

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

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

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

20 **Self –Funded Health & Dental: Automated Group Administration**

21 Total annual fees are based on
22 per person/per month enrollment.
23 Total annual not to exceed \$2,475,000

24 **Group Life/AD&D/LTD/STD: Symetra Life Insurance Company**

25 Total annual fees are based on per person/per month
26 enrollment.
27 Total annual not to exceed \$1,350,000
28 (Includes \$365,000 of Supplemental Life Insurance
29 (EMPLOYEE PAID))

30 involving a total cost of not to exceed THREE MILLION, EIGHT HUNDRED TWENTY-FIVE
HOUSAND AND 00/100 DOLLARS - (\$3,825,000.00) - (INCLUDES \$365,000 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.

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Council Member

APPROVED AS TO FORM AND LEGALITY


Carol Helton, City Attorney

City of Fort Wayne
January 1, 2019 Self Funded Cost Comparison



	Current - 2018		Renewal - 2019		Alternate - 2019	
Plan Administrator	AGA		AGA		AGA	
Managing Underwriter	MDS		MDS		MDS	
Reinsurance Carrier	Companion Life		Companion Life		Companion Life	
Networks	Signature Care, Lutheran Pref & Evolutions		Signature Care EPO & Evolutions		Signature Care EPO & Evolutions	
Reinsurance Contract Terms						
Specific Deductible	\$325,000		\$325,000		\$350,000	
Aggregating Specific Deductible	\$150,000		\$150,000		\$175,000	
Specific Contract	18/12		18/12		18/12	
Aggregate Contract	18/12		18/12		18/12	
Specific Contract Coverage	Medical		Medical		Medical	
Aggregate Contract Coverage	Medical/Rx/Dental		Medical/Rx/Dental		Medical/Rx/Dental	
Enrollment						
	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>
TOTAL	2002	2028	2002	2028	2002	2028
Administration Fees						
Medical	16.50		16.95		16.95	
Dental	2.85		2.95		2.95	
PPO Access	6.50		6.25		6.25	
Utilization Review/Mgmt	3.25		3.25		3.25	
OP Therapy Review	0.70		0.70		0.70	
OP Surgery Review	0.80		0.80		0.80	
MCC Disease Mgmt Pkg	4.25		4.25		4.25	
HealthiestYou	5.50		5.50		5.50	
Dental PPO Access	-		1.75		1.75	
Total Monthly Admin per Employee	40.35		42.40		42.40	
Subrogation Fee	Included		Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included		Included	
Monthly Administration Costs	\$80,854.80		\$85,007.00		\$85,007.00	
Annual Administration Costs	\$970,257.60		\$1,020,084.00		\$1,020,084.00	
Reinsurance Premiums						
Specific Premium	55.98		58.75		51.98	
Aggregate Premium	2.65		2.69		2.75	
Monthly Reinsurance Premium	\$117,446.16		\$123,072.82		\$109,640.96	
Annual Reinsurance Premium	\$1,409,353.92		\$1,476,873.84		\$1,315,691.52	
Aggregate Claim Factors						
Medical Aggregate Factor	1,593.49		1,570.65		1,576.15	
Dental Aggregate Factor	62.31		64.79		64.79	
Monthly Aggregate Factors	\$3,316,531.66		\$3,275,835.42		\$3,286,846.42	
Annual Aggregate Factors	\$39,798,379.92		\$39,310,025.04		\$39,442,157.04	
Total Minimum Plan Costs	\$2,379,611.52		\$2,496,957.84		\$2,335,775.52	
Total Maximum Plan Costs	\$42,177,991.44		\$41,806,982.88		\$41,777,932.56	

Percent of Increase/Change

-0.88%

-0.95%

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

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

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



Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		MetLife Life/AD&D
	Current - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	OneAmerica 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 (<i>Active Employee's</i>)	Included	Included	Included	Included	Included
Accelerated Benefit (<i>Active Employee's</i>)	Included	Included	Included	Included	Included
Reduction Schedule	None	None	None	None	None
Conversion/Portability (<i>Life</i>)	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)	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02
Monthly Premium	\$30,000.67	\$30,000.67	\$30,000.67	\$42,932.41	\$30,000.67
Annual Premium	\$360,007.98	\$360,007.98	\$360,007.98	\$515,188.86	\$360,007.98
Rate Guarantee	until January 1, 2018	2 Years (January 1, 2020)	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>Active Employee's</i>)	Included	Included			
Accelerated Benefit (<i>Active Employee's</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)	\$107,764,500	\$107,764,500			
AD&D Volume (monthly)	\$152,977,000	\$152,977,000			
Life Rate (per \$1,000)	\$0.296	\$0.27			
AD&D Rate (per \$1,000)	\$0.02	\$0.02			
Monthly Premium	\$34,957.83	\$32,155.96			
Annual Premium	\$419,493.98	\$385,871.46			
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		MetLife STD
	Current - Symetra STD	Renewal - Symetra STD	Renewal - Symetra STD	OneAmerica 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)	\$604,535	\$604,535	\$604,535	\$604,535	\$604,535
Rate (per \$10)	\$0.41	\$0.385	\$0.41	\$0.469	\$0.416
Monthly Premium	\$24,785.94	\$23,274.60	\$24,785.94	\$28,552.69	\$25,148.66
Annual Premium	\$297,431.22	\$279,295.17	\$297,431.22	\$340,232.30	\$301,783.87
Rate Guarantee	until January 1, 2018	2 Years (January 1, 2020)	5 Years (January 1, 2021)	3 Years	2 Years

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	\$26,055.46	\$24,785.94	\$24,785.94		
Annual Premium	\$312,665.50	\$297,431.22	\$297,431.22		
Rate Guarantee	3 Years	3 Years	3 Years		

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



Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		MetLife LTD
	Current - Symetra LTD	Renewal - Symetra LTD	Renewal - Symetra LTD	OneAmerica 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/SSFRA	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)	\$4,366,083	\$4,366,083	\$4,366,083	\$4,366,083	\$4,366,083
Rate (per \$100)	\$0.31	\$0.37	\$0.42	\$0.54	\$0.537
Monthly Premium	\$13,534.86	\$16,154.51	\$18,337.55	\$23,576.85	\$23,445.87
Annual Premium	\$162,418.29	\$193,854.09	\$220,050.58	\$282,922.18	\$281,350.39
Rate Guarantee	until January 1, 2018	2 Years (January 1, 2020)	3 Years (January 1, 2021)	3 Years	2 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 & Substance 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)	\$4,366,083	\$4,366,083	\$4,366,083		
Rate (per \$100)	\$0.495	\$0.52	\$0.40		
Monthly Premium	\$21,612.11	\$22,703.63	\$17,464.33		
Annual Premium	\$259,345.33	\$272,443.58	\$209,571.98		
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		OneAmerica Voluntary Life/AD&D	MetLife Voluntary Life/AD&D				
	Current - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D						
Employee Benefit										
Minimum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000				
In Increments of	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000				
Maximum Amount AD&D	\$500,000 Matches In-Force Life Benefit	\$500,000 Matches In-Force Life Benefit	\$500,000 Matches In-Force Life Benefit	\$500,000 Matches In-Force Life Benefit	\$500,000, not to exceed 5 x salary Matches In-Force Life Benefit	\$500,000 Matches In-Force Life Benefit				
Spouse Benefit										
Minimum Amount	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000				
In Increments of	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000				
Maximum Amount AD&D	\$250,000, not to exceed 50% Ee amt Matches In-Force Life Benefit	\$250,000, not to exceed 50% Ee amt Matches In-Force Life Benefit	\$250,000, not to exceed 50% Ee amt Matches In-Force Life Benefit	\$250,000, not to exceed 50% Ee amt Matches In-Force Life Benefit	\$250,000, not to exceed 50% Ee amt Matches In-Force Life Benefit	\$250,000, not to exceed 50% Ee amt Matches In-Force Life Benefit				
Child(ren) Benefit										
Minimum Amount	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000 <i>\$1,000 - live birth to 6 months</i>	\$2,000				
In Increments of	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000				
Maximum Amount AD&D	\$10,000 Matches In-Force Life Benefit	\$10,000 Matches In-Force Life Benefit	\$10,000 Matches In-Force Life Benefit	\$10,000 Matches In-Force Life Benefit	\$10,000 Matches In-Force Life Benefit	\$10,000 Matches In-Force Life Benefit				
Guarantee Issue Amount										
Employee	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000				
Spouse	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000				
Child(ren)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000				
Reduction Schedule	None	None	None	None	None	None				
Conversion/Portability (Life)	Included	Included	Included	Included	Included	Included				
Participation Requirement	25%	25%	25%	25%	25%	Vol Life - 35% employees / 25% dependents / AD&D - 25% AD				
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	\$0.060	\$0.060
25-29	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.060	\$0.060	\$0.060	\$0.060
30-34	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.060	\$0.060	\$0.080	\$0.080
35-39	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.090	\$0.090	\$0.090	\$0.090
40-44	\$0.170	\$0.170	\$0.170	\$0.170	\$0.170	\$0.170	\$0.140	\$0.140	\$0.110	\$0.110
45-49	\$0.280	\$0.280	\$0.280	\$0.280	\$0.280	\$0.280	\$0.240	\$0.240	\$0.210	\$0.210
50-54	\$0.500	\$0.500	\$0.500	\$0.500	\$0.500	\$0.500	\$0.430	\$0.430	\$0.370	\$0.370
55-59	\$0.820	\$0.820	\$0.820	\$0.820	\$0.820	\$0.820	\$0.700	\$0.700	\$0.610	\$0.610
60-64	\$1.090	\$1.090	\$1.090	\$1.090	\$1.090	\$1.090	\$0.930	\$0.930	\$0.820	\$0.820
65-69	\$1.700	\$1.700	\$1.700	\$1.700	\$1.700	\$1.700	\$1.450	\$1.450	\$1.280	\$1.280
70-74	\$3.000	\$3.000	\$3.000	\$3.000	\$3.000	\$3.000	\$2.550	n/a	\$2.250	\$2.250
75+	\$4.940	\$4.940	\$4.940	\$4.940	\$4.940	\$4.940	\$4.200	n/a	\$3.700	\$3.700
Child(ren) Rates (per \$1,000)	\$0.07		\$0.07		\$0.07		\$0.07		\$0.05	
AD&D Rates (per \$1,000)										
Employee	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
Spouse	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
Child(ren)	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
Rate Guarantee	until January 1, 2018	2 Years (January 1, 2020)		3 Years (January 1, 2021)		3 Years		3 Years		3 Years

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	\$30,000			
Child(ren)	\$10,000	\$10,000			
Reduction Schedule	to 65% @ age 65, 50% @ age 70, 35% @ age 75, 20% @ age 80	None			
Conversion/Portability (Life)	Included	Included			
Participation Requirement	20% Employee & Spouse / 25% Children	35% eligible employees			
Life Rates (per \$1,000)	Employee Spouse	Employee Spouse			
Age Bracket					
<24	\$0.070 \$0.070	\$0.070 \$0.070			
25-29	\$0.070 \$0.070	\$0.070 \$0.070			
30-34	\$0.080 \$0.080	\$0.070 \$0.070			
35-39	\$0.110 \$0.110	\$0.110 \$0.110			
40-44	\$0.170 \$0.170	\$0.170 \$0.170			
45-49	\$0.280 \$0.280	\$0.280 \$0.280			
50-54	\$0.500 \$0.500	\$0.500 \$0.500			
55-59	\$0.820 \$0.820	\$0.820 \$0.820			
60-64	\$1.090 \$1.090	\$1.090 \$1.090			
65-69	\$1.700 \$1.700	\$1.700 \$1.700			
70-74	\$3.000 \$3.000	\$3.000 \$3.000			
75+	\$4.940 \$4.940	\$4.940 \$4.940			
Child(ren) Rates (per \$1,000)	\$0.07	\$0.07			
AD&D Rates (per \$1,000)					
Employee	\$0.03	\$0.03			
Spouse	\$0.03	\$0.03			
Child(ren)	\$0.03	\$0.03			
Rate Guarantee	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 \$3,825,00 (includes \$365,000 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	
# Extensions Granted To Date	

SPECIAL PROCUREMENT

Contract #/ID <i>(State, Federal, Piggyback--Authority)</i>	
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 <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/>
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FUNDING SOURCE

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

THOMAS C. HENRY, MAYOR

TO: CITY COUNCIL MEMBERS

FROM: LAURA HELMKAMP – 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 3, 2018

The Benefits Department requests approval for the following contracts effective January 1, 2019:

Self-Funded Health & Dental: **Automated Group Administration**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed \$2,475,000

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 \$1,350,000
(Includes \$365,000 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.

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BILL NO. S-18-12-04

REPORT OF COMMITTEE ON FINANCE

December 11, 2018

John Crawford Chair

Jason Arp 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

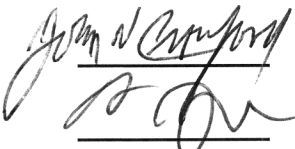
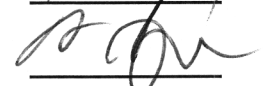
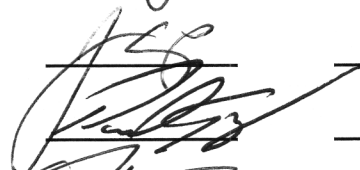


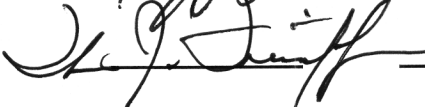
COMMITTEE ON FINANCE HAVE HAD SAID Ordinance under consideration and beg leave to report back to the Common Council that said Ordinance

DO PASS

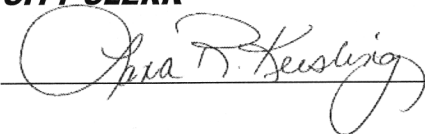
DO NOT PASS

ABSTAIN

NO REC

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

**LANA R. KEESLING
CITY CLERK**



Public Hearing Date: N/A

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

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

Read the third time in full and on motion by Councilman Crawford, 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
JEHL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PADDOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED: December 11, 2018




 LANA R. KEESLING, CITY CLERK

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

Special Ordinance No. S-18-12-04 on the 11th day of December, 2018



 LANA R. KEESLING
 CITY CLERK



 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 12th of December 2018, at the hour of 10:15 o'clock A.M. E.S.T.



 LANA R. KEESLING, CITY CLERK

Approved and signed by me this 13TH day of December 2018, at the hour of 8:00 O'clock AM E.S.T.



 THOMAS C. HENRY, MAYOR

