

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 9 a.m. Friday. Contact the Mayor's Legislative team with questions

Date of Request: 12/12/24

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 for a 2nd time a 2023 master purchase agreement contract with UnitedHealthcare Services, Inc. offering self-insured medical benefit plans to Denver employees, including career service, uniformed sheriff and uniformed police. This Second Amendment is adding \$100 million for a new max contract amount of \$265 million.

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: 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:**

Second Amendment to current agreement with UnitedHealthcare Insurance Company to continue to provide 3 medical plan options for qualified Denver employees in 2025. Increasing contract max amount to \$265 million.

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): UnitedHealthcare Services, Inc.

Contract control number (legacy and new): [CSAHR-202265732] CSAHR-202265732-02

Location: Citywide

Is this a new contract? Yes No Is this an Amendment? Yes No If yes, how many? 2

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

1/1/2023 – 12/31/2025—no change in term dates.

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

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
\$165,000,000.00	\$100,000,000.00	\$265,000,000.00

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

Scope of work:

UnitedHealthcare Insurance Company to provide medical plan options (high-deductible health plan, deductible HMO plan, and PPO w/Denver Health) to qualified Denver employees from 1/1/23 – 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 ACDDBE N/A

WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

Who are the subcontractors to this contract? N/A

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