

RESOLUTION NO. 2019- 306

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

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

WHEREAS, Allen Associates, Vineland, NJ, (Insurance Broker of Record) has submitted proposals indicating the services to be rendered by the providers stated below; and

WHEREAS, the availability of funds for said contracts has been certified by the Chief Financial Officer; and

WHEREAS, the Local Public Contracts Law (N.J.S.A. 40A:11-1 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. 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.
2. THAT the Purchasing Agent be and the same is hereby authorized and directed to issue purchase order contracts for placement of Dental coverages, as follows:

| Coverage/Item  | Broker           | Provider     | Estimated Cost (based on current enrollment) |
|--|------------------|--------------|--|
| 1. Dental (Premier Plan)   | Allen Associates | Delta Dental | \$ 180,142.88                                |
| <b>total for a Seventeen (17)-Month contract period-August 1, 2019 through December 31, 2020</b> |                  |              |  |
| 2. Dental (PPO)  | Allen Associates | Delta Dental | \$ 36,214.08                                 |
| <b>total for a Seventeen (17)-Month contract period-August 1, 2019 through December 31, 2020</b> |                  |              |  |
| 3. Dental  | Allen Associates | Delta Dental | \$ 198,144.18                                |
| <b>total for a Seventeen (17)-Month contract period-August 1, 2019 through December 31, 2020</b> |                  |              |  |
| <b>TOTAL ESTIMATED COST</b>  |                  |              | <b><u>\$ 414,501.14</u></b>                  |

3. A notice of this action shall be printed once in the Daily Journal.

Adopted:

\_\_\_\_\_  
President of Council

ATTEST:

\_\_\_\_\_  
City Clerk



**STANDARD CERTIFICATION DECLARATION FOR AND  
EXTRAORDINARY UNSPECIFIABLE SERVICE (EUS)**

To: Members of the Governing Body

From: Robert E. Dickenson, Jr., Business Administrator

Date: July 16, 2019

Subject: This is a contract for **Health Benefits – Dental Coverages for Employees of the City of Vineland**

This is to request your approval of a resolution authorizing contracts to be executed as follows:

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service (N.J.S.A. 40A:11-5(1)(a)(ii) and N.J.A.C. 5:34-2.3(b)). I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done:  
**Purchase of Dental coverages, in accordance with N.J.S.A. 40A:11-6.1(b).**
2. Describe in detail why the contract meets the provisions of the statute and rules:  
**Insurance is exempted by virtue of N.J.S.A. 40A:11-5(1)(a)(ii) and 40A:11-5(1)(m).**
3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:  
**Professional evaluation of various insurance products demand specific training and experiences in industry.**
4. Describe the informal solicitation of quotations:  
**Quotations are continually solicited by the broker for varying Health Benefits coverages needed by the City from numerous providers:**


| <u>Coverage/Item</u>   | <u>Broker</u>    | <u>Provider</u> | <u>Estimated Cost (based on current enrollment)</u> |
|--|------------------|-----------------|---|
| 1. Dental (Premier Plan)<br><b>total for a Seventeen (17)-Month contract period-August 1, 2019 through December 31, 2020</b> | Allen Associates | Delta Dental    | \$ 180,142.88                                       |
| 2. Dental (PPO)<br><b>total for a Seventeen (17)-Month contract period-August 1, 2019 through December 31, 2020</b>          | Allen Associates | Delta Dental    | \$ 36,214.08  |
| 3. Dental<br><b>total for a Seventeen (17)-Month contract period-August 1, 2019 through December 31, 2020</b>                | Allen Associates | Delta Dental    | \$ 198,144.18                                       |

**TOTAL ESTIMATED COST** **\$ 414,501.14**



5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. And certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,



Business Administrator

(Original to be retained by City Clerk with the affirmed copy of the resolution; signed duplicate to be kept by Business Administrator.)

**Delta Premier**

| Group #'s | Lives | Premium | 17-month | Total             |
|-----------|-------|---------|----------|-------------------|
| 1187-0001 | 31    | 51.44   | 17       | 27,108.88         |
| 1483-0001 | 18    | 51.44   | 17       | 15,740.64         |
| 1484-0001 | 7     | 51.44   | 17       | 6,121.36          |
| 1516-0001 | 23    | 51.44   | 17       | 20,113.04         |
| 1527-0001 | 25    | 51.44   | 17       | 21,862.00         |
| 1528-0001 | 15    | 51.44   | 17       | 13,117.20         |
| 3332-0001 | 76    | 51.44   | 17       | 66,460.48         |
| 3332-0002 | 5     | 51.44   | 17       | 4,372.40          |
| 3332-0004 | 6     | 51.44   | 17       | 5,246.88          |
|           |       |         | \$       | <b>180,142.88</b> |

**Delta PPO**

| Group #'s | Lives | Premium | 17-month | Total            |
|-----------|-------|---------|----------|------------------|
| 1187-6001 | 48    | 44.38   | 17 \$    | <b>36,214.08</b> |

**Deltacare Flagship**

| Group #'s | Lives | Premium | 17-month | Total             |
|-----------|-------|---------|----------|-------------------|
| 1187-9001 | 234   | 49.81   | 17 \$    | <b>198,144.18</b> |