



## Legislation Text

File #: 19-1197, Version: 1

### Finance Item/Grant Request Template

**Date Submitted:** 10-28-19

**Requesting Agency:** Finance  
**Division:**

**Subject Matter Expert Name:**

Name: Rachel Bardin and Stephanie Adams

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#### Item Title & Description:

*(Do not delete the following instructions)*

*These appear on the Council meeting agenda. Initially, the requesting agency will enter a 2-3 sentence description. Upon bill filling, the City Attorney's Office should enter the title above the description (the title should be in **bold** font).*

*Both the title and description must be entered between the red "title" and "body" below. Do **not** at any time delete the red "title" or "body" markers from this template.*

#### **A bill for an ordinance establishing a new fund in the Payroll Clearing Fund Series for the "Medical Self-Insurance" program and the means for authorizing expenditures for such fund.**

Establishes the Medical Self-Insurance Program Fund to administer a medical self-insurance program as part of the benefits package for City employees and appropriates the 2020 budget for this program. The Committee approved filing this item at its meeting on 11-5-19.

**Affected Council District(s) or citywide?** Citywide

#### **Executive Summary with Rationale and Impact:**

*Detailed description of the item and why we are doing it. This can be a separate attachment.*

For 2020 the City will be converting part of its medical insurance benefits to self-insured. Specifically, in 2020, the City's contract with United Healthcare will be self-insured. The 2020 appropriation will include dollars for 2020 claims, administrative cost and the initial reserves. Additionally, the initial reserve will be funded through a transfer of surplus reserves from the Dental Self-Insurance Fund. This will be an appropriated, lapsing fund. The Personnel Director of the Office of Human Resources is the expending authority.

The appropriation in 2020 is \$64,000,000, which reflects City and employee contributions as

well as contingency reserves.

**Type (choose one: Grant; Supplemental; Fund Creation; Fund Rescission; Fund Transfer; Appropriation; Other):**

**Amount:**

**Budget Year:**

**Fund and Funding Source (Fund/Org/Grant Number, if applicable):**

**Grantor (if applicable):**

**Fund Matching Requirements (if applicable):**

**Fiscal Impact:**