RESOLUTION NO. 2017-³⁰¹

A RESOLUTION AUTHORIZING EXTRAORDINARY, UNSPECIFIABLE SERVICES AGREEMENTS FOR HEALTH BENEFIT COVERAGES FOR EMPLOYEES OF THE CITY OF VINELAND (PRESCRIPTION AND DENTAL).

WHEREAS, there exists a need for the placement of Prescription and Dental Coverages for employees of the City of Vineland; and

WHEREAS, the City of Vineland has a need to acquire such services as a Non-Fair and Open Contract pursuant to N.J.S.A. 19:44A-20.5; and

WHEREAS, the purchasing agent has determined and certified in writing that the value of said services will exceed \$17,500.00; and

WHEREAS, Allen Associates, Vineland, NJ, has submitted proposals indicating the services to be rendered by the providers stated below; and

WHEREAS, Allen Associates has completed and submitted a Business Entity Disclosure Certification for Non-Fair and Open Contract which certifies that Allen Associates has not made any reportable contributions to a political or candidate committee in the City of Vineland in the previous one year and that the contract will prohibit Allen Associates from making any reportable contributions through the term of the contract to a political or candidate committee in the City of Vineland; and

WHEREAS, the availability of funds for said contracts has been certified by the City Comptroller; and

WHEREAS, the Local Public Contracts Law (N.J.S.A. 40A:ll-l et seq.) requires that the resolution authorizing the award of contracts for "Extraordinary, Unspecifiable Services" without competitive bids and the contract itself must be available for public inspection; and

WHEREAS, the Business Administrator has certified that this meets the statute and regulations governing the award of said contracts;

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF VINELAND, as follows:

- 1. That the Mayor and Clerk are hereby authorized and directed to execute Non-Fair and Open Agreements and other related documents on behalf of the City of Vineland pursuant to N.J.S.A. 19:44A-20.5.
- 2. That the Business Disclosure Entity Certification, the Political Contribution Disclosure Form and the Determination of Value be placed on file with this Resolution.
- 3. THAT the Purchasing Agent be and the same is hereby authorized and directed to issue purchase order contracts for placement of Prescription and Dental coverages, as follows:

Coverage/Item		Broker	Provider	Estimated Cost (based on current enrollment)				
1.	Prescription for the contract period.	Allen Associates July 1, 2017 through June	Benecard ne 30, 2018	\$3,727,913.00*				
2.	Dental (Premier Plan) for the contract period A	Allen Associates August 1, 2017 through	Delta Dental July 31, 2018	\$ 140,122.56**				
3.	Dental (PPO) for the contract period A	Allen Associates August 1, 2017 through	Delta Dental July 31, 2018	\$ 30,888.48**				
4.	Dental (Deltacare/Flagship), fo	Allen Associates r the contract period Aug	Delta Dental ust 1, 2017 thro	\$ 118,560.00*** ugh July 31, 2018				

TOTAL <u>\$4,017,484.04</u>

- *7.5% annual increase Benecard
- **0 % increase for Dental Premier and PPO Plans
- ***0% increase for Flagship Plan
- 4. These contracts are awarded in accordance with N.J.S.A. 40A:11-5(1)(m) of the Local Public Contracts Law which permits the award of a contract without public advertising for bids and bidding thereof if the subject matter thereof consists of insurance, including the purchase of insurance coverage and consultant services, which exception shall be in accordance with the requirements for extraordinary, unspecifiable services.
- 5. A notice of this action shall be printed once in the Daily Journal.

Adopted:	
ATTEST:	President of Council
City Clerk	

Premier	1187-0001	33	\$	51.44	\$ 1,697.52	\$	20,370.24
	1483-0001	22	\$	51.44	\$ 1,131.68	\$	13,580.16
	1484-0001	11	\$	51.44	\$ 585.84	\$	6,790.08
	1516-0001	22	\$	51.44	\$ 1,697.52	\$	20,370.24
	1527-0001	27	\$	51.44	\$ 1,388.88	\$	16,666.56
	1528-0001	17	\$	51.44	\$ 874.48	\$	10,493.76
	3332-0001	73	\$	51.44	\$ 3,755.12	\$	45,061.44
	3332-0002	7	\$	51.44	\$ 360.08	\$	4,320.96
	3332-0004	4	\$	51.44	\$ 205.76	\$	2,469.12
						\$	140,122.56
Preferred	1187-6001	58	\$	44.38	\$ 2,574.04	\$	30,888.48
Flagship	1187-9001	200	\$	49.40	\$ 9,880.00	\$	118,560.00
Benecard	single	133	\$	301.51		\$	481,210.00
_ 0.,000,0	parent/ch	39	\$	588.77		\$	275,544.00
	h/w	124	\$	475.16		\$	707,038.00
	family	251	\$	751.70		\$	2,264,120.00
	1		~			\$	3,727,913.00
						7	3,727,313.00



March 29, 2017

City of Vineland 640 E. Wood Street Vineland, NJ 08360

Attn:

Robert Dickenson

Assistant Business Administrator

Re:

Delta Dental Plan, Renewal Effective July 1, 2017

Group # 1187, et al; Flagship Group # 9001

Dear Bob:

We are pleased to enclose the renewal information for your Delta Dental plan that becomes effective August 1, 2017 through July 31, 2018. As you know, Allen Associates formed the Dental Alliance, underwritten by Delta Dental Plan of NJ, in July of 2015, and your group became a member at that time. The guaranteed renewal rates this year reflect a 0% increase for one year and the rates are shown on the enclosed rate sheets. Please sign where indicated and return the rate sheet to our office for processing.

Your Flagship plan begins on August 1, 2017 and runs through July 31, 2018. The guaranteed renewal rates reflect a 0% increase over your current rates and are shown on the attached amendment.

We have also enclosed a financial comparison as well as a rate history for your review.

Allen Associates considers the City of Vineland a valued client and we appreciate your business. We look forward to serving you and your employees in the years to come.

Sincerely.

Dina Murray

DM/ag Encs.

City of Vineland

2017 Dental Renewal DeltaCare/Flagship

		2016	Contra	ot V	'oor		2017 Contract Year					
Delta Dental		2010	Contra	CL Y	ear	Delta Dental		2017 Contract Year				
Bona Bona		Cı	urrent R	ates	S	Bona Bonar		Renewal Rates				
						One Year Contract Rates						
	<u>lives</u>	<u>8/1/1</u>	6-7/31/17		premium	<u>lives</u>	<u>8/1/17</u> -	7/31/18	1	oremium_		
Super Composite	205	\$	49.40	\$	121,524	205	\$	49.40	\$	121,524		
	205	-		\$	121,524	205			\$	121,524		
TOTAL DENTAL F	\$	121,524	TOTAL DENTA	AL PREM 8/1/17-7		\$	121,524					
						Incre	ase		\$	-	0.00%	





March 9, 2017

Ms. Dina Murray 630 South Brewster Road Building C Vineland, NJ 08362

RE: City of Vineland – G# 01187, 01483, 01484, 01516, 01527, 01528, 03332 – August 2017 Renewal Rates

Dear Ms. Murray,

Attached please find the August 1, 2017 Delta Dental Allen Associates Alliance renewal rates for City of Vineland. The one year rates result in a rate continue for the non-DMO benefit plans.

If the Allen Associates Alliance would like to renew for a two year period, the two year renewal increase is a +3.3%. Please advise if the Alliance is accepting the one year or two year renewal. Individual groups do not have the option of selecting different renewal timeframes.

August 1, 2016 – July 31, 2017 Current Rates

01187-01-02, 01483-01, 01484-01, 01516-01,	6001		
Super-composite	\$51.44	\$44.38	

Please see the renewal rates listed below:

August 1, 2017 – July 31, 2018 One Year Rates

01187-01-02, 01483-01, 01484-01, 01516-0	6001		
Super-composite	\$51.44	\$44.38	

The Flagship renewal rates for August (G# 01187-9001) are: \$49.40

Signature for 12 month offer

Please let me know if you have any questions.

Sincerely, Crista O'Donnell Account Manager Delta Dental of New Jersey, Inc.



March 9, 2017

Ms. Dina Murray 630 South Brewster Road Building C Vineland, NJ 08362

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Please see the renewal rates listed below:

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Please let me know if you have any questions.

Sincerely, Crista O'Donnell Account Manager Delta Dental of New Jersey, Inc.

Signature for 12 month offer: _

City of Vineland

2017 Renewal Dental Plans

Premier & PPO Plan

Delta	20	016 Co	ntract \	/ea	r	Delta		20)17	Contract Yea	ır
Dental		Curre	s		Dental		Renewal Rates				
	Prem	ier Pla	n					Premi	er l	Plan	
	50% P & D \$1000 Annual Max. 50% Basic 50% Major						50% P & D \$1000 Annual Max. 50% Basic 50% Major				
	lives	8/1/16	6-7/31/17	\$	premium -	<u>lives</u>	8/1/17-	7/31/18		premium	
Super-Composite	222	\$	51.44	\$	137,036	222	\$	51.44	\$	137,036	
3	222		3 C.R.	\$	137,036	222	_		\$	137,036	0.00%
	PPC	Plan				PPO Plan					
	60% P & D \$1000 Annual Max. 60% Basic 50% Major						60% P & D 60% Basic 50% Major		\$10	000 Annual Max.	
	lives	8/1/16	6-7/31/17		premium	<u>lives</u>	<u>8/1/17</u> -	7/31/18		<u>premium</u>	
Super-Composite	55	\$	44.38	\$	29,291	55	\$	44.38	\$	29,291	
,	55		,	\$	29,291	55	_		\$	29,291	0.00%
TOTAL DENTAL PREMIUM \$ 166,327 8/1/16-7/31/17						TOTAL DENT	TAL PREM 8/1/17-		\$	166,327	
						In	crease		\$	- 1 - 1	0.00%

1990						City	y of Vine	land			
1990						Den	tal Rate H	History			
1991 1/1/1990 UCR	<u>Date</u>	Plan	<u>s</u>	H/W	P/C	E	Inc/Dec%	Inc/Dec%	Comment	<u>Provider</u>	<u>Type</u>
1991 1/1/1990 UCR	1990										
1991 1/1/1991 1/1/1991 1/1/1991 1/1/1991 1/1/1991 1/1/1991 1/1/1991 1/1/1991 1/1/1991 1/1/1992 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1993 1/1/1994 1/1/1995 1/	1/1/1990	UCR				\$16.36			Group# 0001	Delta	Dental
17/1/1991 UCR	1/1/1990	НМО				\$16.36					Dental
17/1/1991 UCR	1991										
16.26% Overall % Delta Der	1/1/1991	UCR				\$19.02		16.26%	Group# 0001	Delta	Dental
1992 UCR	1/1/1991	HMO				\$19.02		16.26%	Group# 9001	Delta	Dental
1/1/1992 UCR	1/1/1991						16.26%		Overall %	Delta	Dental
1/1/1992 PPO	<u> 1992</u>										
1/1/1992 PPO	1/1/1992	UCR				\$20.91		9.94%	Group# 0001	Delta	Dental
1993	1/1/1992	PPO				\$18.03			Additional plan, Gr# 6001	Delta	Dental
1993 1/11/1993 UCR	1/1/1992	HMO				\$20.91		9.94%	Group# 9001		
1/1/1993 UCR	1/1/1992						9.94%		Overall %	Delta	Dental
1/1/1993 PPO	1993										
1/1/1993 PPO	1/1/1993	UCR				\$21.42		2.44%	Group # 0001	Delta	Dental
2.44% Overall % Delta Der 1994 1/1/1994 UCR \$24.20 12.98% Group # 0001 Delta Der 1/1/1994 PPO \$20.87 12.99% Group # 6001 Delta Der 1/1/1994 HMO \$24.20 12.98% Group # 9001 Delta Der 1/1/1994 Overall % Delta Der 1/1/1995 UCR \$26.38 9.01% Group # 0001 Delta Der	1/1/1993	PPO				\$18.47		2.44%	Group # 6001	Delta	Dental
1994 1/1/1994 UCR \$24.20 12.98% Group # 0001 Delta Den 1/1/1994 PPO \$20.87 12.99% Group # 6001 Delta Den 1/1/1994 HMO \$24.20 12.98% Group # 9001 Delta Den 1/1/1994 Overall % Den 12.98% Overall % Delta Den 11/1/1995 UCR \$26.38 9.01% Group # 0001 Delta Den		HMO				\$21.42		2.44%	Group # 9001	Delta	Dental
1/1/1994 UCR	1/1/1993						2.44%		Overall %	Delta	Dental
1/1/1994 PPO \$20.87 12.99% Group # 6001 Delta Den 1/1/1994 HMO \$24.20 12.98% Group # 9001 Delta Den 1/1/1994	1994										
1/1/1994 PPO	1/1/1994	UCR				\$24.20		12.98%	Group # 0001	Delta	Dental
1/1/1994 12.98% Overall % Delta Den 1995 1/1/1995 UCR \$26.38 9.01% Group # 0001 Delta Den	1/1/1994	PPO				\$20.87		12.99%	Group # 6001	Delta	Dental
1995 1/1/1995 UCR \$26.38 9.01% Group # 0001 Delta Den	1/1/1994	HMO				\$24.20		12.98%	Group # 9001	Delta	Dental
1/1/1995 UCR \$26.38 9.01% Group # 0001 Delta Den	1/1/1994						12.98%		Overall %	Delta	Dental
1/1/1995 UCR \$26.38 9.01% Group # 0001 Delta Den	<u> 1995</u>										
14400F PPO	1/1/1995	UCR				\$26.38		9.01%	Group # 0001	Delta	Dental
	1/1/1995	PPO									Dental
1/1/1995 HMO \$26.38 9.01% Group # 9001 Delta Deg	1/1/1995	HMO				\$26.38					
1/1/1995 9.01% Overall % Delta Den	1/1/1995						9.01%				Dental 3/28/2 Dental

	City of Vineland												
					Denta	al Rate l	History						
<u>Date</u>	<u>Plan</u>	<u>s</u>	<u>H/W</u>	P/C	<u>E</u> .	Inc/Dec%	Inc/Dec%	Comment	Provider	<u>Type</u>			
4000													
<u>1996</u>	Hon				######################################								
1/1/1996	UCR				\$27.18		3.03%	Group # 0001-18 month rate	Delta	Dental			
1/1/1996	PPO				\$23.44		3.03%	Group # 6001-18 month rate	Delta	Dental			
1/1/1996	НМО				\$27.18		3.03%	Group # 9001-18 month rate	Delta	Dental			
1/1/1996						3.03%		Overall %	Delta	Dental			
<u> 1997</u>													
7/1/1997	UCR				\$25.96		-4.49%	Group # 0001	Delta	Dental			
7/1/1997	PPO				\$22.39		-4.48%	Group # 6001	Delta	Dental			
7/1/1997	HMO				\$25.96		-4.49%	Group # 9001	Delta	Dental			
7/1/1997						-4.49%		Overall %	Delta	Dental			
1998													
8/1/1998	UCR				\$30.50		17.49%	Group # 0001	Delta	Dontal			
8/1/1998	PPO				\$26.31		17.51%	Group # 6001	Delta	Dental			
8/1/1998	НМО				\$30.50		17.49%	Group # 9001	Delta	Dental			
8/1/1998					Ψ50.50	17.49%	17.4370	Overall %	Delta	Dental			
						17.4370		Overall 70	Della	Dental			
4000													
<u>1999</u>													
8/1/1999	UCR				\$34.90		14.43%	Group # 0001	Delta	Dental			
8/1/1999	PPO				\$30.10		14.41%	Group # 6001	Delta	Dental			
8/1/1999	НМО				\$34.90		14.43%	Group # 9001	Delta	Dental			
8/1/1999						14.43%		Overall %	Delta	Dental			
<u>2000</u>													
8/1/2000	UCR				\$38.04		9.00%	Group # 0001	Delta	Dental			
8/1/2000	PPO				\$32.81		9.00%	Group # 6001	Delta	Dental			
8/1/2000	HMO				\$27.00		-22.64%	Group # 9001	Delta	Dental			
8/1/2000						-4.75%		Overall %	Delta	Dental			

City of Vineland												
					Denta	al Rate H	History					
<u>Date</u>	<u>Plan</u>	<u>s</u>	<u>H/W</u>	P/C	<u>E</u> !	Inc/Dec%	Inc/Dec%	Comment	Provider	<u>Type</u>		
2001												
8/1/2001	UCR				\$39.75		4.50%	Group # 0001	Delta	Dental		
8/1/2001	PPO				\$34.29		4.50%	Group # 6001	Delta	Dental		
8/1/2001	НМО				\$28.21		4.50%	Group # 9001	Delta	Dental		
8/1/2001						4.50%		Overall %	Delta	Dental		
<u>2002</u>	LICD				C44 04		4.000/	0	D. II	5		
8/1/2002 8/1/2002	UCR PPO				\$41.34		4.00%	Group # 0001	Delta	Dental		
8/1/2002	HMO				\$35.66 \$29.79		4.00% 5.60%	Group # 6001 Group # 9001	Delta Delta	Dental Dental		
8/1/2002	TIIVIO				φ29.19	4.56%	5.00%	Overall %	Delta	Dental		
0/1/2002						4.50 %		Overall 76	Della	Demai		
2003												
8/1/2003	UCR				\$45.20		9.30%	Group # 0001 & 0002	Delta	Dental		
8/1/2003	PPO				\$39.00		9.40%	Group # 6001	Delta	Dental		
8/1/2003	НМО				\$31.98		7.40%	Group # 9001	Delta	Dental		
8/1/2003						8.64%		Overall %	Delta	Dental		
<u>2004</u>												
8/1/2004	UCR				\$48.76		7.88%	Group # 0001 & 0002	Delta	Dental		
8/1/2004	PPO				\$42.07		7.88%	Group # 6001	Delta	Dental		
8/1/2004	HMO				\$33.93		6.10%	Group # 9001	Delta	Dental		
8/1/2004						7.25%		Overall %	Delta	Dental		
2005												
8/1/2005	LICE				CE4 44		E E00/	Croup # 0004 00 0	Delte	Dout-I		
8/1/2005	UCR PPO				\$51.44 \$44.28		5.50%	Group # 6001,02 - 2 year	Delta	Dental		
8/1/2005	НМО				\$44.38 \$34.55		5.50% 1.80%	Group # 6001 - 2 year Group # 9001 - 1 year	Delta Delta	Dental Dental		
8/1/2005	TIIVIO				φ34.33	4.22%	1.00%	Overall %	Delta	Dental		
0/1/2000						7.22/0		Overall /0	Della	Dentai		

City of Vineland												
					Der	ital Rate H	History					
<u>Date</u>	<u>Plan</u>	<u>s</u>	H/W	P/C	E	Inc/Dec%	Inc/Dec%	Comment	<u>Provider</u>	<u>Type</u>		
2006												
	UCR				\$51.44		0.00%	Middle of 2 yr agreement	Delta	Dental		
	PPO				\$44.38		0.00%	Middle of 2 yr agreement	Delta	Dental		
8/1/2006	HMO				\$35.82		3.70%	Group # 9001 - 1 year	Delta	Dental		
8/1/2006						0.83%		Overall %	Delta	Dental		
<u>2007</u>												
8/1/2007	UCR				\$51.44		0.00%	Group # 0001,02 - 2 year	Delta	Dental		
8/1/2007	PPO				\$44.38		0.00%	Group # 6001 - 2 year	Delta	Dental		
8/1/2007	HMO				\$37.19		3.82%	Group # 9001 - 1 year	Delta	Dental		
8/1/2007						0.89%		Overall %	Delta	Dental		
<u>2008</u>												
	UCR				\$51.44		0.00%	Middle of 2 yr agreement	Delta	Dental		
	PPO				\$44.38		0.00%	Middle of 2 yr agreement	Delta	Dental		
8/1/2008	НМО				\$38.66		4.00%	Group # 9001 - 1 year	Delta	Dental		
8/1/2008						0.95%		Overall %	Delta	Dental		
<u>2009</u>												
8/1/2009	UCR				\$51.44		0.00%	Group # 0001,02 - 1 year	Delta	Dental		
8/1/2009	PPO				\$44.38		0.00%	Group # 6001 - 1 year	Delta	Dental		
8/1/2009	НМО				\$40.18		3.90%	Group # 9001 - 1 year	Delta	Dental		
8/1/2009						0.97%		Overall %	Delta	Dental		
<u>2010</u>												
8/1/2010	UCR				\$51.44		0.00%	Group # 0001,02 - 2 year	Delta	Dental		
8/1/2010	PPO				\$44.38		0.00%	Group # 6001 - 2 year	Delta	Dental		
8/1/2010	HMO				\$41.77		4.00%	Group # 9001 - 1 year	Delta	Dental		
8/1/2010						1.01%		Overall %	Delta	Dental		

City of Vineland														
	Dental Rate History													
<u>Date</u>	<u>Plan</u>	<u>s</u>	<u>H/W</u>	P/C	<u> </u>	c/Dec%	Inc/Dec%	Comment	Provider	Type				
2044														
<u>2011</u>	UCR				\$51.44		0.00%	Middle of 2 year agreement	Delta	Dentel				
	PPO				\$44.38		0.00%	Middle of 2 year agreement	Delta	Dental Dental				
8/1/2011	НМО				\$43.44		3.99%	Group # 9001 - 1 year	Delta	Dental				
8/1/2011					Ψ 10.11	1.05%	0.0070	Overall %	Delta	Dental				
								ajorid iri umus —						
2012														
8/1/2012	UCR				\$51.44		0.00%	2 year contract	Delta	Dental				
8/1/2012	PPO				\$44.38		0.00%	2 year contract	Delta	Dental				
8/1/2012	НМО				\$45.17		4.00%	Group # 9001 - 1 year	Delta	Dental				
8/1/2012						1.30%		Overall %	Delta	Dental				
2013														
8/1/2013	UCR				\$51.44		0.00%	Middle of 2 year agreement	Delta	Dental				
8/1/2013	PPO				\$44.38		0.00%	Middle of 2 year agreement	Delta	Dental				
8/1/2013	HMO				\$47.05		4.16%	Group # 9001 - 1 year	Delta	Dental				
8/1/2013						1.38%		Overall %	Delta	Dental				
<u>2014</u>														
8/1/2014	UCR				\$51.44		0.00%	1 year contract	Delta	Dental				
8/1/2014	PPO				\$44.38		0.00%	1 year contract	Delta	Dental				
8/1/2014	НМО				\$47.80		1.59%	Group # 9001 - 1 year	Delta	Dental				
8/1/2014						1.59%		Overall %	Delta	Dental				
2015														
8/1/2015	UCR				\$51.44		0.00%	1 year contract	Dental Alliance/Delta	Dental				
8/1/2015	PPO				\$44.38		0.00%	1 year contract	Dental Alliance/Delta	Dental				
8/1/2015	НМО				\$48.59		1.65%	Group # 9001 - 1 year	Dental Alliance/Delta	Dental				
8/1/2015						0.99%		Overall %	Dental Alliance/Delta	Dental				

2016 8/1/2016	UCR	\$51.44		0.00%	1 year contract	Dental Alliance/Delta	Dental
8/1/2016	PPO	\$44.38		0.00%	1 year contract	_	Dental
8/1/2016	НМО	\$49.40		1.67%	Group # 9001 - 1 year	Dental Alliance/Delta	Dental
8/1/2016			0.99%		Overall %	Dental Alliance/Delta	Dental
<u>2017</u>							
8/1/2017	UCR	\$51.44		0.00%	1 year contract	Dental Alliance/Delta	Dental
8/1/2017	PPO	\$44.38		0.00%	1 year contract	Dental Alliance/Delta	Dental
8/1/2017	HMO	\$49.40		0.00%	Group # 9001 - 1 year	Dental Alliance/Delta	Dental
8/1/2017			0.00%		Overall %	Dental Alliance/Delta	Dental

Average increase over the past 27 years: 4.35%



March 29, 2017

City of Vineland 640 E. Wood Street Vineland, NJ 08360

Attn: Robert Dickenson

Assistant Business Administrator

Re: RX Alliance/PEBT

Renewal Effective 7/1/17

Dear Bob:

We are pleased to enclose the renewal documentation for your prescription program with The RX Alliance/PEBT which becomes effective July 1, 2017 through June 30, 2018. The RX Alliance has been proven to establish a stability in rates over the past 8 renewals at an average of 8.05% per year. This is well under the industry trend. The renewal this year reflects a 7.5% increase.

While our renewals remain very competitive, we are consistently monitoring the trends in specialty pharmacy drugs that are being developed. The specialty pharmacy area accounts for high percentages of the overall cost in our plans.

The RX Alliance has continued to do an excellent job at maintaining program costs through Benecard's management strategies to minimize expenses. We remain competitive because of this and the strength in numbers established with the member groups. We will be sending you an updated contract in the very near future for your signature. The renewal contract will also contain required updates compliant with Federal and State mandates, but does not change your plan design or benefits in any way.

Allen Associates considers the City of Vineland a valued client, and we appreciate your business. We look forward to serving you and your employees in the years to come.

Sincerely,

Dina Murray

DM:ag Encs.



March 23, 2017

Mr. Rich Allen Rx Alliance 630 S. Brewster Road P.O. Box 973 Vineland, NJ 08362-0973

Re: Benecard® Prescription Benefit Program, Rx Alliance / PEBT City of Vineland Renewal

Dear Rich.

Benecard has reviewed the prescription benefit program activities to date for the current plan year and is pleased to offer the following program renewal. The new program charges will become effective July 1. 2017 expiring June 30, 2018 and reflect an overall increase of approximately 71/2%. These program charges are contingent upon the Benecard/PEBT Trust Agreement remaining active for the term, City of Vineland remaining a member of the PEBT, and signing and returning the 2017-2018 Benecard agreement prior to July 1, 2017.

The proposed renewal program charges provided below does not account for any Federal and/or State government programs, fees, taxes or regulations including, but not limited to, the Patient Protection and Affordable Care Act with the exception of certain preventive health services and coverage for dependents to the age 26. The proposed renewal program charges also assume that the present benefit design, copay structure, and participation level will remain unchanged. Should any of these factors change during the contract period, Benecard reserves the right to revise these program charges. The proposed program charges include insurance carrier charges by Heartland Fidelity Insurance Company. These charges guarantee program costs by the carrier for the contract period.

Program Charges Effective July 1, 2017 Expiring June 30, 2018:

Benecard Client ID# 3117 - Group #'s 0410500/0410510/0410598/0410599:

Retail Co-pay: \$20 Brand / \$10 Generic

Retail Day Supply Limitations: 34 days or 100 units, whichever is greater

Mail Order Co-pay: \$20 Brand / \$10 Generic Mail Order Day Supply Limitations: up to 90 days

Out of Pocket Limits (separate): \$1,430 for individual and \$2,860 for family

Coverage Single Parent/Child Parent/Children Member/Spouse **Family Totals Current Census** 2 0 3 13 18 Monthly Program Charges 301.51 588.77 751.70 475.16 751.70 Annualized Program Cost Based on Current Census

Over Age Dependent Program Charge for 7/1/2017 - 6/30/2018 \$240.49

Should the proposed program charges change at any point during the 2017-2018 contract period the overage dependent program charge will be changed accordingly.

141,607

Page 2, Benecard® Prescription Benefit Program, Rx Alliance / PEBT City of Vineland Renewal

Benecard Client ID# 3117 - Group #'s 0410000/0410100/0410110/0410111/0410198/0410199

0410200/0410210/0410298/0410299 0410400/0410410/0410498/0410499 0410800/0410810/0410898/0410899 0411000/0411010/0411098/0411099 0411100/0411110/0411198/0411199

Retail Co-pay: \$25 Brand / \$15 Generic

Retail Day Supply Limitations: 34 days or 100 units, whichever is greater

Mail Order Co-pay: \$25 Brand / \$15 Generic Mail Order Day Supply Limitations: up to 90 days

Out of Pocket Limits (separate): \$1,430 for individual and \$2,860 for family

Parent/Child Parent/Children Member/Spouse Coverage Single Family Totals **Current Census** 133 39 32 124 219 547 Monthly Program Charges 301.51 588.77 751.70 475.16 751.70

Annualized Program Cost Based on Current Census

3,727,913

Over Age Dependent Program Charge for 7/1/2017 - 6/30/2018 \$240.49

Should the proposed program charges change at any point during the 2017-2018 contract period the overage dependent program charge will be changed accordingly.

¹ The Affordable Care Act requires the City of Vineland's health benefits program implement an out-of-pocket (OOP) limit to protect individuals from excessive OOP expenses on all essential health benefits on or after January 1, 2015. The OOP limits represented above are based on the City of Vineland's request to have a separate prescription OOP and at these required dollar limits effective January 1, 2017. It is our understanding that the City of Vineland's acceptance of this proposal is based on their request to have a separate OOP limit combined with all other essential health benefit OOP limits that does not exceed the annual limitation on the OOP's for that year as outlined by the Department of Labor. The Rx OOP limits are subject to change if the ACA OOP limits are modified. Benecard reserves the right to revise the City of Vineland's prescription benefit program charges if the client modifies or implements a different copayment level, coinsurance, deductible or any other benefit design change, including a change to the OOP amount that differs from what was used for underwriting purposes to develop for the program charges provided herein or enacts a change after inception of the new contract start date.

We look forward to continuing to provide the highest quality of client and participant services during the coming program year, and to continue our longstanding relationship based on quality of service and careful program cost management. Do feel free to contact me should any questions arise regarding this renewal proposal.

Very truly yours,

Barbara Seifert Client Relations Manager

cc: Kelly Monahan, Client Services Director Dina Murray, Rx Alliance Rick Alessandrini, Rx Alliance Abbie Geletka, Rx Alliance

City of Vineland Prescription Rates for 2017

Benecard		2016	Contract	Ye	ar	Beneca	Benecard		20	17	Contract Y	ear	
RX Alliance		RX Alliance		Renewal Rates									
		/ \$25 Bra ric / \$25 E		nd	Retail: \$15 Generic / \$25 Brand Mail Order: \$15 Generic / \$25 Brand								
single parent/child(ren) husband/wife family	lives 133 39 124 251 547	7/1/ \$ \$ \$ \$	16-6/30/17 280.47 547.69 442.01 699.26	\$ \$ \$ \$	premium 447,630 256,319 657,711 2,106,171 3,467,831	lives 133 39 124 251 547		7/1/ \$ \$ \$ \$	17-6/30/18 301.51 588.77 475.16 751.70	\$ \$ \$	premium 481,210 275,544 707,038 2,264,120 3,727,913		7.50%
			/ \$20 Bra ric / \$20 E		nd	Retail: \$10 Generic / \$20 Brand Mail Order: \$10 Generic / \$20 Brand							
single parent/child(ren) husband/wife family	lives 2 0 3 13	7/1/ \$ \$ \$ \$	16-6/30/17 280.47 547.69 442.01 699.26	\$ \$ \$ \$	premium 6,731 - 15,912 109,085	lives 2 0 3 13		7/1/ \$ \$ \$ \$	17-6/30/18 301.51 588.77 475.16 751.70	\$ \$ \$	premium 7,236 - 17,106 117,265		
TOTAL PRESCRIPTION PREMIUM \$3,599						18 \$ 141,607						7.50% 69,520	
	Annu	al Ir	ncrea	ase	\$	269,961	7.	50%					

•					Ci	ty of Vin	eland			
•					Presc	ription Ra	ate Histor	y		
<u>Date</u>	<u>Plan</u>	<u>S</u>	<u>H/W</u>	P/C	<u>F</u>	Inc/Dec%	Inc/Dec%	Comment	<u>Provider</u>	<u>Type</u>
2000 8/1/2000 8/1/2000	5/3/same MG/D 5/3/same	\$64.20 \$69.50	\$102.00 \$110.20		\$161.00 \$174.10				Aetna Aetna	Prescription Prescription
2001 8/1/2001 8/1/2001 8/1/2001	5/3/same MG/D 5/3/same	\$104.52 \$113.15	\$166.06 \$179.41		\$262.10 \$283.44	62.80%	62.80% 62.80%	Overall %	Aetna Aetna Aetna	Prescription Prescription Prescription
2002 8/1/2002 8/1/2002 8/1/2002	5/3/same MG/D 5/3/same	\$116.11 \$119.76	\$184.48 \$189.89		\$291.18 \$299.99	10.90%	10.90% 10.90%	Overall %	BeneCard BeneCard BeneCard	Prescription Prescription Prescription
2003 8/1/2003	Various Copays	\$126.90	\$201.59		\$318.19	9.20%			BeneCard	Prescription
2004 8/1/2004	Various Copays	\$148.05	\$235.18		\$371.21	16.66%			BeneCard	Prescription
2005 8/1/2005	Various Copays	\$154.65	\$245.67		\$387.76	4.50%			BeneCard	Prescription
2006 8/1/2006 1/1/2007 1/1/2007	Various Copays Various Copays	\$159.24 \$157.74	\$252.96 \$250.59	\$250.59	\$399.27 \$395.92	2.40%	3.00% -0.90%	Overall %	BeneCard BeneCard BeneCard	Prescription Prescription Prescription

		City of Vineland												
•						Presc	ription Ra	te Histor	y					
	<u>Date</u>	<u>Plan</u>	<u>s</u>	<u>H/W</u>	<u>P/C</u>	<u>F</u> .	Inc/Dec%	Inc/Dec%	Comment	<u>Provider</u>	Type			
2	007													
-	007 1/2007	Various Copays	\$160.07	\$252.13	\$311.35	\$397.73		1.90%		BeneCard	Dropprintian			
	1/2008	Various Copays	\$159.23	\$309.71	\$250.80	\$395.63		3.10%		BeneCard	Prescription Prescription			
8/	1/2007	50 100 100 100 100 100 100 100 100 100 1				,	3.70%	0.1.070	Overall %	BeneCard	Prescription			
							-11 - 12		- C C C C C C C C C C C C C C C C C C C	2523	. recempation			
2	800													
8/	1/2008	Various Copays	\$170.74	\$268.92	\$332.09	\$424.22		3.50%		BeneCard	Prescription			
	1/2009	Various Copays	\$160.97	\$253.54	\$313.09	\$399.95		-5.72%	Plan Change	BeneCard	Prescription			
1/	1/2009						1.60%		Overall %	BeneCard	Prescription			
	<u>009</u>													
	1/2009	Various Copays	\$172.36	\$271.41	\$335.97	\$430.16		7.40%		BeneCard	Prescription			
	1/2010	Various Copays	\$162.87	\$256.47	\$317.47	\$406.48		-5.50%		BeneCard	Prescription			
1/	1/2010						1.40%		Overall %	BeneCard	Prescription			
_	0.4.0													
	010		0.77.00	•										
	1/2010 1/2011	Various Copays	\$175.92	\$277.03	\$342.92	\$439.06		8.00%		BeneCard	Prescription			
	1/2011	Various Copays	\$175.92	\$277.03	\$342.92	\$439.06	E 500/	0.00%	RX Alliance	BeneCard	Prescription			
17	1/2011						5.50%		Overall %	BeneCard	Prescription			
2	044													
	011 1/2011	Various Conova	£400.07	COO 4 OO	# 004.05	0.400.00	0.000/							
11	1/2011	Various Copays	\$186.87	\$294.26	\$364.25	\$466.38	6.20%		RX Alliance	BeneCard	Prescription			
2	040													
	<u>012</u>	Various Consus	£400 F0	0000.07	0004.05	0.405.05				METALIS ACCUPATION AND ACCUPATION AND ACCUPATION AND ACCUPATION AC				
	1/2012 1/2012	Various Copays Various Copays	\$186.53 \$199.12	\$293.97 \$313.82	\$364.25	\$465.05	6.750/		RX Alliance	BeneCard	Prescription			
"	1,2012	various Copays	ψ 133.1Z	φυ10.02	\$388.84	\$496.45	6.75%		RX Alliance	BeneCard	Prescription			
2	042													
	013 1/2013	Various Canava	£242.00	6004.04	C44440	# 500 7 0	0.500/		DV AIII					
11	1/2013	Various Copays	\$212.06	\$334.21	\$414.10	\$528.70	6.50%		RX Alliance	BeneCard	Prescription			
											3/28/2017			

					Ci	ty of Vin	eland			
•					Presc	ription Ra	te Histor	y		
<u>Date</u>	<u>Plan</u>	<u>s</u>	<u>H/W</u>	P/C	E	Inc/Dec%	Inc/Dec%	Comment	Provider	<u>Type</u>
2014 7/1/2014	Various Copays	\$225.84	\$355.93	\$441.02	\$563.07	6.50%		DV Allianas	Deve Court	D
77 172014	various Copays	Ψ223.04	φυυυ.9υ	Ψ441.02	φ303.0 <i>1</i>	6.50%		RX Alliance	BeneCard	Prescription
2015 7/1/2015	Various Copays	\$244.31	\$385.03	\$477.08	\$609.11	8.18%		RX Alliance	BeneCard	Prescription
2016 7/1/2016	Various Copays	\$280.47	\$442.01	\$547.69	\$699.26	14.80%		RX Alliance	BeneCard	Prescription
2017 7/1/2017	Various Copays	\$301.51	\$475.16	\$588.77	\$751.70	7.50%		RX Alliance	BeneCard	Prescription
						N				
	Average Increa	se over th	e past	17 y	ears:	10.30%				