

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 \$2,475,000

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 \$1,350,000
(Includes \$365,000 of Supplemental Life Insurance
(EMPLOYEE PAID))

involving a total cost of not to exceed THREE MILLION, EIGHT HUNDRED TWENTY-FIVE HOUSSAND AND 00/100 DOLLARS - (\$3,825,000.00) - (INCLUDES \$365,000 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.

1
2
3 Council Member
4

5 APPROVED AS TO FORM AND LEGALITY
6

7
8 Carol Helton, City Attorney
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

City of Fort Wayne
January 1, 2019 Self Funded Cost Comparison



	Current - 2018		Renewal - 2019		Alternate - 2019	
Plan Administrator	AGA		AGA		AGA	
Managing Underwriter	MDS		MDS		MDS	
Reinsurance Carrier	Companion Life		Companion Life		Companion Life	
Networks	Signature Care, Lutheran Pref & Evolutions		Signature Care EPO & Evolutions		Signature Care EPO & Evolutions	
Reinsurance Contract Terms						
Specific Deductible	\$325,000		\$325,000		\$350,000	
Aggregating Specific Deductible	\$150,000		\$150,000		\$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						
	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>	<u>Medical</u>	<u>Dental</u>
TOTAL	2002	2028	2002	2028	2002	2028
Administration Fees						
Medical	16.50		16.95		16.95	
Dental	2.85		2.95		2.95	
PPO Access	6.50		6.25		6.25	
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		4.25		4.25	
HealthiestYou	5.50		5.50		5.50	
Dental PPO Access	-		1.75		1.75	
Total Monthly Admin per Employee	40.35		42.40		42.40	
Subrogation Fee	Included		Included		Included	
Out-of-Network Negotiated Savings Fee	Included		Included		Included	
Monthly Administration Costs	\$80,854.80		\$85,007.00		\$85,007.00	
Annual Administration Costs	\$970,257.60		\$1,020,084.00		\$1,020,084.00	
Reinsurance Premiums						
Specific Premium	55.98		58.75		51.98	
Aggregate Premium	2.65		2.69		2.75	
Monthly Reinsurance Premium	\$117,446.16		\$123,072.82		\$109,640.96	
Annual Reinsurance Premium	\$1,409,353.92		\$1,476,873.84		\$1,315,691.52	
Aggregate Claim Factors						
Medical Aggregate Factor	1,593.49		1,570.65		1,576.15	
Dental Aggregate Factor	62.31		64.79		64.79	
Monthly Aggregate Factors	\$3,316,531.66		\$3,275,835.42		\$3,286,846.42	
Annual Aggregate Factors	\$39,798,379.92		\$39,310,025.04		\$39,442,157.04	
Total Minimum Plan Costs	\$2,379,611.52		\$2,496,957.84		\$2,335,775.52	
Total Maximum Plan Costs	\$42,177,991.44		\$41,806,982.88		\$41,777,932.56	

Percent of Increase/Change

-0.88%

-0.95%

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, 2018 Life/AD and D Rate Comparison



Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		
	Current - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	Renewal - Symetra Life/AD&D	OneAmerica 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 Employees)	Included	Included	Included	Included	Included
Accelerated Benefit (Active Employees)	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)	2 Years (January 1, 2021)	3 Years	3 Years

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



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 (<i>Active Employee's</i>)	Included	Included			
Accelerated Benefit (<i>Active Employee's</i>)	Included	Included			
Reduction Schedule	None	None			
Conversion/Portability (<i>Life</i>)	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	\$34,957.85	\$32,155.56			
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



Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		
	Current - Symetra STD	Renewal - Symetra STD	Renewal - Symetra STD	OneAmerica 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)	\$604,533	\$604,533	\$604,533	\$604,533	\$604,533
Rate (per \$10)	\$0.41	\$0.283	\$0.41	\$0.462	\$0.416
Monthly Premium	\$24,785.94	\$23,274.60	\$24,785.94	\$28,232.60	\$25,148.56
Annual Premium	\$297,431.23	\$279,295.17	\$297,431.23	\$340,232.30	\$301,783.57
Rate Guarantee	until January 1, 2018	2 Years (January 1, 2020)	3 Years (January 1, 2021)	3 Years	2 Years

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



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



Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		
	Current - Symetra LTD	Renewal - Symetra LTD	Renewal - Symetra LTD	OneAmerica 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	\$0.27	\$0.43	\$0.54	\$0.537
Monthly Premium	\$13,534.86	\$16,154.51	\$18,537.55	\$23,576.85	\$23,445.87
Annual Premium	\$162,418.25	\$193,854.09	\$220,050.58	\$282,922.18	\$281,350.39
Rate Guarantee	until January 1, 2018	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



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	\$259,345.23	\$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



Insurance Carrier Plan Name	Renewal Option 1		Renewal Option 2		OneAmerica Voluntary Life/AD&D	MetLife Voluntary Life/AD&D
	Current - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D	Renewal - Symetra Voluntary Life/AD&D		
Employee Benefit						
Minimum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
In Increments of	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Maximum Amount	\$500,000	\$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	Matches In-Force Life Benefit
Spouse Benefit						
Minimum Amount	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
In Increments of	\$5,000	\$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	\$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	Matches In-Force Life Benefit
Child(ren) Benefit						
Minimum Amount	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000 - for birth to 6 months \$2,000	\$2,000
In Increments of	\$2,000	\$2,000	\$2,000	\$2,000	Matches In-Force Life Benefit	\$2,000
Maximum Amount	\$10,000	\$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	Matches In-Force Life Benefit
Guarantee Issue Amount						
Employee	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Spouse	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Child(ren)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Reduction Schedule	None	None	None	None	None	None
Conversion/Portability (Life)	Included	Included	Included	Included	Included	Included
Participation Requirement	25%	25%	25%	25%	25%	Vol Life - 35% employees / 25% dependents / AD&D - 25% AE
Life Rates (per \$1,000)	Employee	Spouse	Employee	Spouse	Employee	Spouse
Age Bracket						
<24	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
25-29	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
30-34	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
35-39	\$0.110	\$0.110	\$0.110	\$0.110	\$0.090	\$0.090
40-44	\$0.170	\$0.170	\$0.170	\$0.170	\$0.140	\$0.140
45-49	\$0.280	\$0.280	\$0.280	\$0.280	\$0.240	\$0.240
50-54	\$0.500	\$0.500	\$0.500	\$0.500	\$0.430	\$0.430
55-59	\$0.830	\$0.830	\$0.830	\$0.830	\$0.700	\$0.700
60-64	\$1.090	\$1.090	\$1.090	\$1.090	\$0.930	\$0.930
65-69	\$1.700	\$1.700	\$1.700	\$1.700	\$1.450	\$1.450
70-74	\$3.000	\$3.000	\$3.000	\$3.000	\$2.550	\$2.550
75+	\$4.940	\$4.940	\$4.940	\$4.940	\$4.200	\$4.200
Child(ren) Rates (per \$1,000)	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07
AD&D Rates (per \$1,000)	Employee	Spouse	Employee	Spouse	Employee	Spouse
	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
	\$0.03	\$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	3 Years

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



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% E&S amt	\$250,000, not to exceed 50% E&S 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% E&S amt	\$10,000							
AD&D	n/a	Matches In-Force Life Benefit							
Guarantee Issue Amount									
Employee	\$200,000	\$200,000							
Spouse	\$10,000	\$10,000							
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% Employees & Spouse / 25% Children	35% eligible 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	13 Years	13 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 \$3,825,00 (includes \$365,000 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 <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

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: DECEMBER 3, 2018

The Benefits Department requests approval for the following contracts effective January 1, 2019:

Self-Funded Health & Dental: **Automated Group Administration**
Total annual fees are based on per person/per month enrollment.
Total annual not to exceed \$2,475,000

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 \$1,350,000
(Includes \$365,000 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.

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • www.cityoffortwayne.org
An Equal Opportunity Employer