



## Suspension of Competition Acquisition Request

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1. Fully describe the product(s) and/or service(s) being requested.  
Plan Year 2025 health and ancillary/voluntary benefit plans for County of Fresno's active employees and their dependents, as well as County retirees and their dependents.
2. Identify the selected vendor and contact person; include the address, phone number and e-mail address for each.  
The vendors will be determined at the conclusion of the competitive bidding process.
3. What is the total cost of the acquisition? If an agreement, state the total cost of the initial term and the amounts for potential renewal terms.  
The cost is unknown until proposals are received and negotiations with vendors are finalized.
4. Identify the unique qualities and/or capabilities of the service(s) and/or product(s) that qualify this as a Suspension of Competition acquisition.  
Suspending the competitive bidding process will allow the County the flexibility needed to solicit proposals, negotiate directly with providers, and maximize the cost effective alternatives that best meet the needs of the County's active and retired employees and their dependents. Increased flexibility allows the County maximum leverage in negotiating the highest quality and most cost-effective health and ancillary/voluntary benefit options.
5. Identify from Administrative Policy #34 what circumstances constitute a Suspension of Competition.  
 In an emergency when goods or services are immediately necessary for the preservation of the public health, welfare, or safety, or for the protection of County property.  
 When the contract is with a federal, state, or local governmental agency.  
 When the department head, with the concurrence of the Purchasing Agent, finds that the cost of preparing and administering a competitive bidding process in a particular case will equal or exceed the estimated contract amount or \$5,000 whichever is more.  
 When a contract provides only for payment of per diem and travel expenses and there is to be no payment for services rendered.  
 When obtaining the services of expert witnesses for litigation or special counsel to assist the County.  
 When in unusual or extraordinary circumstances, the Board of Supervisors or the Purchasing Agent/Purchasing Manager determines that the best interests of the County would be served by not securing competitive bids or issuing a request for proposal.
6. Explain why the unique qualities and/or capabilities described above are essential to your department.  
Each year, the County goes out to bid for health and ancillary/voluntary benefits whose contracts will expire. In addition, the County will go out to bid to add new health and ancillary/voluntary benefits. To achieve optimal results from the competitive bidding process for health and ancillary/voluntary benefits, the County needs maximum leverage in the process of evaluating, negotiating with, and selecting health and ancillary/voluntary benefit providers. In the case of health and ancillary/voluntary benefits, the traditional competitive bidding process does not allow for the flexibility required to procure the highest-quality and most cost effective benefit options.
7. Provide a comprehensive explanation of the research done to verify that the recommended vendor is the only vendor with the unique qualities and/or capabilities stated above. Include a list of all other vendors contacted, what they were asked, and their responses.  
There is no recommended vendor at this time. Employee Benefits staff will work with our consultant, HUB International, to draft a scope of services and solicit bids from vendors. HUB International will negotiate with the vendors on the terms and costs. Once winning bidders are determined, staff will negotiate an agreement, with the assistance of County Counsel, and present the agreement, along with a report on the RFP process, to the Board of Supervisors or the Purchasing Manager for final approval.

Requested By:

Sr. HR Analyst

Title

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I approve this request to suspend competition for the service(s) and/or product(s) identified herein.

Department Head Signature

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Purchasing Manager Signature

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