## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at <a href="MileHighOrdinance@DenverGov.org">MileHighOrdinance@DenverGov.org</a> by 3:00pm on <a href="Monday">Monday</a>.

\*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

|                         |                                                                                                                                                                                                                                                               |                                                          |           |     | Date of Request: June 26, 2017        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------|-----|---------------------------------------|
| Please mark one:        |                                                                                                                                                                                                                                                               | ⊠ Bill Request                                           | or        | ☐ F | Resolution Request                    |
| 1.                      | Has your agency submitted this request in the last 12 months?                                                                                                                                                                                                 |                                                          |           |     |                                       |
|                         | ☐ Yes                                                                                                                                                                                                                                                         | ⊠ No                                                     |           |     |                                       |
| If yes, please explain: |                                                                                                                                                                                                                                                               |                                                          |           |     |                                       |
| 2.                      | . Title: Approve 2018 Health Insurance Recommendations:                                                                                                                                                                                                       |                                                          |           |     |                                       |
| 3.                      | Requesting Agend                                                                                                                                                                                                                                              | <b>cy:</b> Office of Human R                             | Resources |     |                                       |
| 4.                      | Contact Person: (with actual knowledge of proposed ordinance)  Name: Jennifer Cahoon Phone: 720-913-5521 Email: jennifer.cahoon@denvergov.org                                                                                                                 |                                                          |           |     |                                       |
| 5.                      | 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: Heather Britton Phone: 720-913-5699 Email: Heather.britton@denvergov.org |                                                          |           |     |                                       |
| 6.                      | General description of proposed ordinance including contract scope of work if applicable:                                                                                                                                                                     |                                                          |           |     |                                       |
|                         |                                                                                                                                                                                                                                                               | 2018 health savings account<br>018 Office of Human Resou |           |     | the definition of dependent, and tive |
| 7.                      | <b>Is there any controversy surrounding this ordinance?</b> (groups or individuals who may have concerns about it?) <b>Please explain.</b>                                                                                                                    |                                                          |           |     |                                       |
|                         | There is no cor                                                                                                                                                                                                                                               | ntroversy surrounding this or                            | rdinance. |     |                                       |

## **Executive Summary:**

The following modifications to the City and County of Denver benefit plans would result from the enactment of this bill:

- Establish the 2018 health savings account (HSA) contribution for enrollees of the City's high deductible health plan (HDHP). In 2018, the following HSA contribution structure is recommended:
  - For employees electing the single HDHP: for every \$12.50 per month the employee deposits into their HSA, the City will provide a 2:1 match to a maximum of \$25 per month for a maximum annual contribution of \$300 from the City.
  - ii. For employees enrolling dependents on the HDHP: for every \$37.50 per month the employee deposits into their HSA, the City will provide a 2:1 match to a maximum of \$75 per month for a maximum annual contribution of \$900 from the City.
- 2. Current definition of a dependent is vague and leaves the definition up to each insurance carrier's policy language. Adding a code based definition in ordinance will standardize the definition across all insurance carriers.
- 3. Establish the 2018 wellness incentive for civilian employees who participate in the wellness program administered by the Office of Human Resources prior to the program deadline of October 31, 2017, beginning in 2018:
  - i. For DHMO participants: \$25 per month premium reduction.
  - ii. HDHP participants: \$25 per month health savings account contribution.