

# Approval of Health Insurance Benefits

August 25, 2009

## SUMMARY:

This item requests approval of the employee health insurance package, specifically the plan change(s) for the 2010 benefit year. The benefit changes will be effective January 1, 2010.

## PREVIOUS BOARD ACTION:

For discussion on August 11, 2009, the Board was presented with the recommended benefit changes.

## BACKGROUND INFORMATION:

On an annual basis, a complete review of benefits is performed to determine if benefit enhancements/changes should be made without a significant impact on the health plan or its rate structure.

## SIGNIFICANT ISSUES:

The plan year will begin January 1, 2010. Employees will receive a benefits booklet that contains all plan options and rates prior to the beginning of the open enrollment process. Open enrollment is scheduled to begin on November 1 and end on November 20, 2009.

## FISCAL IMPLICATIONS:

Despite continued increases in medical and prescription drug costs, the Denton ISD plan **will not** need to pass along any rate increase to its employees for their medical coverage for the sixth straight year.

## BENEFIT OF ACTION:

Approval of the recommended changes will allow the insurance personnel to proceed with open enrollment preparations.

## PUBLIC COMMENT RECEIVED:

None

## SUPERINTENDENT'S RECOMMENDATION:

As a result of that benefit review, we are recommending the following benefit changes:

- Lower the urgent care co-pay from the current co-pay of \$50.00 to the primary care physician co-pay of \$25.00
- Drop prescription drug coverage for Nexium based on the recommendation by the United HealthCare national medical director.
- Remove the cap on the wellness benefit for employees and dependents alike. Wellness exams and appropriate tests will be paid at 100%.
- Mental Health and Substance Abuse benefits will remain at the current level of coverage.

## STAFF PERSONS RESPONSIBLE:

Sally Havey, Insurance Coordinator

Debbie Monschke, Executive Director of Budget and Finance

## ATTACHMENT:

None

## APPROVAL:

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

Comments: \_\_\_\_\_

Signature of Divisional Leader: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Comments: \_\_\_\_\_