# **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 🛛 Reso	olution Request	Date of Request: 2/25/1	9
1. Type of Request:					
Contract/Grant Agr	eement 🗌 Intergover	rnmental Agreemen	t (IGA) 🗌 Rezoning	/ext Amendment	
Dedication/Vacation	Appropria	tion/Supplemental	DRMC CI	hange	
Other:					

2. Title: (Start with *approves, amends, dedicates*, etc., include <u>name of company or contractor</u> and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves service contract with UnitedHealthcare Insurance Company to offer medical benefit plans to Denver employees in 2019.

## 3. Requesting Agency: OHR Benefits

#### 4. Contact Person:

Contact person with knowledge of proposed	Contact person to present item at Mayor-Council and		
ordinance/resolution	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:

Contract with UnitedHealthcare Insurance Company to provide 2 medical plan options for qualified Denver employees. This contract will cover 1/1/19 - 12/31/19, at a cost not to exceed \$78,000,000.00.

- 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\*\*

# **Key Contract Terms**

Type of Contr	ract: (e.g. Professional Services >	\$500K; IGA/Grant Agreement, Sale o	r Lease of Real Property):				
Expenditure –	Professional Services						
Vendor/Contractor Name: UnitedHealthcare Insurance Co.							
Contract cont	crol number: 201846722						
Location: N/A	Ą						
Is this a new o	contract? 🛛 Yes 🗌 No 🛛 Is th	his an Amendment? 🗌 Yes 🖾 No	If yes, how many?				
<b>Contract Term/Duration (for amended contracts, include <u>existing</u> term dates and <u>amended</u> dates): 1/1/2019 – 12/31/2019</b>							
Contract Amount (indicate existing amount, amended amount and new contract total): \$78,000,000.00							
	Current Contract Amount	Additional Funds	Total Contract Amount				
	(A)	<b>(B)</b>	(A+B)				
		\$78,000,000.00	\$78,000,000.00				
	Current Contract Term	Added Time	New Ending Date				
			12/31/2019				
Scope of work		de 2 medical plan options (high-deduct	ible health plan and a deductible HMO				
plan) to qualified Denver employees from $1/1/19 - 12/31/19$ .							
Was this contractor selected by competitive process?YesIf 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							
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 Team: