

BILL/ RESOLUTION REQUEST

- 1. Title:** Approves a 5% reduction for each coverage level of the HMO plans.
- 2. Requesting Agency:** Career Service Authority
- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Heather Britton
Phone:720-913-5699
Email:heather.britton@denvergov.org
- 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:Heather Britton
Phone:720-913-5699
Email:heather.britton@denvergov.org
- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**
ord language in ord request
 - 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.**