

**Denton Independent School District**  
**Dental Insurance**  
January 12, 2021

**SUMMARY:**

This item requests approval of the renewal from CIGNA for Dental Insurance for the plan year 2021-2022.

**BOARD GOAL:**

Culture and Climate... In pursuit of excellence, we will:

- Promote health, wellness and emotional well-being

**PREVIOUS BOARD ACTION:**

The Board approved the current CIGNA plan on May 14, 2019.

**BACKGROUND INFORMATION:**

Financial Benefit Services (FBS) provides brokerage services for Denton ISD. On February 25, 2019, FBS requested dental benefit proposals on behalf of Denton ISD. The request for proposal yielded five (5) vendor responses. The responses were evaluated by a committee composed of members from the Denton ISD Benefits Department and Financial Benefit Services consultants.

**SIGNIFICANT ISSUES:**

Dental plan coverage expenses dropped to 84% usage rate during 2020 by covered employees within Denton ISD. Cigna refunded plan members a monthly premium based on the coverage selection due to the COVID restrictions.

Medical plan information will be available in May. Dental Benefit coverage is not impacted by the TRS medical plans.

**FISCAL IMPLICATIONS:**

None to Denton ISD. Employees pay for the costs of voluntary benefits. These include dental, vision, cancer, disability and life insurance.

**BENEFIT OF ACTION:**

Allows Denton ISD employees the option of securing group dental coverage. The plan offering is a 5.9% increase in year 1 (2021-2022) with a 2-year period (2022-2023, 2023-2024) for which the rate is guaranteed.

**SUPERINTENDENT'S RECOMMENDATION:**

It is recommended that the proposal from CIGNA for Dental Benefits for the 2021-2022 plan year be accepted with the option to renew for 2 additional 1-year periods for which the rate is guaranteed.

**STAFF PERSONS RESPONSIBLE:**

Dr. Scott Niven, Chief Financial Officer

Chris Bomberger, Executive Director of Risk Management, Benefits & Child Nutrition

**ATTACHMENT:**

2021-01-12 Dental Renewal letter 12-7-20.

**APPROVAL:**

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

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

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