

RESOLUTION NO. 2021- 565

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

WHEREAS, there exists a need for the placement of Medical and 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 Medical and Dental coverages, as follows:

Coverage/Item	Broker	Provider	Estimated Cost (based on current enrollment)
1. Medical January 1, 2022 through December 31, 2022	Allen Associates	Horizon	\$7,658,234.52
2. Dental (Delta Premier) January 1, 2022 through December 31, 2022	Allen Associates	Delta Dental	\$ 116,888.88 (0% increase)
3. Dental (Delta PPO) January 1, 2022 through December 31, 2022	Allen Associates	Delta Dental	\$ 26,265.60 (0% increase)
4. Dental (Deltacare Flagship) January 1, 2022 through December 31, 2022	Allen Associates	Delta Dental	\$ 143,138.52 (0.88% increase)
TOTAL ESTIMATED COST			<u>\$7,944,527.52</u>

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: November 16, 2021

Subject: This is a contract for **Health Benefits–Medical & 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 Medical and 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:

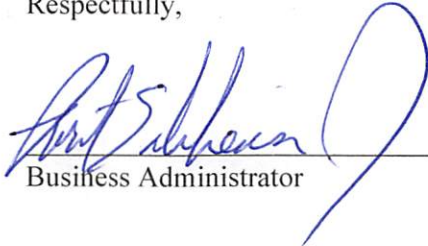
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TOTAL ESTIMATED COST

\$7,944,527.52

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 unspicifiable service in accordance with the requirements thereof.

Respectfully,


Business Administrator

October 27th, 2021

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

Attn: Robert Dickenson
Business Administrator

Re: Delta Dental Plan, Renewal Effective January 1, 2022
Group # 03332, et al; Flagship Group # 9001

Dear Bob:

Enclosed you will find the renewal information from the Dental Alliance, underwritten by Delta Dental Plan of NJ. The renewal rates, effective January 1, 2022 through December 31, 2020, reflect a **0% increase** over your current rates. The Dental Alliance is focused on long term stability for budget purposes. The rates are shown on the enclosed rate sheet.

The Flagship plan begins on January 1, 2022 through December 31, 2022. The guaranteed renewal rates for this plan option reflect a **0.88% increase** over your current rates and are shown on the attached amendment.

Also enclosed are your dental comparison, rate history and most up-to-date Dental Alliance Fact Sheet for your review and file.

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,



Richard S. Allen

RA/cp
Encs.

Group Name	Coverage Level	Lives	Premium	12-month	Total
Horizon HMO	Single	4	\$ 783.66	12	\$ 37,615.68
	Family	2	\$ 2,186.41	12	\$ 52,473.84
	Parent/Child	2	\$ 1,402.75	12	\$ 33,666.00
		8			\$ 123,755.52
Horizon NJ Direct 10	Single	16	\$ 847.30	12	\$ 162,681.60
	Couple	15	\$ 1,694.60	12	\$ 305,028.00
	Family	18	\$ 2,363.97	12	\$ 510,617.52
	P/C	4	\$ 1,516.67	12	\$ 72,800.16
		53			\$ 1,051,127.28
Horizon NJ Direct 1525	Single	142	\$ 782.68	12	\$ 1,333,686.72
	Couple	68	\$ 1,565.36	12	\$ 1,277,333.76
	Family	104	\$ 2,183.68	12	\$ 2,725,232.64
	P/C	50	\$ 1,401.00	12	\$ 840,600.00
		364			\$ 6,176,853.12
Horizon NJ Direct 2030	Single	1	\$ 735.69	12	\$ 8,828.28
	Couple	1	\$ 1,471.38	12	\$ 17,656.56
	Family	2	\$ 2,052.58	12	\$ 49,261.92
		4			\$ 75,746.76
Horizon Omnia	Single	8	\$ 599.16	12	\$ 57,519.36
	Couple	2	\$ 1,198.32	12	\$ 28,759.68
	Family	2	\$ 1,671.66	12	\$ 40,119.84
	P/C	3	\$ 1,072.50	12	\$ 38,610.00
		15			\$ 165,008.88
Horizon NJ Direct 15	Single	4	\$ 806.86	12	\$ 38,729.28
	Family	1	\$ 2,251.14	12	\$ 27,013.68
		5			\$ 65,742.96
		449			\$ 7,658,234.52

Delta Premier

Group #'s	Lives	Premium	12-month	Total
03332-00001	190	50.21	12 \$	114,478.80
03332-00002	4	50.21	12 \$	2,410.08
			\$	116,888.88

Delta PPO

Group #'s	Lives	Premium	12-month	Total
03332-06001	45	45.60	12 \$	24,624.00
03332-06002	3	45.60	12 \$	1,641.60
			\$	26,265.60

Deltacare Flagship

Group #	Lives	Premium	12-month	Total
03332-09001	237	50.33	12 \$	143,138.52

Flagship

DENTAL PLANS

Flagship Dental Plans
1639 Route 10
Parsippany, NJ 07054-4506

Billing & Enrollment Inquiries: (973) 285-4144
Accounts Receivable Inquiries: (973) 285-4112
Customer Service: (800) 722-3524
Billing Email: billing@deltadentalnj.com
Enrollment Email: eliginquiry@deltadentalnj.com

INVOICE SUMMARY

VINELAND CITY OF
ATTN: PERSONEL DEPARTMENT
VARIOUS PERSONNEL, UNIT 2
640 E WOOD ST/ PO BOX 1508
VINELAND, NJ, 083621508

Group: VINELAND CITY OF
Plan: PLAN NJ8
Group ID: 50
Account Number: 03332

TO SIGN-UP ONLINE GO TO:	http://deltadentalnj.billtrust.com
USE THIS ENROLLMENT TOKEN:	XVB VDR BWH

INVOICE # : 136657	BILLING MONTH : 11/01/2021	INVOICE DATE : 10/21/2021	DUE DATE # : 11/10/2021																				
<table border="1"> <thead> <tr> <th>Current Activity</th> <th>Billing Amount (\$)</th> </tr> </thead> <tbody> <tr> <td>Current Premium</td> <td>11,823.93</td> </tr> <tr> <td>Retroactive Adjustments</td> <td>(99.78)</td> </tr> <tr> <td>Manual Adjustments</td> <td>0.00</td> </tr> <tr> <td>Total Current Due</td> <td>11,724.15</td> </tr> </tbody> </table>		Current Activity	Billing Amount (\$)	Current Premium	11,823.93	Retroactive Adjustments	(99.78)	Manual Adjustments	0.00	Total Current Due	11,724.15	<table border="1"> <thead> <tr> <th>Recent Activity</th> <th>Billing Amount (\$)</th> </tr> </thead> <tbody> <tr> <td>Prior Balance</td> <td>11,923.71</td> </tr> <tr> <td>Payments Applied</td> <td>0.00</td> </tr> <tr> <td>Total Current Due</td> <td>11,724.15</td> </tr> <tr> <td>Grand Total</td> <td>23,647.86</td> </tr> </tbody> </table>		Recent Activity	Billing Amount (\$)	Prior Balance	11,923.71	Payments Applied	0.00	Total Current Due	11,724.15	Grand Total	23,647.86
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Total Current Due	11,724.15																						
Grand Total	23,647.86																						

Coverage Summary

Coverage Description	Number of Subscribers	Rate (\$)
Employee+1 Child	18	49.89
Employee+Children	14	49.89
Employee+Spouse	50	49.89
Family	55	49.89
Single	100	49.89
Grand Total	237	

BALANCE FORWARD

1-30 Days (\$)	31-60 Days (\$)	61-90 Days (\$)	Over 90 Days (\$)	Total (\$)
11,923.71	0.00	0.00	0.00	11,923.71

Visit us on the Internet : www.deltadentalnj.com

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT
VINELAND CITY OF (50)

Flagship

DENTAL PLANS

Flagship Dental Plans
1639 Route 10
Parsippany, NJ 07054-4506
800-722-3524

Invoice	
Group ID: 50	
INVOICE NUMBER	INVOICE DATE
136657	10/21/2021
BILLING MONTH	DUE DATE
11/01/2021	11/10/2021
AMOUNT DUE	ENCLOSED AMOUNT
\$23,647.86	

VINELAND CITY OF
ATTN: PERSONEL DEPARTMENT
VARIOUS PERSONNEL, UNIT 2
640 E WOOD ST/ PO BOX 1508
VINELAND, NJ 083621508

Flagship Dental Plans
P.O. Box 24011
Newark NJ, 07101

*****50 *****136657 0001172415 10212021 4



ELIGIBILITY STATEMENT

Delta Dental of New Jersey, Inc.

1639 Route 10
Parsippany, NJ 07054-4506

Eligibility & Enrollment Inquiries: (973) 285-4144

Premium & Payment Inquiries: (973) 285-4112

Customer Service: (800) 452-9310

Billing Email: billing@deltadentalnj.com

Enrollment Email: eliginquiry@deltadentalnj.com

CITY OF VINELAND (03332)
ATTN: PERSONNEL DEPARTMENT
640 E. WOOD STREET
PO BOX 1508
VINELAND, NJ 08362-1508

Group: CITY OF VINELAND
Account Number: 03332
Bill Group: 03332E

TO SIGN-UP ONLINE GO TO:	http://deltadentalnj.billtrust.com
USE THIS ENROLLMENT TOKEN:	XVB VDR BWH

BILLING PERIOD : 11/01/2021 - 11/30/2021

STATEMENT DATE : 10/14/2021

190
4
45
3

Subgroup Number	Invoice Number	Net Current Fees(\$)	Balance Forward(\$)	Total(\$)
03332-00001	PM00000000787426	9,489.69	9,740.74	19,230.43
03332-00002	PM00000000786423	200.84	200.84	401.68
03332-06001	PM00000000786422	1,960.80	2,143.20	4,104.00
03332-06002	PM00000000786680	136.80	136.80	273.60
Grand Total		11,788.13	12,221.58	24,009.71

COVERAGE SUMMARY

Coverage Description	Number of Subscribers
Family	242
Grand Total	242

BALANCE FORWARD

1-30 Days (\$)	31-60 Days (\$)	61-90 Days (\$)	Over 90 Days (\$)	Total (\$)
12,221.58	0.00	0.00	0.00	12,221.58

THANK YOU FOR YOUR BUSINESS!

Visit us on the internet : www.deltadentalnj.com

CITY OF VINELAND (03332)



Delta Dental of New Jersey, Inc.

1639 Route 10
Parsippany, NJ 07054-4506
Customer Service: (800) 452-9310
Email: billing@deltadentalnj.com

*This is not an invoice
Do not return with payment*

CITY OF VINELAND
ATTN: PERSONNEL DEPARTMENT
640 E. WOOD STREET
PO BOX 1508
VINELAND, NJ 08362-1508

CUT-OFF DATE : 10/22/2021
FREQUENCY : MONTHLY

S T A T E O F N E W J E R S E Y
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
STATE HEALTH INFORMATION PROCESSING SYSTEM
MONTHLY ALPHA LIST FOR BILLING PERIOD 11/01/2021 - 11/30/2021 (202111)
LOCAL/ACTIVE/MONTHLY

REPORT NO : 815AP2-1
PAGE NO : 1

088100 - VINELAND CITY

HEALTH SERVICES	Single	Married Spouse	Married/DP/CU	Family Spouse	Family/DP/CU	Parent	Child	Total Count	Total Amount
X 011 - HZ HMO	4	0	0	2	0		2	8	10138.72
X 050 - NJD10	16	15	0	18	0		4	53	88612.51
X 051 - NJ1525	142	68	0	104	0		50	364	502448.93
X 052 - NJ2030	1	1	0	2	0		0	4	6205.58
X 057 - HZOMNIA	8	2	0	2	0		3	15	13653.43
X 150 - NJD15	4	0	0	1	0		0	5	5386.03

449