BILL NO. S-15-12-05

SPECIAL ORDINANCE NO. S-_____

AN ORDINANCE approving the awarding of RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE FEES) 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 / SYMETRA LIFE INSURANCE for the HUMAN RESOURCES AND BENEFITS.

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 FEES) 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/SYMETRA LIFE INSURANCE for the HUMAN RESOURCES AND BENEFITS, 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 $1,990,500
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 $1,125,000 (Includes $325,000 of Supplemental Life Insurance (EMPLOYEE PAID)

involving a total cost of not to exceed THREE MILLION, ONE HUNDRED FIFTEEN THOUSAND FIVE HUNDRED AND 00/100 DOLLARS - ($3,115,500.00) - (INCLUDES $325,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE FEES) AND GROUP LIFE/LONG 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

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 $3,115,500 (includes $325,000 of employee paid life ins)
Conflict of interest on file?	☒ Yes ☐ 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	☒ Yes ☐ No *If no, explain below*
If not lowest, explain	

COUNCIL DIGEST SHEET

COST COMPARISON

Increase/decrease amount from prior years. For annual purchase (if available).	

DESCRIPTION OF PROJECT / NEED

Identify need for project & describe project; attach supporting documents as necessary.	Quotes were obtained through our insurance broker and reviewed/selected based on competitive rates/service

REQUEST FOR PRIOR APPROVAL

Provide justification if prior approval is being requested.	

FUNDING SOURCE

Account Information.	403 BENFI 5143

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 1, 2015

The Benefits Department requests approval for the following contracts effective January 1, 2015:

Self-Funded Health & Dental: **Automated Group Administration**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed $1,990,500

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 $1,125,000
(Includes $325,000 of Supplemental Life Insurance **(EMPLOYEE PAID)**

See attached summaries for more detailed information. Funding Source 403 BENF1 5143

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

City of Fort Wayne
January 1, 2016 Self Funded Cost Comparison

THE DEHAYES GROUP

	Current - 2015		Renewal - 2016	
Plan Administrator	AGA		AGA	
Managing Underwriter	MDS		MDS	
Reinsurance Carrier	Transamerica Premier Life		Transamerica Premier 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	Medical	Dental	Medical	Dental
TOTAL	1972	1972	1972	1972
Administration Fees				
Medical	15.50		15.95	
Dental	2.65		2.75	
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	
Broker Fee	1.80		1.80	
Total Monthly Admin per Employee	35.45		36.00	
Monthly Administration Costs	$69,907.40		$70,992.00	
Annual Administration Costs	$838,888.80		$851,904.00	
Reinsurance Premiums				
Specific Premium	43.85		46.98	
Aggregate Premium	2.54		2.59	
Monthly Reinsurance Premium	$91,481.08		$97,752.04	
Annual Reinsurance Premium	$1,097,772.96		$1,173,024.48	
Aggregate Claim Factors				
Medical Aggregate Factor	1,455.35		1,455.35	
Dental Aggregate Factor	62.31		62.31	
Monthly Aggregate Factors	$2,992,825.52		$2,992,825.52	
Annual Aggregate Factors	$35,913,906.24		$35,913,906.24	
Total Minimum Plan Costs	$1,936,661.76		$2,024,928.48	
Total Maximum Plan Costs	$37,850,568.00		$37,938,834.72	
Percent of Increase/Change			0.23%	
Notes/Contingencies	Current Benefits Grandfathered Status E. Gurman - additional $45,000 monthly kidney dialysis laser		Current Benefits Grandfathered Status Completion of Disclosure Statement. Based on the results some individuals may be subject to different specific deductibles	

City of Fort Wayne

January 1, 2016 Companies Requested to Quote

Reinsurance Carriers	Status
Transamerica Premier Life	Presented
Symetra	Decline – uncompetitive (manual rate would not support risk) due to high claims experience
Sun Life Financial	Waiting on formal response – have advised that they are approximately 37% higher on specific rates

SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690

Phone: (800) 426-7784
Fax: (866) 348-0056
TT/TTY (800) 833-6388 (Deaf/HH only)

cc: WDCK dba The DeHayes Group
11-26-9822-03

Laura Townsend
City of Fort Wayne
200 E. Berry, Suite 370
Fort Wayne, IN 46802

Re: Policy 01-016266-00
January 1, 2016, Renewal

Dear Policyholder:

This letter contains the results of our annual review of your group insurance coverages. We have evaluated your rates using current census data. A brief summary of your plan's experience is provided below for the period of January 1, 2013, through July 31, 2015:

Current Coverage	Premium	Claims
Basic Employee Life Insurance	$485,092	$740,775
Basic Employee Accidental Death and Dismemberment Insurance	$64,459	$15,025
Supplemental Employee Life Insurance	$676,042	$100,219
Supplemental Spouse Life Insurance	$102,438	$55,000
Supplemental Child Life Insurance	$5,209	$0
Supplemental Employee Accidental Death and Dismemberment Insurance	$34,368	$0
Supplemental Spouse Accidental Death and Dismemberment Insurance	$5,784	$0
Supplemental Child Accidental Death and Dismemberment Insurance	$1,286	$0
Long-Term Disability Insurance	$384,816	Paid Claims: $105,427 Reserves: $141,323
Short-Term Disability Insurance	$417,359	$318,198

Effective January 1, 2016 your renewal rates are as follows:

Current Coverage	Current Monthly Rates	Renewal Monthly Rates
Basic Employee Life Insurance	$0.186 per $1,000	$0.250 per $1,000
Basic Employee Accidental Death and Dismemberment Insurance	$0.02 per $1,000	$0.02 per $1,000
Supplemental Employee Life Insurance	*Step-Rated	*Step-Rated
Supplemental Spouse Life Insurance	*Step-Rated	*Step-Rated
Supplemental Child Life Insurance	$0.07 per $1,000	$0.07 per $1,000
Supplemental Employee Accidental Death and Dismemberment Insurance	$0.03 per $1,000	$0.03 per $1,000
Supplemental Spouse Accidental Death and Dismemberment Insurance	$0.03 per $1,000	$0.03 per $1,000
Supplemental Child Accidental Death and Dismemberment Insurance	$0.03 per $1,000	$0.03 per $1,000
Long-Term Disability Insurance	$0.31 % covered payroll	$0.31 % covered payroll
Short-Term Disability Insurance	$0.38 per $10	$0.41 per $10

The renewal rates are guaranteed for 2 years.

If you have any questions regarding this renewal information, please contact me or WDCK dba The DeHayes Group. We appreciate the opportunity to provide this insurance coverage and look forward to many more years of continued service to you.

Sincerely,

_____
date

Katrina Bond
Regional Account Manager
(317) 308-8284
Symetra Financial

SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Life Insurance Company
P.O. Box 34690
Seattle, WA 98124-1690

Phone: (800) 426-7784
Fax: (888) 348-0058
TT/TTY (800) 833-6388 (Deaf/HH only)

SYMETRA LIFE INSURANCE COMPANY
777 108th Avenue NE, Suite 1200
Bellevue, Washington 98004-5135

PREMIUM RATE NOTICE

Policy Number: 01-016266-00

Policyholder: City of Fort Wayne

Effective Date of Premium Rates: January 1, 2016

Coverage	Monthly Rate
Basic Employee Life Insurance	$0.250 per $1,000
Basic Employee Accidental Death and Dismemberment Insurance	$0.02 per $1,000
Supplemental Employee Life Insurance	*Step-Rated
Supplemental Spouse Life Insurance	*Step-Rated
Supplemental Child Life Insurance	$0.07 per $1,000
Supplemental Employee Accidental Death and Dismemberment Insurance	$0.03 per $1,000
Supplemental Spouse Accidental Death and Dismemberment Insurance	$0.03 per $1,000
Supplemental Child Accidental Death and Dismemberment Insurance	$0.03 per $1,000
Long-Term Disability Insurance	$0.310 per $100
Short-Term Disability Insurance	$0.410 per $10

*Supplemental Employee and Spouse step-rates are as follows:

Age	Rate per $1,000
Under 25	$0.07
25-29	$0.07
30-34	$0.07
35-39	$0.11
40-44	$0.17
45-49	$0.28
50-54	$0.50
55-59	$0.82
60-64	$1.09
65-69	$1.70
70-74	$3.00
75+	$4.94

Premium rate adjustments due to change in age are effective on the policy anniversary following the date of change.

SYMETRA LIFE INSURANCE COMPANY

BY: Thomas M. Marra, President

Registrar: David Spak

Date: October 19, 2015

Instructions: (1) Use these rates beginning on the effective date shown above.
(2) Retain this Premium Rate Notice with your policy.

SYMETRA
RETIREMENT | BENEFITS | LIFE

City of Fort Wayne
January 1, 2016 Life/AD and D Rate Comparison

THE DEHAYES GROUP

Insurance Carrier Plan Name	Current - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	OneAmerica Life/AD&D	MetLife Life/AD&D	Dearborn National 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 *(Active Employee's)*	Included	Included	Included	Included	Included
Accelerated Benefit *(Active Employee's)*	Included	Included	Included	Included	Included
Reduction Schedule	None	None	None	None	None
Conversion/Portability *(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)	$103,577,000	$103,577,000	$103,577,000	$103,577,000	$103,577,000
AD&D Volume (monthly)	$133,986,000	$133,986,000	$133,986,000	$133,986,000	$133,986,000
Life Rate (per $1,000)	$0.196	$0.25	$0.26	$0.256	$0.312
AD&D Rate (per $1,000)	$0.02	$0.02	$0.02	$0.02	$0.02
Monthly Premium	$21,945.04	$28,578.97	$29,609.74	$29,195.43	$34,995.74
Annual Premium	$263,340.50	$342,687.64	$355,316.88	$350,345.18	$419,948.93
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	3 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Short Term Disability Rate Comparison

THE DEHAYES GROUP

Insurance Carrier Plan Name	Current - Symetra STD	Renewal - Symetra STD	OneAmerica STD	MetLife STD	Companion Life 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)	$580,007	$580,007	$580,007	$580,007	$580,007
Rate (per $10)	$0.38	$0.41	$0.42	$0.38	$0.41
Monthly Premium	$22,040.27	$23,780.29	$24,360.29	$22,040.27	$23,780.29
Annual Premium	$264,483.19	$285,363.44	$292,323.53	$264,483.19	$285,363.44
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	2 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Short Term Disability Rate Comparison

THE DEHAYES GROUP

Insurance Carrier Plan Name	Dearborn National STD				
Benefit Detail					
Benefit Amount	60% of weekly income				
Maximum Weekly Benefit	$1,300				
Maximum Benefit Duration	12 weeks				
Benefits Begin On					
Accident	8th Day				
Illness	8th Day				
Participation Requirement	100%				
Employer Contribution	Non-contributory				
Rates					
Volume (monthly)	$580,007				
Rate (per $10)	$0.449				
Monthly Premium	$26,042.51				
Annual Premium	$312,507.77				
Rate Guarantee	2 Years				

October 19, 2015

City of Fort Wayne
January 1, 2016 Long Term Disability Rate Comparison

THE DEHAYES GROUP

Insurance Carrier Plan Name	Current - Symetra LTD	Renewal - Symetra LTD	OneAmerica LTD	MetLife LTD	Dearborn National 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/SSFRA	65/SSNRA/RBD	65/SSNRA
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
Special Limitation	24 Months	24 Months	24 Months	24 Months	n/a
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)	$4,188,941	$4,188,941	$4,188,941	$4,188,941	$4,188,941
Rate (per $100)	$0.31	$0.31	$0.41	$0.31	$0.37
Monthly Premium	$12,985.72	$12,985.72	$17,174.66	$12,985.72	$15,499.08
Annual Premium	$155,828.61	$155,828.61	$206,095.90	$155,828.61	$185,988.98
Rate Guarantee	until January 1, 2016	until January 1, 2018	2 Years	2 Years	2 Years

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Voluntary Life/AD and D Rate Comparison

THE DEHAYES GROUP

Insurance Carrier Plan Name	Current - Symetra Voluntary Life/AD&D		Renewal - Symetra Voluntary Life/AD&D		OneAmerica Voluntary Life/AD&D		MetLife Voluntary Life/AD&D		Companion Life Voluntary Life/AD&D	
Employee Benefit										
Minimum Amount	$10,000		$10,000		$10,000		$10,000		$10,000	
In Increments of	$10,000		$10,000		$1,000		$10,000		$5,000	
Maximum Amount	$500,000		$500,000		$500,000, not to exceed 5 x salary		$500,000		$500,000, not to exceed 7 x salary	
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	
Spouse Benefit										
Minimum Amount	$5,000		$5,000		$10,000		$5,000		$5,000	
In Increments of	$5,000		$5,000		$500		$5,000		$5,000	
Maximum Amount	$250,000, not to exceed 50% EE amt		$250,000, not to exceed 50% EE amt		$250,000, not to exceed 100% EE amt		$100,000, not to exceed 50% EE amt		$150,000, not to exceed 50% EE amt	
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	
Child(ren) Benefit					*$1,000 - live birth to 19, 25 FT student*					
Minimum Amount	$2,000		$2,000		$2,500		$2,000		$2,500	
In Increments of	$2,000		$2,000		$2,500		$2,000		$2,500	
Maximum Amount	$10,000		$10,000		$10,000		$10,000		$10,000	
AD&D	Matches In-Force Life Benefit		Matches In-Force Life Benefit		Matches In-Force Life Benefit		Matches In-Force Life Benefit		n/a	
Guarantee Issue Amount										
Employee	$200,000		$200,000		$200,000		$200,000		$200.00 (if 125 enrolled) otherwise $100,000	
Spouse	$30,000		$30,000		$30,000		$25,000		$30,000	
Child(ren)	$10,000		$10,000		$10,000		$10,000		$10,000	
Reduction Schedule	None		None		None		None		to 65% @ age 65, 50% @ age 70; 35% @ age 75; 20% @ age 80	
Conversion/Portability *(Life)*	Included		Included		Included		Included		Included	
Participation Requirement	25% eligible employees		25% eligible employees		25% eligible employees		35% eligible employees		25% eligible employees	
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	$0.090	$0.090
25-29	$0.070	$0.070	$0.070	$0.070	$0.070	$0.070	$0.060	$0.060	$0.090	$0.090
30-34	$0.070	$0.070	$0.070	$0.070	$0.070	$0.070	$0.080	$0.080	$0.100	$0.100
35-39	$0.110	$0.110	$0.110	$0.110	$0.110	$0.110	$0.105	$0.105	$0.120	$0.120
40-44	$0.170	$0.170	$0.170	$0.170	$0.170	$0.170	$0.122	$0.122	$0.170	$0.170
45-49	$0.280	$0.280	$0.280	$0.280	$0.280	$0.280	$0.202	$0.202	$0.290	$0.290
50-54	$0.500	$0.500	$0.500	$0.500	$0.500	$0.500	$0.362	$0.362	$0.530	$0.530
55-59	$0.520	$0.520	$0.520	$0.520	$0.520	$0.520	$0.595	$0.595	$0.790	$0.790
60-64	$1.090	$1.090	$1.090	$1.090	$1.090	$1.090	$0.790	$0.790	$1.520	$1.520
65-69	$1.700	$1.700	$1.700	$1.700	$1.700	$1.700	$1.275	$1.275	$2.590	$2.590
70-74	$5.000	$5.000	$5.000	$5.000	$5.000	$5.000	$2.175	$2.175	$4.410	$4.410
75+	$4.940	$4.940	$4.940	$4.940	$4.940	$4.940	$3.582	$3.582	$4.410	$4.410
Child(ren) Rates (per $1,000)	$0.07		$0.07		$0.07		$0.055		$0.25	
AD&D Rates (per $1,000)										
Employee	$0.03		$0.03		$0.03		$0.023		$0.03	
Spouse	$0.03		$0.03		$0.05		$0.019		$0.03	
Child(ren)	$0.05		$0.05		$0.05		$0.019		n/a	
Rate Guarantee	until January 1, 2016		until January 1, 2015		2 Years		3 Years		2 Years	

Revised October 19, 2015

October 19, 2015

City of Fort Wayne
January 1, 2016 Voluntary Life/AD and D Rate Comparison

THE DEHAYES GROUP

Insurance Carrier	Dearborn National			
Plan Name	Voluntary Life/AD&D			
Employee Benefit				
Minimum Amount	$10,000			
In Increments of	$10,000			
Maximum Amount	$500,000			
AD&D	Matches In-Force Life Benefit			
Spouse Benefit				
Minimum Amount	$5,000			
In Increments of	$5,000			
Maximum Amount	$250,000, not to exceed 50% EE amt			
AD&D	Matches In-Force Life Benefit			
Child(ren) Benefit				
Minimum Amount	$2,000			
In Increments of	$2,000			
Maximum Amount	$10,000			
AD&D	Matches In-Force Life Benefit			
Guarantee Issue Amount				
Employee	$200,000			
Spouse	$30,000			
Child(ren)	$10,000			
Reduction Schedule	None			
Conversion/Portability *(Life)*	Included			
Participation Requirement	35% eligible employees			
Life Rates (per $1,000)	Employee / Spouse			
Age Bracket <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	$0.250 / $0.250			
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			
Child(ren) Rates (per $1,000)	$0.07			
AD&D Rates (per $1,000)				
Employee	$0.05			
Spouse	$0.05			
Child(ren)	$0.05			
Rate Guarantee	2 Years			

October 19, 2015