

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 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 \$2,700,000

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 \$1,600,000
(Includes \$400,000 of Supplemental Life Insurance (EMPLOYEE PAID))

involving a total cost of not to exceed FIVE MILLION, NINE HUNDRED FIFTY THOUSAND AND 00/100 DOLLARS (\$5,950,000.00)- (INCLUDES \$400,000 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 _____
Malak Heiny, City Attorney
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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 FULLY INSURED DENTAL PLAN AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & SHORT-TERM DISABILITY INSURANCE

DATE: NOVEMBER 17, 2022

The Benefits Department requests approval for the following contracts effective January 1, 2023:

Self-Funded Health Plan:	Automated Group Administration Total annual fees are based on per person/per month enrollment. Total annual not to exceed \$2,700,000
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 \$1,600,000 (Includes \$400,000 of Supplemental Life Insurance (EMPLOYEE PAID))
TOTAL:	\$5,950,000

See attached summaries for more detailed information. Funding Source 403 INSR1 5146

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

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

City of Fort Wayne
January 1, 2023 Self Funded Cost Comparison



Plan Administrator Managing Underwriter Reinsurance Carrier Networks	Current - 2022	Renewal - 2023	Alternate - 2023
	AGA	AGA	AGA
	MDS	MDS	MDS
	Companion Life Signature Care EPO & Evolutions	Companion Life Signature Care EPO & Evolutions	Companion Life 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	Medical	Medical	Medical
TOTAL	2071	2071	2071
Administration Fees			
Medical	18.50	19.45	19.45
PPO Access	7.00	7.25	7.25
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	4.65	5.45	5.45
HealthiestYou	5.50	5.50	5.50
Consolidated Appropriations Act	n/a	1.00	1.00
Total Monthly Admin per Employee	40.40	43.40	43.40
Subrogation Fee	Included	Included	Included
Out-of-Network Negotiated Savings Fee	Included	Included	Included
Monthly Administration Costs	\$83,668.40	\$87,810.40	\$87,810.40
Annual Administration Costs	\$1,004,020.80	\$1,053,724.80	\$1,053,724.80
Reinsurance Premiums			
Specific Premium	59.98	64.75	59.75
Aggregate Premium	3.09	3.19	3.25
Monthly Reinsurance Premium	\$124,218.58	\$140,703.74	\$130,473.00
Annual Reinsurance Premium	\$1,490,622.96	\$1,688,444.88	\$1,565,676.00
Aggregate Claim Factors			
Medical Aggregate Factor	1,623.89	1,639.93	1,646.01
Monthly Aggregate Factors	\$3,363,076.19	\$3,396,295.03	\$3,408,886.71
Annual Aggregate Factors	\$40,356,914.28	\$40,755,540.36	\$40,906,640.52
Total Minimum Plan Costs	\$2,494,643.76	\$2,742,169.68	\$2,619,400.80
Total Maximum Plan Costs	\$42,851,558.04	\$43,497,710.04	\$43,526,041.32

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



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

Phone: (800) 426-7784
Fax: (866) 348-0058
TT/TTY (800) 833-6388 (Deaf/HH only)

Laura Helmkamp
City of Fort Wayne
200 East Berry Suite 370
Fort Wayne, IN 46802

Re: Policy 01-016266-00
January 01, 2023

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 and your plan's experience.

The increase to your group Short Term Disability Insurance coverage is due to unfavorable experience. The loss ratio is 104.2%, which is well above our target loss ratio of 76.4%. All Other Inforce rates will be guaranteed for 2 years.

Effective 01/01/2023 your renewal rates are as follows:

	Lives	Volume	Current Rates	Renewal Rates
Basic Employee Life	2853	\$131,371,000.00	\$0.236	\$0.236
Basic Employee AD&D	1885	\$188,061,000.00	\$0.020	\$0.020
Supplemental Employee Life	607	\$81,050,000.00	Step-rates*	Step-rates*
Supplemental Spouse Life	266	\$10,840,000.00	Step-rates*	Step-rates*
Supplemental Child Life	233	\$2,239,000.00	\$0.070	\$0.070
Supplemental AD&D	478	\$37,618,000.00	\$0.030	\$0.030
Long Term Disability	1885	\$9,852,941.32	\$0.404	\$0.404
Short Term Disability	1885	\$1,367,871.98	\$0.420	\$0.458

	Current Monthly Premium	Renewal Monthly Premium	Percent Change
Basic Employee Life	\$31,003.56	\$31,003.56	0%
Basic Employee AD&D	\$3,761.22	\$3,761.22	0%
Supplemental Employee Life	\$25,854.95	\$25,854.95	0%
Supplemental Spouse Life	\$3,512.16	\$3,512.16	0%
Supplemental Child Life	\$156.73	\$156.73	0%
Supplemental AD&D	\$1,128.54	\$1,128.54	0%
Long Term Disability	\$39,805.88	\$39,805.88	0%
Short Term Disability	\$57,450.62	\$62,621.00	9%

- Life rates are based on per \$1,000
 - AD&D rates are based on per \$1,000
 - Dependent Life rates are based on per family unit
 - Long Term Disability rates are quoted as % of total covered payroll
 - Short Term Disability rates are quoted as per \$10 of weekly covered benefit
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- Life Insurance renewal rates are guaranteed for 2 years from the date shown above.
 - Long Term Disability Insurance rates are guaranteed for 2 years from the date shown above.
 - Short Term Disability Insurance rates are guaranteed for 2 years from the date shown above.

In an effort to ensure the accuracy of your bill, our system will be automatically updated to reflect the above rate action 31 days prior to the policy renewal date if Symetra does not receive communication of acceptance, termination, or rate review request.

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

Sincerely,

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

10/26/2022
date

cc: DeHayes

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 01, 2023

Coverage	Monthly Rate
Basic Employee Life	\$0.236
Basic Employee AD&D	\$0.020
Supplemental Employee Life	Step-rates*
Supplemental Spouse Life	Step-rates*
Supplemental Child Life	\$0.070
Supplemental AD&D	\$0.030
Long Term Disability	\$0.404
Short Term Disability	\$0.458

- Life rates are based on per \$1,000
- AD&D rates are based on per \$1,000
- Dependent Life rates are based on per \$1,000
- Long Term Disability rates are quoted as % of total covered payroll
- Short Term Disability rates are quoted as per \$10 of weekly covered benefit

Supplemental Employee Life Step-rates are as follows:

Age	CURRENT:	RENEWAL:
	Rate per \$1,000	Rate per \$1,000
< 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	\$0.280	\$0.280
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

Supplemental Spouse Life Step-rates are as follows:

Age	CURRENT:	RENEWAL:
	Rate per \$1,000	Rate per \$1,000
< 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	\$0.280	\$0.280
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

Rates will be guaranteed until 1/1/2025 unless there is a change in benefits, eligibility, or an Associated Company is added.

Any policy issued in the State of New York is insured and underwritten by First Symetra National Life Insurance Company of New York, a New York-licensed insurer. Any policy issued in any state other than the State of New York is insured and underwritten by Symetra Life Insurance Company, an Iowa-domiciled insurer that is licensed in all states except New York.



BY:

Margaret Meister, President

Date:

10/26/2022

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 \$5,950,000 (includes \$400,000 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