

BILL/ RESOLUTION REQUEST

1. Title: Approves an agreement between the City and County of Denver and Denver Health Medical Plan, Inc. for the 2012 Medical Benefit for City and County of Denver employees.

2. Requesting Agency: Career Service Authority

3. Contact Person *with actual knowledge of proposed ordinance*

Name:

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

For an ordinance approving a proposed Agreement for the 2012 Medical Benefit for City and County of Denver employees between the City and County of Denver and Denver Health Medical Plan, Inc.

b. Duration

2012

c. Location

d. Affected Council District

All

e. Benefits

Provides health benefits to City and County employees

f. Costs

6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.

No

Bill Request Number: BR11-0903

Date: 11/23/2011