

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: 5/7/24

Please mark one: Bill Request or Resolution Request

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.)

Approves a 2023-2024 master purchase agreement contract with Kaiser Foundation Health Plan of Colorado to offer medical benefit plans to Denver employees, including career service, uniformed sheriff, fire and police. This agreement's term is from 1/1/23 through 12/31/24 with a max contract amount of \$188,000,000.00.

3. Requesting Agency: Office of Human Resources

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: (who, what, why)

Agreement with Kaiser to continue to provide 2 medical plan options for qualified Denver employees in 2023-2024.

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****

Key Contract Terms

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____

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): Kaiser Foundation Health Plan of Colorado

Contract control number (legacy and new): CSAHR-202263753-00

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): 1/1/2023 – 12/31/2024

Contract Amount (indicate existing amount, amended amount and new contract total): \$188,000,000.00

<i>Current Contract Amount</i> (A)	<i>Additional Funds</i> (B)	<i>Total Contract Amount</i> (A+B)
		\$188,000,000.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/23 – 12/31/24		

Scope of work:

Kaiser to provide 2 medical plan options (high-deductible health plan and a deductible HMO plan) to qualified Denver employees from 1/1/23 – 12/31/24.

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

To be completed by Mayor’s Legislative Team:

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Date Entered: _____