

**AN ORDINANCE** approving the awarding of RENEWAL OF SELF-FUNDED HEALTH PLANS (ADMINISTRATION AND REINSURANCE FEES) AND NEW FULLY INSURED DENTAL PLAN 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 / BEAM DENTAL / 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 PLANS (ADMINISTRATION AND REINSURANCE FEES) AND NEW FULLY INSURED DENTAL PLAN AND GROUP LIFE/LONG AND SHORT TERM DISABILITY INSURANCE PLANS between the City of Fort Wayne, by and through its Department of Purchasing and AUTOMATED GROUP ADMINISTRATION / BEAM DENTAL / SYMETRA LIFE INSURANCE for the HUMAN RESOURCES AND BENEFITS DEPARTMENT, respectfully for:

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

**Fully Insured Dental Plan: Beam Dental**  
Total annual fees estimated based on current enrollment.  
Total annual not to exceed \$1,650,000

**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 FIVE MILLION, SEVEN HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS (\$5,750,000.00)- (INCLUDES \$375,000 OF

1 EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-  
2 FUNDED HEALTH PLANS (ADMINISTRATION AND REINSURANCE FEES) AND NEW  
3 FULLY INSURED DENTAL PLAN AND GROUP LIFE/LONG AND SHORT TERM  
4 DISABILITY INSURANCE PLANS which are on file in the Office of the Department of  
5 Purchasing, and are by reference incorporated herein, made a part hereof, and is hereby in  
6 all things ratified, confirmed and approved.

7 **SECTION 2.** That this Ordinance shall be in full force and effect from and  
8 after its passage and any and all necessary approval by the Mayor.  
9

10  
11   
12 \_\_\_\_\_  
13 Council Member

14  
15 APPROVED AS TO FORM AND LEGALITY

16   
17 \_\_\_\_\_  
18 Carol Helton, City Attorney  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

City of Fort Wayne  
January 1, 2022 Self Funded Cost Comparison



	Current - 2021		Renewal - 2022		Alternate - 2022	
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	
<b>Reinsurance Contract Terms</b>						
Specific Deductible	\$375,000		\$375,000		\$400,000	
Aggregating Specific Deductible	\$175,000		\$175,000		\$200,000	
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		Medical/Rx	
<b>Enrollment</b>						
	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>
TOTAL	2064	2073	2064	n/a	2064	n/a
<b>Administration Fees</b>						
Medical	17.95		18.50		18.50	
Dental	3.00		n/a		n/a	
PPO Access	6.50		7.00		7.00	
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	4.65		4.65		4.65	
HealthiestYou	5.50		5.50		5.50	
Dental PPO Access	1.75		n/a		n/a	
Total Monthly Admin per Employee	44.10		40.40		40.40	
Subrogation Fee	Included		Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included		Included	
Monthly Administration Costs	\$91,065.15		\$83,385.60		\$83,385.60	
Annual Administration Costs	\$1,092,781.80		\$1,000,627.20		\$1,000,627.20	
<b>Reinsurance Premiums</b>						
Specific Premium	54.07		59.98		56.76	
Aggregate Premium	2.95		3.09		3.15	
Monthly Reinsurance Premium	\$117,715.83		\$130,176.48		\$123,654.24	
Annual Reinsurance Premium	\$1,412,589.96		\$1,562,117.76		\$1,483,850.88	
<b>Aggregate Claim Factors</b>						
Medical Aggregate Factor	1,607.83		1,623.89		1,629.95	
Dental Aggregate Factor	69.75		n/a		n/a	
Monthly Aggregate Factors	\$3,463,152.87		\$3,351,708.96		\$3,364,216.80	
Annual Aggregate Factors	\$41,557,834.44		\$40,220,507.52		\$40,370,601.60	
Total Minimum Plan Costs	\$2,505,371.76		\$2,562,744.96		\$2,484,478.08	
Total Maximum Plan Costs	\$44,063,206.20		\$42,783,252.48		\$42,855,079.68	

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*

COST ANALYSIS








Sold Plan  
**beam**

	Current	Renewal	MetLife	Principal	Guardian
<b>Dental</b>					
Annual Premium	\$1,854,156	\$1,854,156	\$1,566,828	\$2,051,577	\$2,102,182
Rate Guarantee	Expiring	Expiring	2 Years	1 Year	2 Years
<b>Total Dental</b>					
Annual Premium	\$1,854,156	\$1,854,156	\$1,566,828	\$2,051,577	\$2,102,182
Annual Change vs Current		\$0.00	-\$287,327.52	-\$197,421.48	-\$248,025.96
Annual % Change vs Current		0.0%	-15.5%	10.6%	13.4%
Annual Change vs Renewal			-\$287,327.52	-\$197,421.48	-\$248,025.96
Annual % Change vs Renewal			-15.5%	10.6%	13.4%

This summary is for illustrative purposes only and is not a binding quote. Pricing Assumes Package Sale unless otherwise noted. Please refer to carrier proposal for full details.

## MARKETS APPROACHED

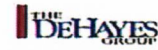
Carrier	Response	Notes	Tech/Implementation Credits
 PARKVIEW EMPLOYER SOLUTIONS	Incumbent		
 MetLife	Quotes illustrated	Quoted Fully insured & Self-funded Dental Options.	\$30,000 enrollment credit upon payment of 3 months of premium with Fully Insured Dental & Vision.
 beam	Quotes illustrated	Quoted fully insured Dental	
 Guardian	Quotes illustrated		
 Principal	Quotes illustrated		



Financial Analysis: ALL LINES

City of Fort Wayne

LONG TERM DISABILITY	Symetra- Previous	Symetra Inforce	MetLife
Monthly Premium	\$17,720.71	\$19,349.10	\$25,623.18
Rate Guarantee	N/A	until 1/1/23	3 Years
Notes			
SHORT TERM DISABILITY	Symetra- Previous	Symetra Inforce	MetLife
Monthly Premium	\$26,412.08	\$28,813.18	\$28,195.75
Rate Guarantee	N/A	until 1/1/23	3 Years
Notes			
LIFE/AD&D	Symetra- Previous	Symetra Inforce	MetLife
Monthly Premium	\$32,387.42	\$30,708.07	\$23,270.96
Rate Guarantee	NA	until 1/1/23	3 Years
Notes			
Cost Analysis			
Combined Monthly Premium	\$76,520.21	\$78,870.35	\$77,089.89
Combined Annual Premium	\$918,242.50	\$946,444.20	\$925,078.68
Annual Change			<b>-\$21,365.53</b>
Annual % Change			<b>-2.26%</b>
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, elipsLife, Lincoln Financial, OneAmerica, Guardian, Mutual, RSL, Unum, Sun Life		



Financial Analysis: STD, LTD, LIFE

City of Fort Wayne

LONG TERM DISABILITY	Symetra- Previous	Symetra Inforce	MetLife
Class 1: All full-time Elected Officials and Division Heads			
Class 2: All other full-time Employees excluding Police Officers & Firefighters			
Benefit Percentage	60.00%		60.00%
Maximum Monthly Benefit	\$5,000		\$5,000
Guaranteed Issue	\$5,000		\$5,000
Elimination Period	90 Days		90 Days
Maximum Benefit Period	To Social Security Normal Retirement Age		To Social Security Normal Retirement Age
Definition of Disability - Class 1 & Class 2	2 Year Own Occ		2 Year Own Occ
Pre-Existing Condition	3/3/12		3/3/12
Mental/Nervous Limitation	24 Months		24 Months
Drug/Alcohol Limitation	24 Months		24 Months
Self-Reported Limitation	None		None
EAP	Included		Included
Total Covered Lives	1077	1077	1077
Benefit Volume	\$4,789,380	\$4,789,380	\$4,789,380
Rate per \$100/Covered Monthly Payroll	\$0.370	\$0.404	\$0.535
Monthly Premium	\$17,720.71	\$19,349.10	\$25,623.18
Rate Guarantee	N/A	until 1/1/23	3 Year
Notes			
SHORT TERM DISABILITY	Symetra- Previous	Symetra Inforce	MetLife
Class 1: All full-time Elected Officials and Division Heads			X
Class 2: All other full-time Employees excluding Police Officers & Firefighters			X
Benefit Percentage	60.00%		60.00%
Maximum Weekly Benefit	\$1,300		\$1,300
Elimination Period (Accident/Sickness)	7/7 Days		7/7 Days
Maximum Benefit Period	12 Weeks		12 Weeks
Definition of Disability	Partial Disability		Partial Disability
Continuation Pay Offset	No		No
FICA Match			Yes
Pre-Existing Condition	NA		N/A
Total Covered Lives	1080	1080	1080
Benefit Volume	\$686,028	\$686,028	\$686,028
Rate per \$10/Weekly Benefit	\$0.385	\$0.420	\$0.411
Monthly Premium	\$26,412.08	\$28,813.18	\$28,195.75
Rate Guarantee	N/A	until 1/1/23	3 year
Notes			
LIFE/AD&D	Symetra - Current	Symetra- Renewal	MetLife
Class 1: All active members of the Patrolmen's Benevolent Association (PBA)	1x to \$150,000/3x to \$350,000		1x to \$160,000/3x to \$350,000
Class 2: All active Firefighters	1x to \$150,000/1x to \$150,000		1x to \$160,000/1x to \$150,000
Class 3: All active members of the Fraternal Order of Police (FOP)	1x to \$150,000/3x to \$350,000		1x to \$160,000/3x to \$350,000
Class 4: All Other active Employees	1x to \$150,000/1x to \$150,000		1x to \$160,000/1x to \$150,000
Class 5: All Elected Officials and Division Heads			1x to \$160,000/1x to \$150,000
Class 6: Retired Firefighters who are members of the IAFF Local 24	Flat \$17,500		Flat \$17,500
Class 7: All Other members who retire on or after January 1, 1981	Flat \$5,000		Flat \$5,000
Class 8: All Other members who retired between January 1, 1979 and prior to January 1, 1981	Flat \$2,000		Flat \$2,000
Class 9: All Other members who retired prior to January 1, 1979	Flat \$1,000		Flat \$1,000
Class 10: Members of the Fraternal Order of Police who retired on or after January 1, 1998 and prior to January 1, 2002	Flat \$10,000		Flat \$10,000
Class 11: Members of the Patrolmen's Benevolent Association (PBA) who retired on or after January 1, 1999 and prior to January 1, 2002	Flat \$10,000		Flat \$10,000
Class 12: All Other Retirees	Flat \$10,000		Flat \$10,000
Guaranteed Issue	\$150,000		\$150,000
Age Reduction Schedule	None		None
Portability	Included		Included
Total Covered Lives	2784	2784	2816
Benefit Volume	\$119,953,400	\$119,953,400	\$119,953,400
Life Rate per \$1000/Volume	\$0.250	\$0.236	\$0.174
AD&D Rate per \$1000/Volume	\$0.020	\$0.020	\$0.020
Monthly Premium	\$32,387.42	\$30,708.07	\$23,270.96
Rate Guarantee	N/A	until 1/1/23	3 Year
Cost Analysis			
Combined Monthly Premium	\$76,520.21	\$78,870.35	\$77,089.89
Combined Annual Premium	\$918,242.50	\$946,444.20	\$925,078.68
Annual Change			
Annual % Change			-2.26%
Carrier Comments			
Notes			
Uncompetitive/Unable to Match Requested Plan Designs			

Market Study - January 1, 2021



Carrier	Results	Comments
Standard	Declined to Quote	Uncompetitive
Cigna	Declined to Quote	Uncompetitive
eLipsLife	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 Plans (Administration and Reinsurance Fees) AND New Fully Insured Dental Plan AND Group Life/Long and Short Term Disability Insurance Plans
Awarded To	Automated Group Administration/Beam Dental/Symetra Life Insurance
Amount	Not to exceed \$5,750,000 (includes \$375,000 of <b>employee</b> 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 &amp; 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 PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AND NEW FULLY INSURED DENTAL PLAN AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & SHORT-TERM DISABILITY INSURANCE

**DATE:** NOVEMBER 16, 2021

The Benefits Department requests approval for the following contracts effective January 1, 2022:

<b>Self-Funded Health Plan:</b>	<b>Automated Group Administration</b> Total annual fees are based on per person/per month enrollment. Total annual not to exceed \$2,650,000
<b>Fully Insured Dental Plan:</b>	<b>Beam Dental</b> Total annual fees estimated based on current enrollment Total annual not to exceed \$1,650,000
<b>Group Life/AD&amp;D/LTD/STD:</b>	<b>Symetra Life Insurance Company</b> Total annual fees are based on per person/per month enrollment. Total annual not to exceed \$1,450,000 (Includes \$375,000 of Supplemental Life Insurance (EMPLOYEE PAID))
<b>TOTAL:</b>	<b>\$5,750,000</b>

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](http://www.cityoffortwayne.org)  
An Equal Opportunity Employer

**BILL NO. S-21-11-11**

**REPORT OF COMMITTEE ON FINANCE**

**December 7, 2021**

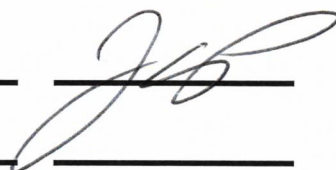





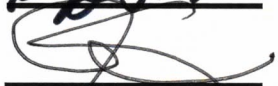
***Glynn Hines Chair***

***Jason Arp Co-Chair***

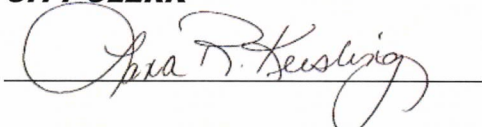
***All Council Members***

An Ordinance approving the awarding of renewal of self-funded health plans (administration and reinsurance fees) and new fully insured dental plan 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/Beam Dental/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 Hines.

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

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

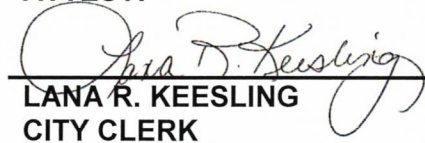
<u>TOTAL VOTES</u>	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
ARP	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHAMBERS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 14, 2021

  
 \_\_\_\_\_  
 LANA R. KEESLING, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as Special Ordinance No. S-21-11-11 on the 14th day of December, 2021

ATTEST:

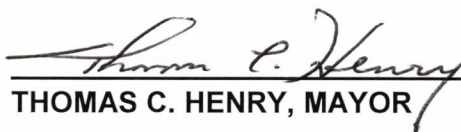
  
 \_\_\_\_\_  
 LANA R. KEESLING  
 CITY CLERK

  
 \_\_\_\_\_  
 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 15th of December 2021, at the hour of 11:35 o'clock A.M. E.S.T.

  
 \_\_\_\_\_  
 LANA R. KEESLING, CITY CLERK

Approved and signed by me this 15<sup>th</sup> day of December 2021, at the hour of 2:00 o'clock PM E.S.T.

  
 \_\_\_\_\_  
 THOMAS C. HENRY, MAYOR

