



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 25-2386	RFP, BID, QUOTE OR RENEWAL #: N/A	INITIAL TERM WITH RENEWALS: OTHER	INITIAL TERM TOTAL COST: \$20,500.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 10/14/2025	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$20,500.00
	CURRENT TERM TOTAL COST: \$20,500.00	MAX LENGTH WITH ALL RENEWALS: ONE YEAR	CURRENT TERM PERIOD: INITIAL TERM
Vendor Information		Department Information	
VENDOR: WEX Health, Inc.	VENDOR #: 37319	DEPT: Human Resources	DEPT CONTACT NAME: Christine Clevenger
VENDOR CONTACT: Pat Riffery	VENDOR CONTACT PHONE: 701-492-331	DEPT CONTACT PHONE #: 630-407-6300	DEPT CONTACT EMAIL: dpchumanresources@dupagecounty.gov
VENDOR CONTACT EMAIL: priffey@discoverybenefits.com	VENDOR WEBSITE: wexinc.com	DEPT REQ #: N/A	

Overview

DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). Flexible spending account administration for the medical and dependent care reimbursements plans. The County has contracted with WEX Health, Inc. (formally known as Discovery Benefits, Inc.) to provide flexible spending account administration services. They have serviced the County well and continue to provide excellent service. Marsh & McLennen Agency, the County's health care consultant, supports our continued use of WEX Health, Inc. as our flexible spending account administrator. The total cost of a one-year contract is \$20,500.00 which includes non-discrimination testing access.

JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished
Administration of the flexible spending account program for medical savings and dependent care.

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.

DECISION MEMO REQUIRED Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

OTHER PROFESSIONAL SERVICES (DETAIL SELECTION PROCESS ON DECISION MEMO)

SECTION 3: DECISION MEMO

SOURCE SELECTION	Describe method used to select source. The County's Health Care Consultant, Marsh & McLennen Agency, recommends the County continues with WEX Health.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action). 1) Follow the recommendation of the County's Health Care Consultant, Marsh & McLennen. 2) Do not offer the services. 3) Go out for bid and do not offer the services for 2026 due to the bidding being delayed.

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION Select an item from the following dropdown menu to justify why this is a sole source procurement.	
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information			
<i>Send Purchase Order To:</i>		<i>Send Invoices To:</i>	
Vendor: WEX Health, Inc.	Vendor#: 37319	Dept: Human Resources	Division: N/A
Attn: Pat Riffey	Email: pirffe@discoverybenefits.com	Attn: Human Resources Department	Email: dpchumanresources@dupagecounty.gov
Address: 4321 20th Ave S	City: Fargo	Address: 421 N County Farm Rd	City: Wheaton
State: ND	Zip: 58103	State: IL	Zip: 60187
Phone: 701-492-5331	Fax: N/A	Phone: 630-407-6300	Fax: 630-407-6301
<i>Send Payments To:</i>		<i>Ship to:</i>	
Vendor: WEX Health, Inc.	Vendor#: 37319	Dept: Human Resources	Division: N/A
Attn:	Email: accounting@wexhealth.com	Attn: Human Resources Department	Email: dpchumanresources@dupagecounty.gov
Address: P.O. Box 9528	City: Fargo	Address: 421 N County Farm Rd	City: Wheaton
State: ND	Zip: 58106-9528	State: IL	Zip: 60187
Phone: 887-765-8810	Fax:	Phone: 630-407-6300	Fax: 630-407-6301
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): Jan 1, 2026	Contract End Date (PO25): Dec 31, 2026

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA	N/A	Flexible Spending Acct Admin	FY26	1000	1120	53090	N/A	19,600.00	19,600.00
2	1	EA	N/A	Flexible Spending Acct Admin	FY27	1000	1120	53090	N/A	900.00	900.00
FY is required, ensure the correct FY is selected.										Requisition Total	\$ 20,500.00

Comments

HEADER COMMENTS	Provide comments for P020 and P025. Purchase order to provide Flexible Spending Account Administration Services which includes non-discrimination testing access (annual subscription) from January 1, 2026 through December 31, 2026.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.