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: 12/7/20
1. Type of Request:				
Contract/Grant Agree	ement 🗌 Intergovern	nmental Agreeme	ent (IGA) 🗌 Rezoning/ext	Amendment
Dedication/Vacation	🗌 Appropriati	ion/Supplementa	DRMC Chan	ge
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 first contract amendment to 2020 master purchase agreement with UnitedHealthcare Insurance Company offering medical benefit plans to Denver employees in 2020 – 2022, to include an updated 2021 administrative services agreement and renewed 2021 stop loss insurance coverage and an increased max contract amount to \$143,000,000.00.

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:

First amendment to 2020 contract with UnitedHealthcare Insurance Company to provide 2 medical plan options for qualified Denver employees. Max contract amount increased to \$143,000,000.00, and updated 2021 administrative services agreement and 2021 stop loss coverage attached as first amendment exhibits.

- 6. City Attorney assigned to this request (if applicable): Rob McDermott
- 7. City Council District: Citywide
- 8. **<u>For all contracts, fill out and submit accompanying Key Contract Terms worksheet**</u>

Key Contract Terms

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

Expenditure – Professional Services

Vendor/Contractor Name: UnitedHealthcare Insurance Co.

Contract control number: CSAHR-201952475-01

Location: N/A

Is this a new contract? 🗌 Yes 🛛 No 🛛 Is this an Amendment? 🖾 Yes 🗌 No 🖓 If yes, how many? __01___

Contract Term/Duration (for amended contracts, include <u>existing</u> term dates and <u>amended</u> dates): 1/1/2020 – 12/31/2022 Contract Amount (indicate existing amount, amended amount and new contract total): \$143,000,000.00

Current Contract Amount		Additional Funds	Total Contract Amount
	(A)	(B)	(A+B)
	\$80,000,000.00	\$63,000,000.00	\$143,000,000.00
	Current Contract Term	Added Time	New Ending Date
	1/1/20 - 12/31/22		12/31/2022
			eductible health plan and a deductible HMO
Was this contractor selected by competitive process?		ess? Yes If n	ot, why not?

Has this contractor provided	these services to	o the City before?	🛛 Y	les 🗌	No
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Source of funds: General Fund

Is this contract subject to:		W/MBE		DBE		SBE		XO101		ACDBE	N/A	٢
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WBE/MBE/DBE commitments (construction, design, Airport concession contracts):

Who are the subcontractors to this contract? N/A