

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 \$2,650,000

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 \$1,375,000
(Includes \$375,000 of Supplemental Life Insurance (EMPLOYEE PAID))

involving a total cost of not to exceed FOUR MILLION, TWENTY-FIVE THOUSAND AND 00/100 DOLLARS (\$4,025,000.00)- (INCLUDES \$375,000 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.


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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

City of Fort Wayne
January 1, 2021 Self Funded Cost Comparison



	Current - 2020		Renewal - 2021		Alternate - 2021	
Plan Administrator	AGA		AGA		AGA	
Managing Underwriter	MDS		MDS		MDS	
Reinsurance Carrier	Companion Life		Companion Life		Companion Life	
Networks	Signature Care EPO & Evolutions		Signature Care EPO & Evolutions		Signature Care EPO & Evolutions	
Reinsurance Contract Terms						
Specific Deductible	\$350,000		\$350,000		\$375,000	
Aggregating Specific Deductible	\$175,000		\$175,000		\$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						
	Medical	Dental	Medical	Dental	Medical	Dental
TOTAL	2055	2080	2055	2080	2055	2080
Administration Fees						
Medical	17.50		17.95		17.95	
Dental	3.00		3.00		3.00	
PPO Access	6.50		6.50		6.50	
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		4.65		4.65	
HealthiestYou	5.50		5.50		5.50	
Dental PPO Access	1.75		1.75		1.75	
Total Monthly Admin per Employee	43.25		44.10		44.10	
Subrogation Fee	Included		Included		Included	
Out-of-Network Negotiated Savings	Included		Included		Included	
Monthly Administration Costs	\$88,997.50		\$90,744.25		\$90,744.25	
Annual Administration Costs	\$1,067,970.00		\$1,088,931.00		\$1,088,931.00	
Reinsurance Premiums						
Specific Premium	57.95		59.75		54.07	
Aggregate Premium	2.84		2.89		2.95	
Monthly Reinsurance Premium	\$124,994.45		\$128,797.45		\$117,249.85	
Annual Reinsurance Premium	\$1,499,933.40		\$1,545,569.40		\$1,406,998.20	
Total Fixed Plan Costs	\$2,567,903.40		\$2,634,500.40		\$2,495,929.20	



Financial Analysis: ALL LINES

City of Fort Wayne

LONG TERM DISABILITY

Monthly Premium

Rate Guarantee

Notes

Symetra- Previous

\$17,720.71

N/A

Symetra Inforce

\$19,349.10

until 1/1/23

MetLife

\$25,623.18

3 Years

SHORT TERM DISABILITY

Monthly Premium

Rate Guarantee

Notes

Symetra- Previous

\$26,412.08

N/A

Symetra Inforce

\$28,813.18

until 1/1/23

MetLife

\$28,195.75

3 Years

LIFE/AD&D

Monthly Premium

Rate Guarantee

Notes

Symetra- Previous

\$32,387.42

N/A

Symetra Inforce

\$30,708.07

until 1/1/23

MetLife

\$23,270.96

3 Years

Cost Analysis

Combined Monthly Premium

Combined Annual Premium

Annual Change

Annual % Change

\$76,520.21

\$918,242.50

\$78,870.35

\$946,444.20

\$77,089.89

\$925,078.68

-\$21,365.53

-2.26%

Carrier Comments

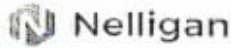
Met willing to write Life/Vol Life Stand Alone

Notes

Symetra will extend current rates until 1/1/23. They will not unbundle Life and Disability.

Declined to Quote - Did not release a proposal

Cigna, ellpslife, Lincoln Financial, OnoAmerica, Guardian, Mutual, RSL, Unum, Sun Life



Financial Analysis: Voluntary Life
City of Fort Wayne

VOLUNTARY LIFE/AD&O	Symetra	MetLife
Total Eligible Lives		
Enrolled		
Class 1: All active members of the Patroimen's Benevolent Association (PBA)		
Class 2: All active Firefighters		
Class 3: All active members of the Fraternal Order of Police (FOP)		
Class 4: All Other active		
Class 6: All Elected Officials and Division Heads		
Participation	Greater of 10 Employees or 25% of the Eligible Population	Greater of 10 Employees or 25% of the Eligible Population
Minimum Participation needed (# of employees)		
Employee Benefit	Increments of \$10,000 to a max of 5x annual salary or \$500,000	Increments of \$10,000 to a max of 5x annual salary or \$500,000
Spouse Benefit	Increments of \$5,000 to \$250,000 max not exceed 50% of employee amount	Increments of \$5,000 to the lesser of 100% employee benefit or \$250,000
Child Benefit	Live Birth to 19/26 Years Old - increments of \$2,000 to a max of \$10,000	Live Birth to 6 Months Old - \$1,000 6 Months Old to 19/26 Years Old - increments of \$2,000 to a max of \$10,000, not to exceed 100% of employee benefit
Guaranteed Issue	Employee - \$200,000 Spouse - \$30,000 Child - \$10,000	Employee - \$200,000 Spouse - \$30,000 Child - \$10,000
Portability	Included	Included
Age Reduction Schedule	None	35% @ 65, 50% @ 70
Employee Rates	Age Banded	Age Banded
Age Band (Employee)	Rate per \$1,000/Benefit	Rate per \$1,000/Benefit
<25	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
Spouse Rates	Age Banded	Age Banded
Age Band (Employee)	Rate per \$1,000/Benefit	Rate per \$1,000/Benefit
<25	0.070	0.070
25-30	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	4.540
Child Rate per \$1,000	0.240	0.070
AD&O Rates	Rate per \$1,000/Benefit	Rate per \$1,000/Benefit
Employee	0.030	0.030
Spouse	0.030	0.030
Child (to age 26)	0.070	0.030
Rate Guarantee	2 Year	3 Years
Notes		

Market Study - January 1, 2021



Carrier	Results	Comments
Standard	Declined to Quote	Uncompetitive
Cigna	Declined to Quote	Uncompetitive
eLife	Declined to Quote	Uncompetitive
Lincoln	Declined to Quote	Uncompetitive
Mutual of Omaha	Declined to Quote	Uncompetitive
OneAmerica	Declined to Quote	Uncompetitive
SunLife	Declined to Quote	Uncompetitive
Reliance Standard	Declined to Quote	Uncompetitive
Unum	Declined to Quote	Uncompetitive
Guardian	Declined to Quote	Uncompetitive
Met Life	Quote Received	Refer to Analysis

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 \$4,025,000 (includes \$375,000 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 (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>	
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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 INSR1 5146



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: NOVEMBER 18, 2020

The Benefits Department requests approval for the following contracts effective January 1, 2021:

Self-Funded Health & Dental: Automated Group Administration
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed \$2,650,000

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 \$1,375,000
(Includes \$375,000 of Supplemental Life Insurance (EMPLOYEE PAID))

See attached summaries for more detailed information. Funding Source 403 INSR15146

Please contact me at 427-26341 if you have any questions.

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

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An Equal Opportunity Employer

BILL NO. S-20-11-16

REPORT OF COMMITTEE ON FINANCE

December 8, 2020



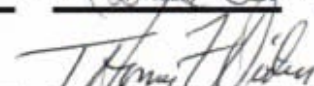
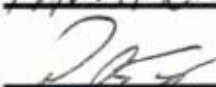
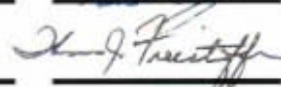
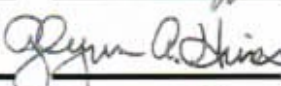



Jason Arp Chair

Sharon Tucker Co-Chair

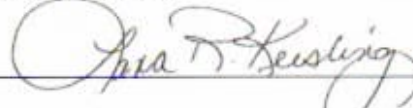
All Council Members

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

<u>COUNCIL MEMBER</u>	<u>DO PASS</u>	<u>DO NOT PASS</u>	<u>ABSTAIN</u>
ARP			
CHAMBERS			
DIDIER			
ENSLEY			
FREISTROFFER			
HINES			
JEHL			
PADDOCK			
TUCKER			

**LANA R. KEESLING
CITY CLERK**



Public Hearing Date: N/A

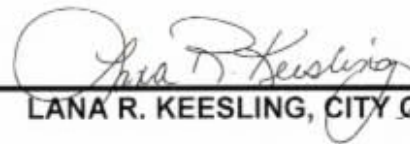
Read the first time in full and on motion by Councilperson Didier.

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

Read the third time in full and on motion by Councilperson Didier, 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"/>
CHAMBERS	<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 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"/>
TUCKER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED: December 8, 2020


LANA R. KEESLING, CITY CLERK

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

Special Ordinance No. S-20-11-16 on the 8th day of December, 2020

ATTEST:

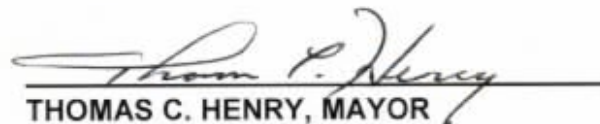

LANA R. KEESLING
CITY CLERK


PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 9th
of December 2020, at the hour of 10:05 o'clock A.M. E.S.T.


LANA R. KEESLING, CITY CLERK

Approved and signed by me this 10th day of December
2020, at the hour of 10:00 o'clock AM E.S.T.


THOMAS C. HENRY, MAYOR

