\$0.41	\$0.51	\$0.37
Monthly Premium	\$12,985.72	\$12,985.72	\$17,174.66	\$12,985.72	\$15,499.08
Annual Premium	\$155,828.61	\$155,828.61	\$206,095.90	\$155,828.61	\$185,988.98
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	2 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Voluntary Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Current - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	OneAmerica Voluntary Life/AD&D	MetLife Voluntary Life/AD&D	Companion Life Voluntary Life/AD&D
Employee Benefit					
Minimum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
In Increments of	\$10,000	\$10,000	\$1,000	\$10,000	\$5,000
Maximum Amount	\$500,000	\$500,000	\$500,000, not to exceed 5 x salary	\$500,000	\$500,000, not to exceed 7 x salary
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit
Spouse Benefit					
Minimum Amount	\$5,000	\$5,000	\$10,000	\$5,000	\$5,000
In Increments of	\$5,000	\$5,000	\$500	\$5,000	\$5,000
Maximum Amount	\$250,000, not to exceed 50% EE amt	\$250,000, not to exceed 50% EE amt	\$250,000, not to exceed 100% EE amt	\$100,000, not to exceed 50% EE amt	\$150,000, not to exceed 50% EE amt
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit
Child(ren) Benefit					
Minimum Amount	\$2,000	\$2,000	\$1,000 - live birth to 19, 25 FT student	\$2,000	\$2,500
In Increments of	\$2,000	\$2,000	\$2,500	\$2,000	\$2,500
Maximum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	n/a
Guarantee Issue Amount					
Employee	\$200,000	\$200,000	\$200,000	\$200,000	\$200,00 (if 125 enrolled) otherwise \$100,000
Spouse	\$30,000	\$30,000	\$30,000	\$25,000	\$30,000
Child(ren)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Reduction Schedule	None	None	None	None	to 65% @ age 65, 50% @ age 70, 35% @ age 75; 20% @ age 80
Conversion/Portability (Life)	Included	Included	Included	Included	Included
Participation Requirement	25% eligible employees	25% eligible employees	25% eligible employees	35% eligible employees	25% eligible employees
Life Rates (per \$1,000)	Employee Spouse	Employee Spouse	Employee Spouse	Employee Spouse	Employee Spouse
Age Bracket <24	\$0.070 \$0.070	\$0.070 \$0.070	\$0.070 \$0.070	\$0.060 \$0.060	\$0.090 \$0.090
25-29	\$0.070 \$0.070	\$0.070 \$0.070	\$0.070 \$0.070	\$0.060 \$0.060	\$0.090 \$0.090
30-34	\$0.070 \$0.070	\$0.070 \$0.070	\$0.070 \$0.070	\$0.080 \$0.080	\$0.100 \$0.100
35-39	\$0.110 \$0.110	\$0.110 \$0.110	\$0.110 \$0.110	\$0.105 \$0.105	\$0.120 \$0.120
40-44	\$0.170 \$0.170	\$0.170 \$0.170	\$0.170 \$0.170	\$0.122 \$0.122	\$0.170 \$0.170
45-49	\$0.280 \$0.280	\$0.280 \$0.280	\$0.280 \$0.280	\$0.202 \$0.202	\$0.290 \$0.290
50-54	\$0.500 \$0.500	\$0.500 \$0.500	\$0.500 \$0.500	\$0.362 \$0.362	\$0.530 \$0.530
55-59	\$0.820 \$0.820	\$0.820 \$0.820	\$0.820 \$0.820	\$0.595 \$0.595	\$0.790 \$0.790
60-64	\$1.090 \$1.090	\$1.090 \$1.090	\$1.090 \$1.090	\$0.790 \$0.790	\$1.520 \$1.520
65-69	\$1.700 \$1.700	\$1.700 \$1.700	\$1.700 \$1.700	\$1.275 \$1.275	\$2.390 \$2.390
70-74	\$3.000 \$3.000	\$3.000 \$3.000	\$3.000 \$3.000	\$2.175 \$2.175	\$4.410 \$4.410
75+	\$4.940 \$4.940	\$4.940 \$4.940	\$4.940 \$4.940	\$3.582 \$3.582	\$4.410 \$4.410
Child(ren) Rates (per \$1,000)	\$0.07	\$0.07	\$0.07	\$0.053	\$0.25
AD&D Rates (per \$1,000)					
Employee	\$0.03	\$0.03	\$0.03	\$0.022	\$0.03
Spouse	\$0.03	\$0.03	\$0.03	\$0.019	\$0.03
Child(ren)	\$0.03	\$0.03	\$0.03	\$0.019	n/a
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	3 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
 January 1, 2016 Voluntary Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Dearborn National Voluntary Life/AD&D					
Employee Benefit						
Minimum Amount	\$10,000					
In Increments of	\$10,000					
Maximum Amount	\$500,000					
AD&D	Matches In-Force Life Benefit					
Spouse Benefit						
Minimum Amount	\$5,000					
In Increments of	\$5,000					
Maximum Amount	\$250,000, not to exceed 50% EE amt					
AD&D	Matches In-Force Life Benefit					
Child(ren) Benefit						
Minimum Amount	\$2,000					
In Increments of	\$2,000					
Maximum Amount	\$10,000					
AD&D	Matches In-Force Life Benefit					
Guarantee Issue Amount						
Employee	\$200,000					
Spouse	\$50,000					
Child(ren)	\$10,000					
Reduction Schedule	None					
Conversion/Portability (Life)	Included					
Participation Requirement	35% eligible employees					
Life Rates (per \$1,000)	Employee	Spouse				
Age Bracket						
<4	\$0.070	\$0.070				
25-29	\$0.070	\$0.070				
30-34	\$0.070	\$0.070				
35-39	\$0.110	\$0.110				
40-44	\$0.170	\$0.170				
45-49	\$0.280	\$0.280				
50-54	\$0.500	\$0.500				
55-59	\$0.820	\$0.820				
60-64	\$1.090	\$1.090				
65-69	\$1.700	\$1.700				
70-74	\$3.000	\$3.000				
75+	\$4.940	\$4.940				
Child(ren) Rates (per \$1,000)	\$0.07					
AD&D Rates (per \$1,000)						
Employee	\$0.03					
Spouse	\$0.03					
Child(ren)	\$0.03					
Rate Guarantee	2 Years					

Public Hearing Date, if applicable _____

Read the first time in full and on motion by Councilman Russ Jehl
Read the second time by title and referred to the Finance
Committee. Read the third time in full and on motion by Councilman
Russ Jehl, 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>	_____	_____	_____
SHOAF	<u>✓</u>	_____	_____	_____
SMITH	<u>✓</u>	_____	_____	_____

DATED: 12-22-15 Michelle D. Chambers
MICHELLE D. CHAMBERS, 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-109-15 on the 22nd day of
December, 2015

Michelle D. Chambers ATTEST: John N. Crawford
MICHELLE D. CHAMBERS, PRESIDING OFFICER
CITY CLERK

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 23rd day
of December, 2015, at the hour of 1:00 o'clock Pm. E.S.T.

Michelle D. Chambers
MICHELLE D. CHAMBERS, CITY CLERK

Approved and signed by me this 28th day of December
2015, at the hour of 9:00 O'clock AM E.S.T.

Thomas C. Henry
THOMAS C. HENRY, MAYOR

BILL NO. S-15-12-05

REPORT OF COMMITTEE ON FINANCE

DECEMBER 15, 2015

RUSS JEHL - CHAIR
TOM DIDIER - CO-CHAIR
ALL COUNCIL MEMBERS

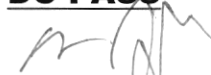
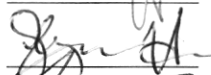


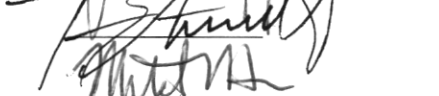
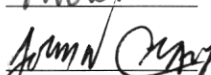
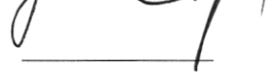
AN ORDINANCE approving the awarding of Renewal of Self-Funded Health & Dental Plans (Administration and Reinsurance Fees) and Group Life/Long and Short Term Disability Insurance Plans by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and Automated Group Administration / Symetra Life Insurance for Human Resources and 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

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
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_____	_____	_____	_____

MICHELLE D. CHAMBERS
CITY CLERK

