

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 service contract with UnitedHealthcare Insurance Company to offer medical benefit plans to Denver employees in 2019.

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 UnitedHealthcare Insurance Company to provide 2 medical plan options for qualified Denver employees. This contract will cover 1/1/19 – 12/31/19, at a cost not to exceed \$78,000,000.00.

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: R19 0197 OHR

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: UnitedHealthcare Insurance Co.

Contract control number: 201846722

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 – 12/31/2019

Contract Amount (indicate existing amount, amended amount and new contract total): \$78,000,000.00

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
	\$78,000,000.00	\$78,000,000.00
<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
		12/31/2019

Scope of work:

UnitedHealthcare Insurance Company to provide 2 medical plan options (high-deductible health plan and a deductible HMO plan) to qualified Denver employees from 1/1/19 – 12/31/19.

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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Date Entered: _____