ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 11 a.m. Monday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Request or	Date of Request: 10/10/22 ☐ Resolution Request
<u> </u>	Nesotation Request
1. Type of Request:	
	Agreement (IGA) Rezoning/Text Amendment
☐ Dedication/Vacation ☐ Appropriation/Suppl	emental DRMC Change
Other:	
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., includ acceptance, contract execution, contract amendment, mun	e <u>name of company or contractor</u> and indicate the type of request: grant nicipal code change, supplemental request, etc.)
	ement with UnitedHealthcare Insurance Company. This 3 rd aployee Assistance Program (EAP) Administrative Services aseling services for Denver employees. There is no change to
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
agreement with UnitedHealthcare. This ASA adds on-site	ices Agreement (ASA) as an exhibit to current master purchase counseling services to the EAP program for Denver employees. The ng services, are covered by the master purchase agreement's annual
7. City Council District: Citywide	
8. **For all contracts, fill out and submit accompanying	Key Contract Terms worksheet**
To be completed b	ny Mayor's Legislative Team:
Resolution/Bill Number:	Date Entered:

Key Contract Terms

Type of Control Professional S		> \$500K; IGA/Grant Agreement, Sale	or Lease of Real Property):			
Vendor/Cont	ractor Name: UnitedHealthcare	Insurance Co.				
Contract cont	trol number: CSAHR-20195247	5-03				
Location: N/A	A					
Is this a new o	contract? Yes No Is t	chis an Amendment? 🛛 Yes 🗌 No	If yes, how many? _03			
	m/Duration (for amended contra g dates which are not changing wit		mended dates): 1/1/2020 – 12/31/2022, these			
Contract Amount (indicate existing amount, amended amount and new contract total): \$206,000,000.00						
	Current Contract Amount	Additional Funds	Total Contract Amount			
	(A)	(B)	(A+B)			
	\$206,000,000.00	n/a	\$206,000,000.00			
	Current Contract Term	Added Time	Now Ending Date			
	1/1/20 – 12/31/22	Added Time n/a	New Ending Date Same 12/31/22 end date			
deductible HN	MO plan) to qualified Denver em Ilness Program funding in the cu	ompany to provide 2 medical plan opti ployees from 1/1/20 – 12/31/22. Unite rrent contract, part of this funding now				
Was this contractor selected by competitive process? yes If not, why not? Has this contractor provided these services to the City before? ☑ Yes ☐ No						
nas tins conti	actor provided these services to	the City before. \(\square \) Tes \(\square \) No				
Source of fun	ds: General Fund					
Is this contract subject to: ☐ W/MBE ☐ DBE ☐ SBE ☐ XO101 ☐ ACDBE ☒ N/A						
To be completed by Mayor's Legislative Team:						
Resolution/Bil	l Number:	Date En	tered:			

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):				
Who are the subcontractors to this co	ontract? n/a			
To be completed by Mayor's Legislative Team: Resolution/Bill Number: Date Entered:				