

**Denton Independent School District**  
**Employee Telehealth Services Approval**  
May 13, 2025

**SUMMARY:**

This item requests approval of Employee Telehealth Services for the 2025-2026 plan year.

**BOARD VALUES**

**Growth & Management...**In the pursuit of excellence, we value

- providing leadership and/or oversight to ensure Denton ISD meets all fiscal, legal and regulatory requirements.
- demonstrating effective and efficient management of district resources.

**Culture & Climate...**In the pursuit of excellence, we value

- promoting health, wellness, and emotional well-being.

**PREVIOUS BOARD ACTION:**

The Board approved MD LIVE in 2022 to provide telehealth services to employees as a post-tax benefit.

**BACKGROUND INFORMATION:**

Recurio Health is a stand-alone voluntary insurance product that provides telehealth services where employees can access medical care and treatment for minor illnesses and mental/behavioral health issues. Employees can access medical consultations 24 hours a day, 7 days a week through phone and video chat.

The premium for the current telehealth provider, MD LIVE, is \$18 a month and is expected to increase to \$19 a month for the 2025-2026 plan year.

**SIGNIFICANT ISSUES**

This agreement with Recurio Health provides the same services at a more affordable premium of \$14 per month. This rate provides access to the employee, spouse, and dependent children under 26 years old.

**FISCAL IMPLICATIONS:**

Selection of this benefit is voluntary, and all costs associated would be the responsibility of the employee.

**BENEFIT OF ACTION:**

Allows Denton ISD employees the option of securing telehealth services.

**SUPERINTENDENT'S RECOMMENDATION:**

It is recommended that the proposal from Recurio Health for the 2025-2026 plan year be accepted.

**STAFF PERSONS RESPONSIBLE:**

Dr. Jeremy Thompson, Deputy Superintendent  
Chris Bomberger, Executive Director of Administrative Services  
Sarah Johnson, Benefits Director

**ATTACHMENT:**

2025-05-13 Recurio Health Proposal

**APPROVAL:**

Signature of Staff Member Proposing Recommendation: \_\_\_\_\_

Signature of Divisional Assistant Superintendent: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_