

**STANDARD CERTIFICATION DECLARATION FOR AN EXTRAORDINARY
UNSPECIFIABLE SERVICE**

TO: Members of the Governing Body
FROM: Dr. Yolanda Mendez, Assistant Superintendent, Human Resource Services
DATE: October 19, 2021
SUBJECT: Contracts for Medical and Pharmaceutical benefits

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

Firm: Aetna Life Insurance Company, Hartford CT.

Cost: Medical Claims estimated cost: \$104,500,000
Claims Administration and Stop Loss: \$8,000,000
Estimated total cost \$112,500,000

Firm: Express Scripts Inc, St Louis, MO and Crumdale Partners, Radnor, PA

Cost: Prescription Claims estimated cost: \$17,367,440
Claims Administration: \$792,150
Estimated total cost \$18,159,590

Duration: January 1, 2022 through December 31, 2022

Purpose: To provide Health Benefits to eligible employees

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.

This award of contract provides payment of medical and pharmacy claims, administrative services and Stop Loss coverage for Medical and Pharmaceutical Benefits for eligible employees.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 18A: 18A-5(10)

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:

N/A

4. Describe the informal solicitation of quotations:

The Board issued a solicitation of quotes for payment of claims, Administrative Services and stop Loss coverage to replace our currently fully insured benefits.

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,

Name

Dr. Yolanda Mendez
(Signature)

Title

Assistant Superintendent