

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto: MileHighOrdinance@DenverGov.org) by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 2/4/25

Please mark one: Bill Request or Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

Yes No

1. Type of Request:

Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text 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.)

Amends a contract with Kaiser Foundation Health Plan of Colorado to add \$93,000,000.00 for a new total of \$281,000,000.00 and add one year for a new end date of 12-31-2025 to provide two medical plan options for qualified Denver employees, citywide (CSAHR-202263753-00/CSAHR-202263753-01).

3. **Requesting Agency:** OHR Benefits and Wellness

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Lori Smith	Name: Lori Smith
Email: Lori.smith@denvergov.org	Email: Lori.smith@denvergov.org

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

Amending current agreement with Kaiser to continue to provide 2 medical plan options for qualified Denver employees through 2025. Adding \$93 million to the max contract amount to cover 2025 medical plan year.

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: _____

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 (including any dba’s): Kaiser Foundation Health Plan of Colorado

Contract control number (legacy and new): [CSAHR-202263753-00] CSAHR-202263753-01

Location: Citywide

Is this a new contract? Yes No **Is this an Amendment?** Yes No **If yes, how many?** 1

Contract Term/Duration (for amended contracts, include existing term dates and amended dates):

Existing term dates: 1/1/2023 – 12/31/2024

Amended term dates: 1/1/2023 – 12/31/2025

Contract Amount (indicate existing amount, amended amount and new contract total):

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$188,000,000.00	\$93,000,000.00	\$281,000,000.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/23 – 12/31/24	1 year	12/31/25

Scope of work:

Kaiser to continue to provide 2 medical plan options (high-deductible health plan and a deductible HMO plan) to qualified Denver employees from 1/1/23 through 12/31/25.

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 Funds

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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Date Entered: _____