BILL NO. S-17-12-04

SPECIAL ORDINANCE NO. S-_____

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 $2,450,000
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 $1,300,000 (Includes $350,000 of Supplemental Life Insurance (EMPLOYEE PAID))

involving a total cost of not to exceed THREE MILLION, SEVEN HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS - ($3,750,000.00) - (INCLUDES $350,000 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.

_____
Council Member

APPROVED AS TO FORM AND LEGALITY

_____
Carol Helton, City Attorney

City of Fort Wayne
January 1, 2018 Self Funded Cost Comparison

THE DEHAYES GROUP

	Current - 2017		Renewal - 2018	
Plan Administrator	AGA		AGA	
Managing Underwriter	MDS		MDS	
Reinsurance Carrier	Transamerica Premier Life		Companion 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	1980	1998	1980	1998
Administration Fees				
Medical	16.50		16.50	
Dental	2.85		2.85	
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	
HealthiestYou	-		5.50	
Broker Fee	1.80		1.80	
Total Monthly Admin per Employee	36.65		42.15	
Subrogation Fee	Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included	
Monthly Administration Costs	$72,567.00		$83,508.30	
Annual Administration Costs	$870,804.00		$1,002,099.60	
Reinsurance Premiums				
Specific Premium	51.58		55.98	
Aggregate Premium	2.65		2.65	
Monthly Reinsurance Premium	$107,423.10		$116,087.40	
Annual Reinsurance Premium	$1,289,077.20		$1,393,048.80	
Aggregate Claim Factors				
Medical Aggregate Factor	1,570.65		1,593.49	
Dental Aggregate Factor	62.31		62.31	
Monthly Aggregate Factors	$3,234,382.38		$3,279,605.58	
Annual Aggregate Factors	$38,812,588.56		$39,355,266.96	
Total Minimum Plan Costs	$2,159,881.20		$2,395,148.40	
Total Maximum Plan Costs	$40,972,469.76		$41,750,415.36	
Percent of Increase/Change			1.90%	
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*	

City of Fort Wayne
January 1, 2018 Self Funded Cost Comparison

THE DEHAYES GROUP

	Current - 2017		Alternate - 2018	
Plan Administrator	AGA		AGA	
Managing Underwriter	MDS		Symetra	
Reinsurance Carrier	Transamerica Premier Life		Symetra	
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	1980	1998	1980	1998
Administration Fees				
Medical	16.50		16.50	
Dental	2.85		2.85	
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	
HealthiestYou	-		5.50	
Broker Fee	1.80		1.80	
Total Monthly Admin per Employee	36.65		42.15	
Subrogation Fee	Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included	
Monthly Administration Costs	$72,567.00		$83,508.30	
Annual Administration Costs	$870,804.00		$1,002,099.60	
Reinsurance Premiums				
Specific Premium	51.58		58.13	
Aggregate Premium	2.65		2.04	
Monthly Reinsurance Premium	$107,423.10		$119,136.60	
Annual Reinsurance Premium	$1,289,077.20		$1,429,639.20	
Aggregate Claim Factors				
Medical Aggregate Factor	1,570.65		1,717.53	
Dental Aggregate Factor	62.31		Included	
Monthly Aggregate Factors	$3,234,382.38		$3,400,709.40	
Annual Aggregate Factors	$38,812,588.56		$40,808,512.80	
Total Minimum Plan Costs	$2,159,881.20		$2,431,738.80	
Total Maximum Plan Costs	$40,972,469.76		$43,240,251.60	

Notes/Contingencies		
	Current Benefits - $1,200/$3,400 Deductibles Grandfathered Status	Current Benefits - $1,200/$3,400 Deductibles Grandfathered Status Require completed disclosure statement & updated information on claimant that had a back surgery on 10/31/17

City of Fort Wayne

January 1, 2018 Companies Requested to Quote

Carrier	Status
Companion Life	Presented
Symetra	Presented
HCC	Declined – uncompetitive
Sun Life	Declined – uncompetitive
Standard Life and Accident	Declined – uncompetitive, ongoing claimants

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

Insurance Carrier Plan Name	**Current - Symetra** Life/AD&D	**Renewal - Symetra** Life/AD&D	**Renewal - Symetra** Life/AD&D	**OneAmerica** Life/AD&D	**MetLife** Life/AD&D
		Renewal Option 1	Renewal Option 2		
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)	$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

THE DEHAYES GROUP

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 *(Active Employee's)*	Included	Included			
Accelerated Benefit *(Active Employee's)*	Included	Included			
Reduction Schedule	None	None			
Conversion/Portability *(Life)*	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

THE DEHAYES GROUP

		Renewal Option 1	Renewal Option 2		
Insurance Carrier Plan Name	**Current - Symetra** STD	**Renewal - Symetra** STD	**Renewal - Symetra** STD	**OneAmerica** STD	**MetLife** 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**	**$28,352.69**	**$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)	2 Years (January 1, 2021)	3 Years	2 Years

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

THE DEHAYES GROUP

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

THE DEHAYES GROUP

		Renewal Option 1	Renewal Option 2		
Insurance Carrier Plan Name	**Current - Symetra** LTD	**Renewal - Symetra** LTD	**Renewal - Symetra** LTD	**OneAmerica** LTD	**MetLife** 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**	**$281,350.59**
Rate Guarantee	until January 1, 2019	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

THE DEHAYES GROUP

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

THE DEHAYES GROUP

Insurance Carrier / Plan Name	Current - Symetra Voluntary Life/AD&D		Renewal Option 1: Renewal - Symetra Voluntary Life/AD&D		Renewal Option 2: Renewal - Symetra Voluntary Life/AD&D		OneAmerica Voluntary Life/AD&D		MetLife 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		$10,000		$10,000		$10,000	
Maximum Amount	$500,000		$500,000		$500,000		$500,000, not to exceed 5 x salary		$500,000	
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		$5,000		$5,000		$5,000	
In Increments of	$5,000		$5,000		$5,000		$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 50% Ee amt		$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		Matches In-Force Life Benefit		Matches In-Force Life Benefit		Matches In-Force Life Benefit	
Child(ren) Benefit							*$1,000 - live birth to 6 months*			
Minimum Amount	$2,000		$2,000		$2,000		$2,000		$2,000	
In Increments of	$2,000		$2,000		$2,000		$2,000		$2,000	
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		Matches In-Force Life Benefit	
Guarantee Issue Amount										
Employee	$200,000		$200,000		$200,000		$200,000		$200,000	
Spouse	$30,000		$30,000		$30,000		$30,000		$30,000	
Child(ren)	$10,000		$10,000		$10,000		$10,000		$10,000	
Reduction Schedule	None		None		None		None		None	
Conversion/Portability *(Life)*	Included		Included		Included		Included		Included	
Participation Requirement	25%		25%		25%		25%		Vol Life - 35% employees / 25% dependents / AD&D - 25% All	
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	
Spouse	$0.03		$0.03		$0.03		$0.03		$0.03	
Child(ren)	$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	

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

THE DEHAYES GROUP

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% eligibile 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 $3,750,00 (includes $350,000 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 INSR1 5146

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 5, 2017

The Benefits Department requests approval for the following contracts effective January 1, 2018:

Self-Funded Health & Dental: **Automated Group Administration**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed $2,450,000

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 $1,300,000
(Includes $350,000 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.