

AN ORDINANCE approving the awarding of RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM 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 the HUMAN RESOURCES AND BENEFITS DEPARTMENT.

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

SECTION 1. That RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM AND SHORT TERM DISABILITY INSURANCE PLANS between the City of Fort Wayne, by and through its Department of Purchasing and AUTOMATED GROUP ADMINISTRATION/SYMETRA LIFE INSURANCE for the HUMAN RESOURCES AND BENEFITS DEPARTMENT, respectfully for:

Self –Funded Health & Dental: **Automated Group Administration**
Total annual fees are based on
per person/per month enrollment.
Total annual not to exceed \$2,450,000

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 \$1,300,000
(Includes \$350,000 of Supplemental Life
Insurance (EMPLOYEE PAID))

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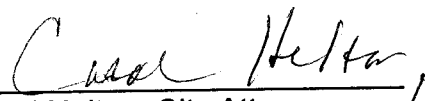
involving a total cost of not to exceed THREE MILLION, SEVEN HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS - (\$3,750,000.00) - (INCLUDES \$350,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM 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.

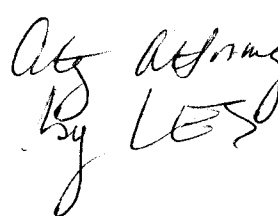
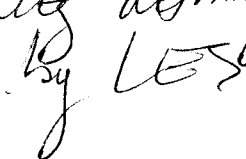


Council Member

APPROVED AS TO FORM AND LEGALITY



Carol Helton, City Attorney


By 

City of Fort Wayne
January 1, 2018 Self Funded Cost Comparison



	Current - 2017		Renewal - 2018	
Plan Administrator	AGA		AGA	
Managing Underwriter	MDS		MDS	
Reinsurance Carrier	Transamerica Premier Life		Companion Life	
Networks	Signature Care, Lutheran Preferred & Evolutions		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	1980	1998	1980	1998
Administration Fees				
Medical	16.50		16.50	
Dental	2.85		2.85	
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	
HealthiestYou	-		5.50	
Broker Fee	1.80		1.80	
Total Monthly Admin per Employee	36.65		42.15	
Subrogation Fee	Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included	
Monthly Administration Costs	\$72,567.00		\$83,508.30	
Annual Administration Costs	\$870,804.00		\$1,002,099.60	
Reinsurance Premiums				
Specific Premium	51.58		55.98	
Aggregate Premium	2.65		2.65	
Monthly Reinsurance Premium	\$107,423.10		\$116,087.40	
Annual Reinsurance Premium	\$1,289,077.20		\$1,393,048.80	
Aggregate Claim Factors				
Medical Aggregate Factor	1,570.65		1,593.49	
Dental Aggregate Factor	62.31		62.31	
Monthly Aggregate Factors	\$3,234,382.38		\$3,279,605.58	
Annual Aggregate Factors	\$38,812,588.56		\$39,355,266.96	
Total Minimum Plan Costs	\$2,159,881.20		\$2,395,148.40	
Total Maximum Plan Costs	\$40,972,469.76		\$41,750,415.36	

Percent of Increase/Change 1.90%

Notes/Contingencies

Current Benefits - \$1,200/\$3,400 Deductibles
Grandfathered Status

Current Benefits - \$1,200/\$3,400 Deductibles
Grandfathered Status
See Underwriter Comments and Assumptions.

City of Fort Wayne
January 1, 2018 Self Funded Cost Comparison



	Current - 2017		Alternate - 2018	
Plan Administrator	AGA		AGA	
Managing Underwriter	MDS		Symetra	
Reinsurance Carrier	Transamerica Premier Life		Symetra	
Networks	Signature Care, Lutheran Preferred & Evolutions		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	1980	1998	1980	1998
Administration Fees				
Medical	16.50		16.50	
Dental	2.85		2.85	
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	
Healthiest You	-		5.50	
Broker Fee	1.80		1.80	
Total Monthly Admin per Employee	36.65		42.15	
Subrogation Fee	Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included	
Monthly Administration Costs	\$72,567.00		\$83,508.30	
Annual Administration Costs	\$870,804.00		\$1,002,099.60	
Reinsurance Premiums				
Specific Premium	51.58		58.13	
Aggregate Premium	2.65		2.04	
Monthly Reinsurance Premium	\$107,423.10		\$119,136.60	
Annual Reinsurance Premium	\$1,289,077.20		\$1,429,639.20	
Aggregate Claim Factors				
Medical Aggregate Factor	1,570.65		1,717.53	
Dental Aggregate Factor	62.31		Included	
Monthly Aggregate Factors	\$3,234,382.38		\$3,400,709.40	
Annual Aggregate Factors	\$38,812,588.56		\$40,808,512.80	
Total Minimum Plan Costs	\$2,159,881.20		\$2,431,738.80	
Total Maximum Plan Costs	\$40,972,469.76		\$43,240,251.60	

Notes/Contingencies

Current Benefits - \$1,200/\$3,400 Deductibles
Grandfathered Status

Current Benefits - \$1,200/\$3,400 Deductibles
Grandfathered Status
Require completed disclosure statement & updated information
on claimant that had a back surgery on 10/31/17



City of Fort Wayne

January 1, 2018 Companies Requested to Quote

Carrier

Status

Companion Life

Presented

Symetra

Presented

HCC

Declined – uncompetitive

Sun Life

Declined – uncompetitive

Standard Life and Accident

Declined – uncompetitive, ongoing claimants

City of Fort Wayne
January 1, 2018 Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Renewal Option 1				Renewal Option 2			
	Current - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	OneAmerica Life/AD&D	MetLife 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 (New Employee)	Included	Included	Included	Included	Included			
Accelerated Benefit (Active Employee)	Included	Included	Included	Included	Included			
Reduction Schedule	None	None	None	None	None			
Conversion/Potentiality (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)	\$107,764,500	\$107,764,500	\$107,764,500	\$107,764,500	\$107,764,500			
AD&D Volume (monthly)	\$152,977,000	\$152,977,000	\$152,977,000	\$152,977,000	\$152,977,000			
Life Rate (per \$1,000)	\$0.25	\$0.25	\$0.25	\$0.37	\$0.25			
AD&D Rate (per \$1,000)	\$0.45	\$0.45	\$0.45	\$0.62	\$0.45			
Monthly Premium	\$50,986.57	\$50,986.57	\$50,986.57	\$50,986.57	\$50,986.57			
Annual Premium	\$611,838.84	\$611,838.84	\$611,838.84	\$611,838.84	\$611,838.84			
Rate Guarantee	Valid January 1, 2018	2 Years (Monthly 1/1/2018)	3 Years (January 1, 2021)	3 Years	3 Years			

City of Fort Wayne
 January 1, 2018 Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Standard Life/AD&D	Hartford Life/AD&D			
Benefit Amount					
Life Amount	Classed Benefits	Classed Benefits			
AD&D Amount	Classed Benefits	Classed Benefits			
Guarantee Issue Amount	Full Benefit	Full Benefit			
Waiver of Premium (<i>Inactive Employees</i>)	Included	Included			
Accelerated Benefit (<i>Inactive Employees</i>)	Included	Included			
Reduction Schedule	None	None			
Conversion/Portability (<i>Life</i>)	Included	Included			
Participation Requirements	100%	100%			
Employer Contribution	Non-contributory	Non-contributory			
Rates					
Life Volume (monthly)	\$187,764,360	\$187,764,500			
AD&D Volume (monthly)	\$1,529,777,080	\$1,529,777,000			
Life Rate (per \$1,000)	\$8.296	\$8.27			
AD&D Rate (per \$1,000)	\$8.02	\$8.02			
Monthly Premium	\$23,977.35	\$23,765.56			
Annual Premium	\$419,493.02	\$409,371.44			
Rate Guarantee	3 Years	3 Years			



City of Fort Wayne
January 1, 2018 Short Term Disability Rate Comparison

Insurance Carrier Plan Name	Renewal Option 1				Renewal Option 2			
	Current - Symetra STD	Renewal - Symetra STD	Renewal - Symetra STD	OneAmerica STD	MetLife STD			
Benefit Detail								
Benefit Amount	60% of weekly income \$1,300	60% of weekly income \$1,300	60% of weekly income \$1,300	60% of weekly income \$1,300	60% of weekly income \$1,300			
Maximum Weekly Benefit	12 weeks	12 weeks	12 weeks	12 weeks	12 weeks			
Maximum Benefit Duration	8th Day	8th Day	8th Day	8th Day	8th Day			
Benefits Begin On	8th Day	8th Day	8th Day	8th Day	8th Day			
Accident	100%	100%	100%	100%	100%			
Illness	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory			
Participation Requirement								
Employer Contribution								
Rates								
Volume (monthly)	\$604,535	\$604,535	\$604,535	\$604,535	\$604,535			
Rate (per \$10)	\$0.41	\$0.41	\$0.41	\$0.469	\$0.416			
Monthly Premium	\$24,785.34	\$24,785.34	\$24,785.34	\$28,333.09	\$25,188.66			
Annual Premium	\$297,424.08	\$297,424.08	\$297,424.08	\$340,000.08	\$302,263.92			
Rate Guarantee	1/1/2018	1/1/2018	1/1/2018	1/1/2018	1/1/2018			

City of Fort Wayne
 January 1, 2018 Short Term Disability Rate Comparison



Insurance Carrier Plan Name	Standard STD	Hartford STD	Liberty Mutual STD
Benefit Detail			
Benefit Amount	60% of weekly income	60% of weekly income	60% of weekly income
Maximum Weekly Benefit	\$1,300	\$1,300	\$1,300
Maximum Benefit Duration	83 Days	12 weeks	12 weeks
Benefits Begin On			
Accident	8th Day	8th Day	8th Day
Illness	8th Day	8th Day	8th Day
Participation Requirement	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory
Rates			
Volume (monthly)	\$604,535	\$604,535	\$604,535
Rate (per \$10)	\$0.431	\$0.41	\$0.41
Monthly Premium	\$260,953.06	\$252,783.04	\$252,783.04
Annual Premium	\$3,131,436.76	\$3,033,396.00	\$3,033,396.00
Rate Guarantee	5 Years	5 Years	5 Years



City of Fort Wayne
January 1, 2018 Long Term Disability Rate Comparison

Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		
	Current - Symetra LTD	Renewal - Symetra LTD	Renewal - Symetra LTD	OneAmerica LTD	MetLife 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/SSNRA/ADEA	65/SSNRA	65/SSNRA/RBD
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
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)	\$4,366,000	\$4,366,000	\$4,366,000	\$4,366,000	\$4,366,000
Rate (per \$100)	\$0.31	\$0.31	\$0.40	\$0.34	\$0.37
Monthly Premium	\$13,534.36	\$13,534.36	\$17,464.00	\$14,848.40	\$16,347.00
Annual Premium	\$162,412.32	\$162,412.32	\$209,568.00	\$178,180.80	\$196,164.00
Rate Guarantee	Level Premium (2018)	Level Premium (2018)	5 Years (January 1, 2021)	5 Years	2.5 Years

City of Fort Wayne
January 1, 2018 Long Term Disability Rate Comparison



Insurance Carrier Plan Name	Standard LTD	Hartford LTD	Liberty Mutual LTD
Benefit Detail			
Benefit Percentage	60%	60%	60%
Monthly Benefit Maximum	\$5,000	\$5,000	\$5,000
Elimination Period	90 Days	90 Days	90 Days
Guarantee Issue Amount	Full Benefit	Full Benefit	Full Benefit
Benefit Duration	65/SSNRA	65/SSNRA/ADEA	65/SSNRA
Disability Definition	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ
Social Security Integration	Family	Family	Family
Mental/Nervous & Substances Abuse	12 Months	24 Months	24 Months
Pre-existing Limitation	3/12	3/3/12	3/12
Participation Requirement	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory
Rates			
Covered Payroll (monthly)	\$4,366,483	\$4,366,483	\$4,366,483
Rate (per \$100)	\$0.075	\$0.075	\$0.075
Monthly Premium	\$327,486.23	\$327,486.23	\$327,486.23
Annual Premium	\$3,929,834.76	\$3,929,834.76	\$3,929,834.76
Rate Guarantee	3 Years	3 Years	3 Years



City of Fort Wayne
January 1, 2018 Voluntary Life/AD and D Rate Comparison

Insurance Carrier Plan Name	Renewal Option 1				Renewal Option 2			
	Current - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	OneAmerica Voluntary Life/AD&D	MetLife Voluntary Life/AD&D	Current - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	OneAmerica Voluntary Life/AD&D	MetLife Voluntary Life/AD&D
Employee Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Minimum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
In Increments of	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	
Maximum Amount	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	Matches In-Force Life Benefit	Matches In-Force Life Benefit	
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	Matches In-Force Life Benefit	Matches In-Force Life Benefit	
Spouse Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	
Minimum Amount	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	
In Increments of	\$250,000, not to exceed 50% Ea amt	\$250,000, not to exceed 50% Ea amt	\$250,000, not to exceed 50% Ea amt	\$250,000, not to exceed 50% Ea amt	\$250,000, not to exceed 50% Ea amt	\$250,000, not to exceed 50% Ea amt	\$250,000, not to exceed 50% Ea amt	
Maximum Amount	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	Matches In-Force Life Benefit	Matches In-Force Life Benefit	
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	Matches In-Force Life Benefit	Matches In-Force Life Benefit	
Child(ren) Benefit	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	
Minimum Amount	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	
In Increments of	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Maximum Amount	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	Matches In-Force Life Benefit	Matches In-Force Life Benefit	
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	Matches In-Force Life Benefit	Matches In-Force Life Benefit	
Guaranteed Issue Amount	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	
Employee	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	
Spouse	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	
Child(ren)	None	None	None	None	None	None	None	
Reduction Schedule	Included	Included	Included	Included	Included	Included	Included	
Conversion/Portability (Life)	25%	25%	25%	25%	25%	25%	25%	
Participation Requirement	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	Vol Life - 25% employees / 25% AD dependents / AD&D - 25% AD	
Life Rates (per \$1,000)	Employee: \$0.87, Spouse: \$0.70	Employee: \$0.87, Spouse: \$0.70	Employee: \$0.87, Spouse: \$0.70	Employee: \$0.87, Spouse: \$0.70	Employee: \$0.87, Spouse: \$0.70	Employee: \$0.87, Spouse: \$0.70	Employee: \$0.87, Spouse: \$0.70	
Age Bracket	<4	<4	<4	<4	<4	<4	<4	
	25-29	25-29	25-29	25-29	25-29	25-29	25-29	
	30-34	30-34	30-34	30-34	30-34	30-34	30-34	
	35-39	35-39	35-39	35-39	35-39	35-39	35-39	
	40-44	40-44	40-44	40-44	40-44	40-44	40-44	
	45-49	45-49	45-49	45-49	45-49	45-49	45-49	
	50-54	50-54	50-54	50-54	50-54	50-54	50-54	
	55-59	55-59	55-59	55-59	55-59	55-59	55-59	
	60-64	60-64	60-64	60-64	60-64	60-64	60-64	
	65-69	65-69	65-69	65-69	65-69	65-69	65-69	
	70-74	70-74	70-74	70-74	70-74	70-74	70-74	
	75+	75+	75+	75+	75+	75+	75+	
Child(ren) Rates (per \$1,000)	\$0.87	\$0.87	\$0.87	\$0.87	\$0.87	\$0.87	\$0.87	
AD&D Rates (per \$1,000)	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	Employee: \$0.05, Spouse: \$0.05, Child(ren): \$0.05	
Rate Guarantee	1 Year (January 1, 2018)	3 Years (January 1, 2020)	3 Years (January 1, 2021)	3 Years (January 1, 2022)	3 Years (January 1, 2023)	3 Years (January 1, 2024)	3 Years (January 1, 2025)	

City of Fort Wayne
 January 1, 2018 Voluntary Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Standard Voluntary Life/AD&D	Hartford Voluntary Life/AD&D			
Employee Benefit					
Minimum Amount	\$10,000	\$10,000			
In Increments of	\$10,000	\$10,000			
Maximum Amount	\$500,000, not to exceed 6 x salary	\$500,000			
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit			
Spouse Benefit					
Minimum Amount	\$5,000	\$5,000			
In Increments of	\$5,000	\$5,000			
Maximum Amount	\$250,000, not to exceed 50% Ee amt	\$250,000, not to exceed 50% EE amt			
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit			
Child(ren) Benefit					
Minimum Amount	\$2,000	\$2,000			
In Increments of	\$2,000	\$2,000			
Maximum Amount	\$10,000, not to exceed 50% Ee amt	\$10,000			
AD&D	n/a	Matches In-Force Life Benefit			
Guarantee Issue Amount					
Employee	\$200,000	\$200,000			
Spouse	\$30,000	\$10,000			
Child(ren)	\$10,000	\$10,000			
Reduction Schedule					
Conversion/Portability (L/F)	to 65% @ age 65, 50% @ age 70, 35% @ age 75, 20% @ age 80	None			
Participation Requirements					
Life Rates (per \$1,000)	20% Employee & Spouse / 25% Children	37% eligible employees			
Age Bracket					
<24	Employee: \$0.770, Spouse: \$0.770	Employee: \$0.870, Spouse: \$0.870			
25-29	Employee: \$0.870, Spouse: \$0.870	Employee: \$0.970, Spouse: \$0.970			
30-34	Employee: \$0.970, Spouse: \$0.970	Employee: \$1.070, Spouse: \$1.070			
35-39	Employee: \$1.070, Spouse: \$1.070	Employee: \$1.170, Spouse: \$1.170			
40-44	Employee: \$1.170, Spouse: \$1.170	Employee: \$1.270, Spouse: \$1.270			
45-49	Employee: \$1.270, Spouse: \$1.270	Employee: \$1.370, Spouse: \$1.370			
50-54	Employee: \$1.370, Spouse: \$1.370	Employee: \$1.470, Spouse: \$1.470			
55-59	Employee: \$1.470, Spouse: \$1.470	Employee: \$1.570, Spouse: \$1.570			
60-64	Employee: \$1.570, Spouse: \$1.570	Employee: \$1.670, Spouse: \$1.670			
65-69	Employee: \$1.670, Spouse: \$1.670	Employee: \$1.770, Spouse: \$1.770			
70-74	Employee: \$1.770, Spouse: \$1.770	Employee: \$1.870, Spouse: \$1.870			
75+	Employee: \$1.870, Spouse: \$1.870	Employee: \$1.970, Spouse: \$1.970			
Child(ren) Rates (per \$1,000)					
AD&D Rates (per \$1,000)					
Employee	\$0.65	\$0.70			
Spouse	\$0.55	\$0.60			
Child(ren)	\$0.65	\$0.70			
Rate Guarantees	3 Years	3 Years			

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 \$3,750,00 (includes \$350,000 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>	
--	--

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
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REQUEST FOR PRIOR APPROVAL

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

<i>Account Information.</i>	403 INSR1 5146
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CITY OF FORT WAYNE

THOMAS C. 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 5, 2017

The Benefits Department requests approval for the following contracts effective January 1, 2018:

Self-Funded Health & Dental: **Automated Group Administration**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed \$2,450,000

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 \$1,300,000
(Includes \$350,000 of Supplemental Life Insurance (EMPLOYEE PAID))

See attached summaries for more detailed information. Funding Source 403 INSR1 5146

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

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

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

BILL NO. R-17-12-04

REPORT OF COMMITTEE ON FINANCE

December 19, 2017

Jason Arp Chair

Geoff Paddock Co-Chair

All Council Members

An Ordinance approving the awarding of Renewal of Self-Funded Health & Dental Plans (Administration and Reinsurance Coverage) and Group Life/AD&D Insurance and Long Term 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 the Human Resources and Benefits Department

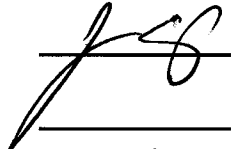
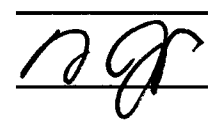

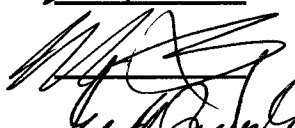
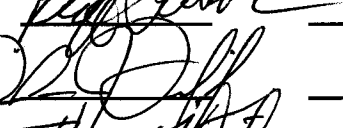
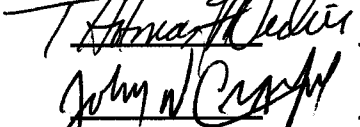

COMMITTEE ON FINANCE HAVE HAD SAID Ordinance under consideration and beg leave to report back to the Common Council that said Ordinance

DO PASS

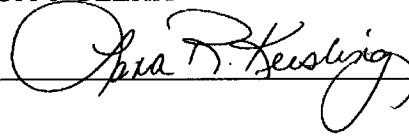
DO NOT PASS

ABSTAIN

NO REC

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

**LANA R. KEESLING
CITY CLERK**



Public Hearing Date: N/A

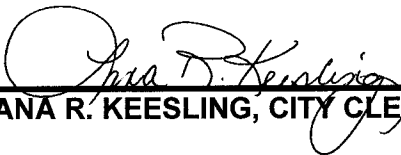
Read the first time in full and on motion by Councilman Arp.

Read the second time by title and referred to the Finance Committee.

Read the third time in full and on motion by Councilman Arp, placed on passage by the following vote:

<u>TOTAL VOTES</u>	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
ARP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BARRANDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWFORD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIDIER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENSLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FREISTROFFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HINES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JEHL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PADDOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED: December 19, 2017




 LANA R. KEESLING, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as

Special Ordinance No. S-17-12-04 on the 19th day of December, 2017

ATTEST:



 LANA R. KEESLING
 CITY CLERK



 PRESIDING OFFICER


Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 20th of December 2017, at the hour of 9:10 o'clock A.M. E.S.T.



 LANA R. KEESLING, CITY CLERK

Approved and signed by me this 21st day of December

2017, at the hour of 8:30 O'clock AM . E.S.T.



 THOMAS C. HENRY, MAYOR