



UNITED INDEPENDENT SCHOOL DISTRICT INFORMATIONAL ITEM

TOPIC _____ Employee Voluntary Group Health Insurance Benefits _____

SUBMITTED BY Ofelia Dominguez **OF:** Risk Management Department

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: June 10, 2026

It is recommended that the United ISD Board review the District Group Health Insurance Rates and District Contributions for Plan Year September 1, 2026 to August 31, 2027. The Employee Benefits Committee (EBC) and administration has concluded a review of the district self-insured health plan and is prepared to make the following recommendation for Board review.

The following Changes for Plans and Premium Cost.

Schedule of Benefits attached reflects in detail the Plan and Premium Cost changes:

Additional cost on Premium: \$128.00 Per Adult across each individual participating plan(s)

District contribution: \$575.00 Per Employee Per Month

Plans

- Bronze Plan (HMO)
- Silver Plan (PPO Core Plan)
- Gold Plan (PPO Core Plan Plus)
- All Plans offer coverage for the following:
 - Employee Only; Employee/Child(ren); Employee/Spouse; Employee/Family

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE: