BILL/ RESOLUTION REQUEST

1. Title: 2011 health insurance premiums and plan design changes

2. Requesting Agency: Career Service Authority

3. Contact Person with actual knowledge of proposed ordinance

Name:Heather Britton Phone:720-913-5699

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

The Career Service Authority, on the behalf of the Employee Health Insurance Advisory Committee, is recommending altering the current medical plans to reflect increased premiums and copays. Additionally, the Employee Health Insurance Advisory Committee is recommending altering the current dental plan to cover night guards and increased benefits for implants.

The Employee Health Insurance Advisory Committee is also recommending an increase in the premium paid by the City for the Life Insurance program established per Chapter 18-174 of the DRMC. The cost will increase .02 per \$1000 of coverage.

- b. Duration
- c. Location
- d. Affected Council District
- e. Benefits
- f. Costs

6.	Is there any controversy surrounding this ordinance, groups o)r
	ndividuals who may have concerns about it? Please explain.	

Bill Request Number: BR10-0751 Date: 8/19/2010