

BILL/ RESOLUTION REQUEST

- 1. Title:** Approves an agreement with Denver Health Medical Plan, Inc. to provide medical insurance in 2014 to employees eligible pursuant to section 18-171 of the Denver Revised Municipal Code, with a contract amount not to exceed \$4,500,000 (CSAHR-201417752-00).

- 2. Requesting Agency:** Career Service Authority

- 3. Contact Person *with actual knowledge of proposed ordinance***
 - Name:**
 - Phone:**
 - Email:**

- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
 - Name:**
 - Phone:**
 - Email:**

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - b. Duration**

 - c. Location**

 - d. Affected Council District**

 - e. Benefits**

 - f. Costs**

- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: BR14-1061

Date: 11/25/2014