BILL NO. S-26-11-07

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 COMPANY 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 by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and AUTOMATED GROUP ADMINISTRATION / SYMETRA LIFE INSURANCE COMPANY for the HUMAN RESOURCES AND BENEFITS DEPARTMENT, respectfully for:

Self-Funded Health Plan:	**AUTOMATED GROUP ADMINISTRATION/TPA** Total annual fees are based on per person/per month enrollment. Total annual not to exceed $3,000,000 Lowest bid
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 $1,800,000 (Includes $600,000 of Supplemental Life Insurance (EMPLOYEE PAID) 3rd year of a 3-year rate guarantee

involving a total cost of not to exceed FOUR MILLION, EIGHT HUNDRED THOUSAND AND 00/100 DOLLARS ($4,800,000.00)- (INCLUDES $600,000 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

CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

TO: CITY COUNCIL MEMBERS

FROM: LAURA HELMKAMP – HR & BENEFITS MANAGER

RE: SELF FUNDED HEALTH/DENTAL PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AWARDED TO AUTOMATED GROUP ADMINISTRATION AND RENEWAL OF GROUP LIFE/AD&D INSURANCE AND LONG TERM & SHORT-TERM DISABILITY INSURANCE AWARDED TO SYMETRA

DATE: NOVEMBER 10, 2026

The Benefits Department requests approval for the following contracts effective January 1, 2026:

Self-Funded Health Plan:	**AUTOMATED GROUP ADMINISTRATION** Total annual fees are based on per person/per month enrollment. Total annual not to exceed $3,000,000 Lowest bid
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 $1,800,000 (Includes $600,000 of Supplemental Life Insurance **(EMPLOYEE PAID)** 3rd year of a 3-year rate guarantee
TOTAL:	**$4,800,000**

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

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

DeHayes
Insurance Solutions Partner

City of Fort Wayne
January 1, 2027 Self Funded Rate Comparison

	CURRENT - 2026	Alternate -2027	Alternate - 2027	Alternate -2027	Alternate -2027
Plan Administrator	PHP TPA Services	PHP TPA Services	PHP TPA Services	AGA	Unified Group Services
Managing Underwriter	FAIRCO	FAIRCO	Priority Health	MDS	Excess Reinsurance
Reinsurance Carrier	FAIRCO	FAIRCO	Priority Health	Companion Life	SiriusPoint America Ins. Co.
Networks	PHP Freedom w/Encore Combined, Cigna (OOA)	Signature Care EPO, Cigna (OOA)	Signature Care EPO, Cigna (OOA)	Signature Care EPO, Cigna (OOA)	Signature Care EPO, Cigna (OOA)
Reinsurance Contract Terms	*Includes NNL w/40% Rate Cap*	*Includes NNL w/40% Rate Cap*	*Includes NNL w/50% Rate Cap*	*Includes NNL w/50% Rate Cap*	*Includes NNL w/50% Rate Cap*
Specific Deductible	$400,000	$400,000	$400,000	$400,000	$400,000
Aggregating Specific Deductible	$200,000	$200,000	$200,000	$200,000	$200,000
Specific Contract	18/12	18/12	18/12	18/12	24/12
Aggregate Contract	18/12	18/12	18/12	18/12	24/12
Specific Contract Coverage	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Aggregate Contract Coverage	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental	Medical/Rx/Dental
Enrollment					
Employee	794	794	794	794	794
Employee/Spouse	325	325	325	325	325
Employee/Child(ren)	298	298	298	298	298
Family	787	787	787	787	787
TOTAL	*2204*	*2204*	*2204*	*2204*	*2204*
Administration Fees					
Medical	$19.75	$20.50	$20.50	$20.45	$19.50
Dental	$2.00	$2.00	$2.00	$3.25	$1.25
PPO Access	$6.00	$9.50	$9.50	$9.50	$9.50
Utilization Review & Mgmt	$2.10	$2.21	$2.21	$3.50	$3.35
OP Therapy Review	Included	Included	Included	$0.70	-
OP Surgery Review	Included	Included	Included	$0.80	-
Telemedicine - First Stop Health	$4.25	$4.25	$4.25	$4.25	$4.25
Medtipster	$1.00	$1.00	$1.00	$1.00	$1.00
PBM Administration Fee	$4.00	$4.00	$4.00	n/a	n/a
Disease Management	See CM & Other Fees	See CM & Other Fees	See CM & Other Fees	See CM & Other Fees	See CM & Other Fees
Consolidated Appropriations Act	See Other Fees	See Other Fees	See Other Fees	$1.00	$1.00
COBRA/HIPAA	$2.00	$2.00	$2.00	$1.25	$1.50
Total Monthly Admin per Employee	$41.10	$45.46	$45.46	$45.70	$41.35
Monthly Administration Costs	*$90,584.40*	*$100,193.84*	*$100,193.84*	*$100,722.80*	*$91,135.40*
Annual Administration Costs	*$1,087,012.80*	*$1,202,326.08*	*$1,202,326.08*	*$1,208,673.60*	*$1,093,624.80*
Additional TPA Related Fees					
Annual Administration Costs	*$932,664.00*	*$932,664.00*	*$932,664.00*	*$157,365.60*	*$634,856.00*
Reinsurance Premiums			added $600k to premium		
Specific - Employee	$27.06	$33.22	$31.54	$57.69	$49.15
Specific - w/Spouse	$46.44	$69.44	$54.13	$57.69	$102.72
Specific - w/Child(ren)	$42.89	$62.79	$49.99	$57.69	$89.94
Specific - Family	$60.84	$96.36	$70.92	$57.69	$144.50
Aggregate - Composite	$1.35	$1.35	$1.44	$3.35	$1.79
Aggregate Accomodation Rider	$2.00	$2.00	$2.00	Included	$2.00
Monthly Reinsurance Premium	*$104,624.34*	*$150,874.82*	*$170,927.83*	*$134,532.16*	*$221,285.88*
Annual Reinsurance Premium	*$1,255,492.08*	*$1,810,497.84*	*$2,051,133.96*	*$1,614,385.92*	*$2,655,430.56*
Aggregate Claim Factors					
Aggregate Factors - Employee	$883.43	$1,058.22	$911.46	$1,735.58	$1,089.39
Aggregate Factors - w/Spouse	$1,846.36	$2,211.70	$1,904.94	$1,735.58	$2,276.83
Aggregate Factors - w/Child(ren)	$1,669.70	$2,000.04	$1,722.67	$1,735.58	$1,993.59
Aggregate Factors - Family	$2,561.95	$3,068.84	$2,643.23	$1,735.58	$3,202.82
Monthly Aggregate Factors	*$3,815,335.67*	*$4,570,218.18*	*$3,936,382.41*	*$3,825,218.32*	*$4,719,654.57*
Annual Aggregate Factors	*$45,784,028.04*	*$54,842,618.16*	*$47,236,588.92*	*$45,902,619.84*	*$56,635,854.84*
Aggregate Claim Factors - Dental					
Aggregate Factors - Employee	Included	Included	Included	$76.20	Included
Aggregate Factors - w/Spouse	Included	Included	Included	$76.20	Included
Aggregate Factors - w/Child(ren)	Included	Included	Included	$76.20	Included
Aggregate Factors - Family	Included	Included	Included	$76.20	Included
Monthly Aggregate Factors	*$0.00*	*$0.00*	*$0.00*	*$167,944.80*	*$0.00*
Annual Aggregate Factors	*$0.00*	*$0.00*	*$0.00*	*$2,015,337.60*	*$0.00*
TOTAL MINIMUM PLAN COSTS	$3,275,168.88	$3,945,487.92	$4,186,124.04	$2,980,425.12	$4,383,911.36
TOTAL MAXIMUM PLAN COSTS	$49,059,196.92	$58,788,106.08	$51,422,712.96[1]	$50,898,382.56	$61,169,766.20
		Firm Proposal until 10/26/26	Firm Proposal until 10/21/26	Firm Proposal	
Priority Health Additional Exposure:		N/A	($800k-$1.5m for one member) (Unlimited for claims over $400k)	N/A	TBD

Removed $1,000,000 laser from specific patient so $600k was added to reinsurance premium.

[1]Priority Health Additional Exposures are as follows: Aggregate claims for one patient excluded from aggregate coverage. Run-in claims from prior carrier exposure is limited to 1 x the individual specific deductible - $400,000. All run-in claims above $400,000 would be the responsibility of the City of Fort Wayne (without limit).

SYMETRA
RETIREMENT | BENEFITS | LIFE

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

Phone: (800) 426-7704
Fax: (866) 346-0050
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 01-018260-00
January 01, 2025

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.

Effective January 1, 2025 your renewal rates/fees are as follows:

	Lives	Volume	Current Rate/Fee	Renewal Rate/Fee
Basic Employee Life	2031	$163,679,000.00	$0.236	$0.200
Basic Employee AD&D	1949	$221,995,000.00	$0.020	$0.020
Supplemental Employee Life	672	$89,130,000.00	Step-rates*	Step-rates*
Supplemental Spouse Life	263	$12,126,000.00	Step-rates*	Step-rates*
Supplemental Child Life	366	$3,634,000.00	$0.070	$0.070
Supplemental Employee AD&D	490	$77,310,000.00	$0.030	$0.030
Supplemental Spouse AD&D	193	$9,176,000.00	$0.030	$0.030
Supplemental Child AD&D	300	$2,982,000.00	$0.030	$0.030
Long Term Disability	1172	$6,607,680.71	$0.404	$0.330
Short Term Disability	1172	$923,395.04	$0.460	$0.300

	Current Monthly Premium/Fees	Renewal Monthly Premium/Fees	Percent Change
Basic Employee Life	$36,310.44	$30,775.00	-15.3%
Basic Employee AD&D	$4,439.00	$4,439.00	0.0%
Supplemental Employee Life	$26,617.20	$26,617.20	0.0%
Supplemental Spouse Life	$3,355.25	$3,355.25	0.0%
Supplemental Child Life	$264.30	$264.30	0.0%
Supplemental Employee AD&D	$2,319.30	$2,319.30	0.0%
Supplemental Spouse AD&D	$275.25	$275.25	0.0%
Supplemental Child AD&D	$89.46	$89.46	0.0%
Long Term Disability	$20,937.43	$22,003.35	-15.3%
Short Term Disability	$42,291.53	$36,012.44	-14.0%

Symetra® is a registered service mark of Symetra Life Insurance Company.

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

PREMIUM RATE NOTICE

Policy Number: 01-016268-00
Policyholder: City of Fort Wayne
Effective Date of Premium Rates/Fees: January 01, 2026

Coverage/Service	Monthly Rate/Fee
Basic Employee Life	$0.200
Basic Employee AD&D	$0.020
Supplemental Employee Life	Step-rates*
Supplemental Spouse Life	Step-rates*
Supplemental Child Life	$0.070
Supplemental Employee AD&D	$0.030
Supplemental Spouse AD&D	$0.030
Supplemental Child AD&D	$0.030
Long Term Disability	$0.330
Short Term Disability	$0.390

- Life rates are based on per $1,000
- AD&D 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:

	CURRENT	RENEWAL
Age	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	$0.600	$0.600
55-59	$1.020	$1.020
60-64	$1.080	$1.080
65-69	$1.700	$1.700
70-74	$3.000	$3.000
75+	$4.040	$4.040

Supplemental Spouse Life Step-rates are as follows:

	CURRENT	RENEWAL
Age	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	$0.600	$0.600
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+	$4.040	$4.040

Rates/Fees will be guaranteed until 1/1/2028 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.

Margaret Meister

BY: Margaret Meister, President

Date: 8/23/2024

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

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	Self-Funded Health Plans (Administration and Reinsurance Fees) awarded to AGA AND renewal of Group Life/Long- and Short-Term Disability Insurance Plans with Symetra
Awarded To	AGA/Symetra Life Insurance
Amount	Not to exceed $4,800,000 (includes $600,000 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. Actual total cost may vary based on enrollment of employees/retirees.

REQUEST FOR PRIOR APPROVAL

Provide justification if prior approval is being requested.	

FUNDING SOURCE

Account Information.	403 INSR1 5146