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: <u>11/9/2020</u> Resolution Request
1. Type of Request:	
	ement (IGA) Rezoning/Text Amendment
_	_
☐ Dedication/Vacation ☐ Appropriation/Supplement	ntal DRMC Change
Other:	
2. Title: (Start with <i>approves, amends, dedicates</i> , etc., include <u>nar</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.)
Authorizes expenditures in the Medical Self-Insurance Program (fu	and #59700-6010000) for 2021 United medical plan costs.
3. Requesting Agency:	
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
required to reimburse providers on a claim-by-claim basis may exceed the amount authorized to cover the costs of the month to UnitedHealthcare to cover the costs of the claim. In 2021, the Self-Insured UnitedHealthcare medical plans dependents. The initial enrollment number during the 202 includes expenditures for new enrollees throughout the year. The Office of Human Resources is requesting authorizated.	will cover Civilian, Sheriff, and Police employees and their 1 open enrollment period was 3,666. The requested amount ear. cion for 2021 expenditures in the amount of \$63,000,000.00 for the the UnitedHealthcare medical plans fund. Revenues to support the
6. City Attorney assigned to this request (if applicable):7. City Council District: citywide	
To be completed by Mo	ayor's Legislative Team: Date Entered:
NESUIUUUI/DIII INUIIIUEI. DNZU 1333	Date Efficieu.

Date Entered: _____