

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 COMPANY 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 by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and AUTOMATED GROUP ADMINISTRATION / SYMETRA LIFE INSURANCE COMPANY 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.
Dental administration going back to AGA 1/1/24
Total annual not to exceed \$2,875,000

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 \$1,700,000
(Includes \$400,000 of Supplemental Life Insurance (EMPLOYEE PAID))
Year 2 of a 2 year contract

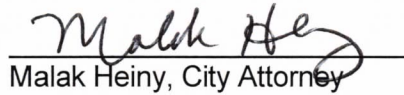
involving a total cost of not to exceed FOUR MILLION, FIVE HUNDRED SEVENTY-FIVE THOUSAND AND 00/100 DOLLARS (\$4,575,000.00)- (INCLUDES \$400,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION AND REINSURANCE

1 COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & AND SHORT
2 TERM DISABILITY INSURANCE PLANS which are on file in the Office of the Department
3 of Purchasing, and are by reference incorporated herein, made a part hereof, and is hereby
4 in all things ratified, confirmed and approved.

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

7
8 
9 _____
10 Council Member

11 APPROVED AS TO FORM AND LEGALITY

12 
13 _____
14 Malak Heiny, City Attorney

15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30



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 15, 2023

The Benefits Department requests approval for the following contracts effective January 1, 2024:

Self-Funded Health Plan:	Automated Group Administration Total annual fees are based on per person/per month enrollment. Dental administration going back to AGA 1/1/24 Total annual not to exceed \$2,875,000
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 \$1,700,000 (Includes \$400,000 of Supplemental Life Insurance (EMPLOYEE PAID)) Year 2 of a 2 year contract
TOTAL:	\$4,575,000

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

City of Fort Wayne
January 1, 2024 Self Funded Cost Comparison



	Current - 2023		Renewal - 2024		Alternate - 2024	
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	
<i>Includes Dental</i>						
Reinsurance Contract Terms						
Specific Deductible	\$400,000		\$400,000		\$400,000	
Aggregating Specific Deductible	\$200,000		\$200,000		\$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		Medical/Rx		Medical/Rx/Dental	
Enrollment	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>
TOTAL	2118	n/a	2118	n/a	2118	2133
Administration Fees						
Medical	19.45		20.45		20.45	
Dental	n/a		n/a		3.25	
PPO Access	7.25		7.25		7.25	
Utilization Review/Mgmt	3.25		3.50		3.50	
OP Therapy Review	0.70		0.70		0.70	
OP Surgery Review	0.80		0.80		0.80	
MCC Disease Mgmt Pkg	5.45		5.45		5.45	
HealthiestYou	5.50		5.50		5.50	
Consolidated Appropriations Act	1.00		1.00		1.00	
Total Monthly Admin per Employee	43.40		44.65		47.90	
Subrogation Fee	Included		Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included		Included	
Monthly Administration Costs	\$89,803.20		\$92,450.70		\$99,382.95	
Annual Administration Costs	\$1,077,638.40		\$1,109,408.40		\$1,192,595.40	
Reinsurance Premiums						
Specific Premium	59.75		61.84		61.84	
Aggregate Premium	3.25		3.39		3.39	
Monthly Reinsurance Premium	\$133,434.00		\$138,157.14		\$138,157.14	
Annual Reinsurance Premium	\$1,601,208.00		\$1,657,885.68		\$1,657,885.68	
Aggregate Claim Factors						
Medical Aggregate Factor	1,646.01		1,646.01		1,646.01	
Dental Aggregate Factor	n/a		n/a		75.75	
Monthly Aggregate Factors	\$3,486,249.18		\$3,486,249.18		\$3,647,823.93	
Annual Aggregate Factors	\$41,834,990.16		\$41,834,990.16		\$43,773,887.16	
Total Minimum Plan Costs	\$2,678,846.40		\$2,767,294.08		\$2,850,481.08	
Total Maximum Plan Costs	\$44,513,836.56		\$44,602,284.24		\$46,624,368.24	

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, 2024 Self Funded Cost Comparison



	Current - 2023		Alternate - 2024	
Plan Administrator	AGA		AGA	
Managing Underwriter	MDS		Symetra	
Reinsurance Carrier	Companion Life		Symetra	
Networks	Signature Care EPO & Evolutions		Signature Care EPO & Evolutions	
Reinsurance Contract Terms				
Specific Deductible	\$400,000		\$400,000	
Aggregating Specific Deductible	\$200,000		\$200,000	
Specific Contract	18/12		18/12	
Aggregate Contract	18/12		18/12	
Specific Contract Coverage	Medical		Medical	
Aggregate Contract Coverage	Medical/Rx		Medical/Rx	
Enrollment				
	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>
TOTAL	2118	n/a	2118	n/a
Administration Fees				
Medical	19.45		20.45	
Dental	n/a		n/a	
PPO Access	7.25		7.25	
Utilization Review/Mgmt	3.25		3.50	
OP Therapy Review	0.70		0.70	
OP Surgery Review	0.80		0.80	
MCC Disease Mgmt Pkg	5.45		5.45	
HealthiestYou	5.50		5.50	
Consolidated Appropriations Act	1.00		1.00	
Total Monthly Admin per Employee	43.40		44.65	
Subrogation Fee	Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included	
Monthly Administration Costs	\$89,803.20		\$92,450.70	
Annual Administration Costs	\$1,077,638.40		\$1,109,408.40	
Reinsurance Premiums				
Specific Premium	59.75		72.07	
Aggregate Premium	3.25		3.25	
Monthly Reinsurance Premium	\$133,434.00		\$159,527.76	
Annual Reinsurance Premium	\$1,601,208.00		\$1,914,333.12	
Aggregate Claim Factors				
Medical Aggregate Factor	1,646.01		1,724.22	
Dental Aggregate Factor	n/a		n/a	
Monthly Aggregate Factors	\$3,486,249.18		\$3,651,897.96	
Annual Aggregate Factors	\$41,834,990.16		\$43,822,775.52	
Total Minimum Plan Costs				
	\$2,678,846.40		\$3,023,741.52	
Total Maximum Plan Costs				
	\$44,513,836.56		\$46,846,517.04	

Notes/Contingencies

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

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

City of Fort Wayne
Market Study - January 1, 2024

Medical	Results	Comments
AGA/Companion Life	Renewal received	Refer to analysis.
Symetra	Quote received	Uncompetitive. Refer to analysis.
Sun Life	Declined	Uncompetitive
Skyward	Declined	Uncompetitive

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 Group Life/Long and Short Term Disability Insurance Plans
Awarded To	Automated Group Administration//Symetra Life Insurance
Amount	Not to exceed \$4,575,000 (includes \$400,000 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 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 <hr/> <hr/> <hr/>
--	---

REQUEST FOR PRIOR APPROVAL

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

FUNDING SOURCE

<i>Account Information.</i>	403 INSR1 5146 <hr/> <hr/> <hr/>
-----------------------------	-------------------------------------

BILL NO. S-23-11-38

REPORT OF COMMITTEE ON FINANCE

December 5, 2023

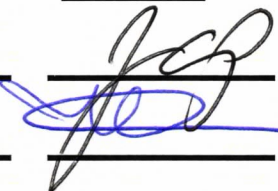

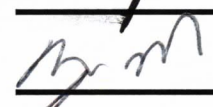
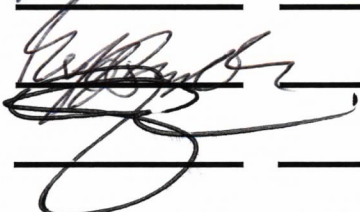
Geoff Paddock Chair

Jason Arp Co-Chair

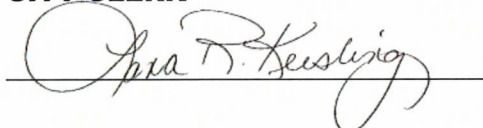
All Council Members

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 Company 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 Paddock.

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

Read the third time in full and on motion by Councilperson Paddock, 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 12, 2023




 LANA R. KEESLING, CITY CLERK

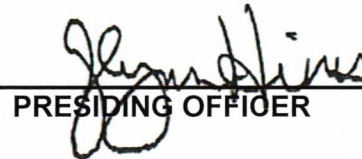
Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as

Resolution No. S-23-11-38 on the 12th day of December, 2023

ATTEST:




 LANA R. KEESLING
 CITY CLERK



 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 13th of December 2023, at the hour of 10:40 o'clock A.M. E.S.T.



 LANA R. KEESLING, CITY CLERK

Approved and signed by me this 13TH day of December 2023, at the hour of 1:30 o'clock Pm E. S.T.



 THOMAS C. HENRY, MAYOR

