## 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: 11/9/20 Resolution Request
1. Type of Request:	
_	ement (IGA)  Rezoning/ext Amendment
☐ Dedication/Vacation ☐ Appropriation/Suppleme	ntal DRMC Change
Other:	
<b>2. Title:</b> (Start with <i>approves</i> , <i>amends</i> , <i>dedicates</i> , etc., include <u>nate</u> acceptance, contract execution, contract amendment, municipal	me of company or contractor and indicate the type of request: grant al code change, supplemental request, etc.)
Approves a service contract with KAISER PERMANENTE IN qualified Denver career service employees, classified Denver	
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 Name: Chris O'Brien	Council Name: Chris O'Brien
Email: christopher.obrien@denvergov.org	Email: christopher.obrien@denvergov.org
<ul> <li>Contract with Kaiser Permanente Insurance Company to provide police employees. This contract will cover 1/1/20 – 12/31/2</li> <li>6. City Attorney assigned to this request (if applicable): Rob</li> </ul>	20, at a cost not to exceed \$94,000,000.00
7. City Council District: Citywide	
8. **For all contracts, fill out and submit accompanying Key	Contract Terms worksheet**
To be completed by M	ayor's Legislative Team:
Resolution/Bill Number: RR20 1339	Date Entered:

## **Key Contract Terms**

Type of Contr	ract: (e.g. Professional Services >	\$500K; IGA/Grant Agreement, Sale	or Lease of Real Property):	
Expenditure –	- Professional Services			
Vendor/Conti	ractor Name: KAISER PERMA	NENTE INSURANCE COMPANY.		
Contract cont	trol number: CSAHR-202053318	8		
Location: N/A	A			
Is this a new o	contract? ⊠ Yes □ No Is t	his an Amendment?   Yes   No	If yes, how many?	
Contract Terr 12/31/2020.	m/Duration (for amended contra	cts, include <u>existing</u> term dates and <u>an</u>	nended dates): Term is 1/1/20 through	
Contract Amount (indicate existing amount, amended amount and new contract total): \$94,000,000.00				
	Current Contract Amount	Additional Funds	Total Contract Amount	
	(A)	(B)	(A+B)	
		\$94,000,000.00	\$94,000,000.00	
	Current Contract Term	Added Time	New Ending Date	
			12/31/2020	
Scope of work:  Kaiser offers/administers voluntary enrollment medical benefit service plan options to qualified Denver career service, Denver Fire and Denver Police employees.  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				
WBE/MBE/DBE commitments (construction, design, Airport concession contracts):				
Who are the subcontractors to this contract? N/A				
	To be	e completed by Mayor's Legislative Tean	ı:	

Resolution/Bill Number: RR20 1339

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