

**ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor’s Legislative Team

at [MileHighOrdinance@DenverGov.org](mailto:MileHighOrdinance@DenverGov.org) by **11 a.m. Monday**. Contact the Mayor’s Legislative team with questions

**Date of Request: 1/29/24**

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.)

Amends a 2023 master purchase agreement contract with UnitedHealthcare Insurance Company offering self-insured medical benefit plans to Denver employees, including career service, uniformed sheriff and uniformed police. This First Amendment is adding \$85 million for a new max contract amount of \$165 million. This amendment also updates the contract with 2024’s stop loss coverage and the new 2024 plan documents included as exhibits.

**3. Requesting Agency:** Office of Human Resources

**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:**

First Amendment to current agreement with UnitedHealthcare Insurance Company to continue to provide 2 medical plan options for qualified Denver employees in 2023, 2024 and 2025. Increasing contract max amount to \$165 million and adding 2024 plan documents and 2024 stop loss coverage as exhibits.

**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\*\***

*To be completed by Mayor’s Legislative Team:*

Resolution/Bill Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_

## Key Contract Terms

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

Expenditure – Professional Services

**Vendor/Contractor Name:** UnitedHealthcare Insurance Company

**Contract control number:** CSAHR-202265732-01

**Location:** N/A

**Is this a new contract?**  Yes  No **Is this an Amendment?**  Yes  No **If yes, how many?** 01

**Contract Term/Duration (for amended contracts, include existing term dates and amended dates):** 1/1/2023 – 12/31/2025

**Contract Amount (indicate existing amount, amended amount and new contract total):**

<i>Current Contract Amount</i>	<i>Additional Funds</i>	<i>Total Contract Amount</i>
<i>(A)</i>	<i>(B)</i>	<i>(A+B)</i>
\$80,000,000.00	\$85,000,000.00	\$165,000,000.00

<i>Current Contract Term</i>	<i>Added Time</i>	<i>New Ending Date</i>
1/1/23 – 12/31/25		

**Scope of work:**

UnitedHealthcare Insurance Company to provide 2 medical plan options (high-deductible health plan and a deductible HMO plan) to qualified Denver employees from 1/1/23 – 12/31/25.

**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

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**WBE/MBE/DBE commitments (construction, design, Airport concession contracts):**

**Who are the subcontractors to this contract?** N/A

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