

BILL/ RESOLUTION REQUEST

- 1. Title:** Approves an agreement with Kaiser Foundation Health Plan of Colorado to provide medical insurance coverage in 2016 to eligible employees for an amount not to exceed \$70,115,400.00.

- 2. Requesting Agency:** Career Service Authority

- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Jennifer Cahoon
Phone:
Email:

- 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:
Phone:
Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - 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.**

Bill Request Number: RR15-0939

Date: 12/1/2015