

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: 5/24/18

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 Kaiser Permanente Insurance to provide medical insurance to eligible employees in 2018.

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:

One year contract with Kaiser Permanente Insurance Co., to offer Denver's eligible employees medical plan coverage in 2018.

6. City Attorney assigned to this request (if applicable): Rob McDermott

7. City Council District: N/A

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: Kaiser Permanente Insurance Co. (Kaiser)

Contract control number: 201736840

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): 1/1/18 -12/31/18

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)
		\$84,125,000.00
<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/01/2018	1 year (2018)	12/31/2018

Scope of work:

Kaiser to provide medical and prescription insurance coverage for Denver employees enrolled in a 2018 Kaiser medical plan, in accordance with DRMC Chapter 18, Article 6.

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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