

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.
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12 _____
Council Member

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15 APPROVED AS TO FORM AND LEGALITY

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17 _____
Carol Helton, City Attorney
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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	
Reinsurance Contract Terms						
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	
Enrollment						
TOTAL	Medical 2064	Dental 2073	Medical 2064	Dental n/a	Medical 2064	Dental n/a
Administration Fees						
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	
Reinsurance Premiums						
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	
Aggregate Claim Factors						
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

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Grandfathered Status
See Underwriter Comments and Assumptions

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Grandfathered Status
See Underwriter Comments and Assumptions

COST ANALYSIS



Sold Plan

beam

Dental		Current	Renewal	beam		MetLife	Principal	Guardian
Annual Premium		\$1,854,156	\$1,854,156	\$1,608,695	\$2,102,182	\$1,566,828	\$2,051,577	\$2,102,182
Rate Guarantee		Expiring	Expiring	2 Years	2 Years	2 Years	1 Year	2 Years
Total Dental								
Annual Premium		\$1,854,156	\$1,854,156	\$1,608,695	\$2,102,182	\$1,566,828	\$2,051,577	\$2,102,182
Annual Change vs Current			\$0.00	-\$245,460.60	-\$248,025.96	-\$287,327.52	\$197,421.48	-\$248,025.96
Annual % Change vs Current			0.0%	-13.2%	-13.4%	-15.5%	10.6%	-13.4%
Annual Change vs Renewal				-\$245,460.60	-\$287,327.52	-\$287,327.52	\$197,421.48	-\$248,025.96
Annual % Change vs Renewal				-13.2%	-15.5%	-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.



City of Fort Wayne

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			-\$21,365.53
Annual % Change			-2.26%
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	\$4,769,360	\$4,769,360	\$4,769,360
Rate per \$1000 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	N/A		N/A
Total Covered Lives	1060	1060	1060
Benefit Volume	\$688,028	\$688,028	\$688,028
Rate per \$1000 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 \$150,000/3x to \$350,000
Class 2: All active Firefighters	1x to \$150,000/1x to \$150,000		1x to \$150,000/1x 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 \$150,000/3x to \$350,000
Class 4: All Other active Employees	1x to \$150,000/1x to \$150,000		1x to \$150,000/1x to \$150,000
Class 5: All Elected Officials and Division Heads	1x to \$150,000/1x to \$150,000		1x to \$150,000/1x to \$150,000
Class 6: Retired Firefighters who are members of the IAFF Local 24	Flat \$17,600		Flat \$17,600
Class 7: All Other members who retired 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	\$77,689.89
Combined Annual Premium	\$918,242.50	\$946,444.20	\$932,078.68
Annual Change			-\$21,365.53
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
eipls.life	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 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>	
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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 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:

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 \$1,450,000 (Includes \$375,000 of Supplemental Life Insurance (EMPLOYEE PAID))
TOTAL:	\$5,750,000

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
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