

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor’s Legislative Team

at MileHighOrdinance@DenverGov.org by **3:00pm on Monday**. Contact the Mayor’s Legislative team with questions

Date of Request: 2/25/19

Please mark one: Bill Request or Resolution Request

1. Type of Request:

- Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/ext Amendment
- Dedication/Vacation Appropriation/Supplemental DRMC Change
- Other:

2. Title: (Start with *approves, amends, dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves a service contract with COLORADO DENTAL SERVICE, INC. d/b/a DELTA DENTAL COLORADO to offer 3 dental benefit plan options to qualified Denver employees.

3. Requesting Agency: OHR Benefits

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution	Contact person to present item at Mayor-Council and Council
Name: Chris O’Brien	Name: Chris O’Brien
Email: christopher.obrien@denvergov.org	Email: christopher.obrien@denvergov.org

5. General description or background of proposed request. Attach executive summary if more space needed:

Contract with Delta Dental Colorado to provide 3 dental plan options for qualified Denver employees. This contract will cover 1/1/19 – 12/31/22, at a cost not to exceed \$64,000,000.00

6. City Attorney assigned to this request (if applicable): Rob McDermott

7. City Council District: Citywide

8. **For all contracts, fill out and submit accompanying Key Contract Terms worksheet**

To be completed by Mayor’s Legislative Team:

Resolution/Bill Number: RR19 0196

Date Entered: _____

Key Contract Terms

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):

Expenditure – Professional Services

Vendor/Contractor Name: COLORADO DENTAL SERVICE, INC. d/b/a DELTA DENTAL COLORADO.

Contract control number: 201846371

Location: N/A

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** ____

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 1/1/2019 – 12/31/2022

Contract Amount (indicate existing amount, amended amount and new contract total): \$64,000,000.00

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
	\$64,000,000.00	\$64,000,000.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
		12/31/2022

Scope of work:

UNIFYHR produces and provides required annual employee medical plan tax documents to comply with reporting individual medical plan enrollment requirements set forth in the Affordable Care Act.

Was this contractor selected by competitive process? Yes **If not, why not?**

Has this contractor provided these services to the City before? Yes No

Source of funds: General Fund

Is this contract subject to: W/MBE DBE SBE XO101 ACDBE N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

Who are the subcontractors to this contract? N/A

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