



Sole Source Justification Approval Form

The objective of this form is to capture all relevant documentation to assist in the source justification review process. This form must be completed electronically and submitted with all relevant documentation for review and approval. Sole Source Justification Approval Forms will be posted to PSERS public website in accordance with Title 62 §106.1 and §515.

SECTION A

Requesting Office	Public School Employees' Retirement System		
Description	SilverSneakers is a fitness and wellness program that helps retirees get active and connect with others by eliminating barriers (e.g., cost and accessibility) that may impact older adults. SilverSneakers includes community classes (in-person or online), on-demand videos, nutrition and wellness articles/videos, an on-the-go app for mobile use and access to thousands of gyms across the country.		
<input type="checkbox"/> Material			
<input checked="" type="checkbox"/> Services			
Delivery/service location	5 North 5 th Street Harrisburg, PA 17101		
SAP Vendor #		Est Total Value \$	7 Million Annually
Vendor	Tivity Health Services, LLC		
Vendor Address	701 Cool Springs Blvd. Franklin, TN 37067		
Contact Name	Kristina Macchiaroli	Email	Kristina.macchiarolo@tivityhealth.com
Telephone #	845.522.2469	Fax #	
Start Date	1/1/2025	End Date	12/31/2029

SECTION B

Check the appropriate reason(s) for this source justification.

- 1. Sole Source.** Only known source – Not available from another supplier. Title 62. § 515. (a) (1)
- 2. Exempt (Law).** A federal or state statute or regulation exempts the procurement from the competitive procedure. Any applicable information precluding the procurement from competitive procedures must be attached. Title 62. § 515. (a) (2)
- 3. Feasibility.** Clearly not feasible to award the contract on a competitive basis. Title 62. § 515. (a) (4)
- 4. Best Interest.** Clearly in the best interest of the Commonwealth. Title 62. § 515. (a) (10)
- 5. Professional Expert/ Expert Witness.** Title 62. § 515. (a) (6)
- 6. Single Source (Material/Repair/Maintenance).** Material or service MUST be compatible with existing equipment. Documentation must be provided by the manufacturer. Title 62. § 515. (a) (7)
- 7. Investment Managers/ Advisors.** Title 62. § 515. (a) (8)

Sole source procurements that use above justifications 1 - 4 are required to be posted to PSERS public website for seven (7) days prior to approval. All sole source justification approvals must be posted within seven (7) days of approval and posted for at least thirty (30) days.



SECTION C

1.	Describe the unique features of this procurement that prohibit a competitive environment. If applicable, attach a Statement of Work ("SOW").	The SilverSneakers Program is available to participants of the HOP Medical Plan and HOP Pre-65 Medical Plan through a contract with Tivity Health Services. SilverSneakers provides a unique combination of access to a network of fitness facilities and exercise classes specifically designed for seniors. SilverSneakers is the only program of its kind that offers the program at no additional cost to members.
2.	Document and attach the research that has been conducted to date to verify the supplier is the only known source?	<p>SilverSneakers Fitness program is the exclusive property of Tivity Health Services. Since the implementation of the program for the PSERS' Health Options Program, the agency has periodically conducted a review of available seniors' fitness programs in the Commonwealth marketplace, and that also provide coverage nationally for retirees who do not live in Pennsylvania.</p> <p>Each of these reviews has shown that while one other program (Silver & Fit) provides a network of fitness centers, none also provides the benefit completely free of charge to the member. (Silver & Fit divides its fitness centers into two levels, standard and premium. Only the standard locations are free. Additional charges apply to the member if visiting a premium location.)</p>
3.	Does the supplier utilize distributors, dealers, resellers, etc.? If "Yes" please identify.	No
4.	Are there compatibility requirements or compliance requirements with a warranty or service agreement? If yes, please explain.	N/A
5.	How has the material or service been procured in the past? Please provide previous source justifications, contracts and POs.	2014-67 Sole Source effective 01/01/15. 2019-44 Sole Source effective 01/01/20.
6.	If procured through the IT ITQ process, please provide original \$ amount and contract period of order. Is this the final phase of the project?	N/A
7.	If this is an upgrade, addition, alteration, etc., to an earlier procurement, please describe in detail.	N/A
8.	What are the consequences of not approving this procurement?	The SilverSneakers benefit, which is anticipated by and offered to retirees under the Health Options Program would no longer be available to PSERS members.
9.	If timing is a factor, what is the time factor and why?	Current contract ends 12/31/24.



10.	List any other information relevant to the acquisition of this procurement here or as an attachment.	The Health Options Program is a voluntary, participant funded health benefits program for PSERS retirees and their dependents. There is no cost of the SilverSneakers Fitness program to the Commonwealth or PSERS.
11.	For requests > \$100,000, has the supplier signed cost or pricing data certification and is the pricing breakdown attached?	Detailed pricing not yet available.

SECTION D

Form Submitter

Name	Sonya Charlesworth	Title	Deputy Director, HIO
Telephone #	717-720-4875	Email	scharleswo@pa.gov
Signature	<i>Sonya M. Charlesworth</i>	Date	04/17/24

This form must be signed by the PSERS Executive Director, their Designee or other individual authorized by the Board of the Public School Employees' Retirement System. Approving Authority signature connotes approval of the source justification and the cost or pricing data certification.

Approving Authority

Name	Terrill J. Sanchez	Title	Executive Director
Signature	<small>DocuSigned by:</small> 	Date	6/21/2024

The printed names or electronic representations of signatures appearing on this form shall constitute signatures of those individuals. No handwritten signatures shall be required for this form to be considered "signed" by those individuals whose names appear in the signature section.