ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. Contact the Mayor's Legislative team with questions

Please mark one: Bill Request or	Date of Request: 11/22/21 Resolution Request
1. Type of Request:	
□ Contract/Grant Agreement □ Intergovernmental Agree	ement (IGA) Rezoning/ext Amendment
☐ Dedication/Vacation ☐ Appropriation/Suppleme	ntal DRMC Change
☐ Other:	
acceptance, contract execution, contract amendment, municipal Amends current 2020 master purchase agreement with United Fig. 1.	lealthcare Insurance Company offering medical benefit plans to end date through 12/31/22, and will include an updated 2022 oss insurance coverage as new exhibits, and increase max
3. Requesting Agency: OHR Benefits	g years 2020 unrough 2022 combined.
o. Requesting rigericy. OTH Denotities	
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. A Second amendment to 2020 contract with UnitedHealthcare Instrumentary for qualified Denver employees in 2022. Max contract amondaministrative services agreement and 2022 stop loss cover. 6. City Attorney assigned to this request (if applicable): Rob 	urance Company to continue to provide 2 medical plan options ount increased to \$206,000,000.00, and updated 2022 rage attached as second amendment exhibits.
7. City Council District: Citywide	
8. ** <u>For all contracts, fill</u> out and submit accompanying Key	Contract Terms worksheet**
To be completed by Mo	ayor's Legislative Team:

Resolution/Bill Number: RR21 1465

Revised 03/02/18

Date Entered: _____

Key Contract Terms

Type of Con	tract: (e.g. Professional Services >	\$500K; IGA/Grant Agreement, Sal	e or Lease of Real Property):	
Expenditure	– Professional Services			
Vendor/Con	tractor Name: UnitedHealthcare I	nsurance Co.		
Contract cor	ntrol number: CSAHR-201952475	-02		
Location: N	/A			
Is this a new	contract? ☐ Yes ⊠ No Is th	is an Amendment? 🛛 Yes 🔲 N	o If yes, how many?02	
Contract Te	rm/Duration (for amended contrac	ets, include <u>existing</u> term dates and g	amended dates): 1/1/2020 – 12/31/2022	
Contract An	nount (indicate existing amount, an	nended amount and new contract to	otal): \$206,000,000.00	
	Current Contract Amount	Additional Funds	Total Contract Amount	
	(A)	(B)	(A+B)	
	\$143,000,000.00	\$63,000,000.00	\$206,000,000.00	
	Current Contract Term	Added Time	New Ending Date	
	1/1/20 - 12/31/22	Auteu Time	12/31/2022	
plan) to qual	ncare Insurance Company to provide ified Denver employees from 1/1/2 stractor selected by competitive pro-	0 - 12/31/22.	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 Te	am:	

Resolution/Bill Number: RR21 1465

Revised 03/02/18

Date Entered: