

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto: MileHighOrdinance@DenverGov.org) by **3:00pm on Monday**. Contact the Mayor's Legislative team with questions

Date of Request: 8/13/20

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.)

Amends DRMC Sec 18-173 – Definitions to include “Health Maintenance Organization (HMO) contributions and payments.”

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:

The Denver employee 2021 benefit plans will be including a new HMO plan offered by Denver Health Plan in place of the DHMO plan offered in 2020. This plan will have the same premium split between the city and employees as the current DHMO plans. This request is to add the Denver Health HMO plan and premium split to the DRMC.

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: BR20 0849

Date Entered: _____

Type of Contract: (e.g. Professional Services > \$500K; IGA/Grant Agreement, Sale or Lease of Real Property):

Vendor/Contractor Name:

Contract control number:

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):

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) |
|---------------------------------------|--------------------------------|---------------------------------------|
| | | |
| <i>Current Contract Term</i> | <i>Added Time</i> | <i>New Ending Date</i> |
| | | |

Scope of work:

Was this contractor selected by competitive process? 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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