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 🛛 Re	solution Request	Date of Request: 11/25/19
1. Type of Request:				
Contract/Grant Agro	eement 🗌 Intergover	rnmental Agreeme	nt (IGA) 🗌 Rezoning/ext A	Amendment
Dedication/Vacation	🗌 Appropria	tion/Supplemental	DRMC Chang	e
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 self-funded, administrative services agreement with UnitedHealthcare Insurance Company to offer medical benefit plans to Denver employees in 2020 – 2022.

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 1/1/20 - 12/31/22, at a cost not to exceed \$80,000,000.00.

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

Date Entered:

Vendor/Contractor Name: UnitedHealthcare Insurance Co.

Contract control number: 201952475

Location: N/A

Is this a new contract?	\boxtimes	Yes		Is this an	Amendment?	Y	es 🖂	No	If yes, how many? _	
-------------------------	-------------	-----	--	------------	------------	---	------	----	---------------------	--

Contract Term/Duration (for amended contracts, include existing term dates and amended dates): 1/1/2020 – 12/31/2022

Contract Amount (indicate existing amount, amended amount and new contract total): \$80,000,000.00

Current Contract Amount	Additional Funds	Total Contract Amount
<i>(A)</i>	(B)	(A+B)
	\$80,000,000.00	\$80,000,000.00
·		
Current Contract Term	Added Time	New Ending Date
		12/31/2022

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 1/1/20 - 12/31/22.

Was this contractor selected by competitive process? Yes If not, why not?

Has this contractor provided these services to the City before? 🛛 Yes 🗌	las this contractor	provided these	services to th	e City before?	Xes Yes	No 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