

Approval of 2008-2009 Employee Wellness Program

August 12, 2008

SUMMARY:

This item requests approval of Principal Wellness Company as the administrator of the 2008-2009 Denton ISD Employee Wellness Program.

BOARD GOAL:

(5-e) Human Resources-promote health and wellness in the workforce.

PREVIOUS BOARD ACTION:

For discussion purposes, on July 29, 2008, the Board was provided the results of the wellness proposal responses.

BACKGROUND INFORMATION:

The Board of Trustees originally approved Molloy Wellness in 2005 as the employee wellness program. Now known as Principal Wellness, the company was again approved in 2007.

SIGNIFICANT ISSUES:

The wellness program has been well received by District employees. While maintaining employee confidentiality, Principal Wellness provides the District with annual reports outlining areas of concern regarding the general health of the employee population. This allows us to focus on areas of specific concern while continuing to design/re-design the employee health plan.

FISCAL IMPLICATIONS:

The cost to the Health Care Trust annually is approximately \$310,000 in premiums to Principal Wellness. The employee incentive to participate equates to approximately \$293,000 annually.

BENEFIT OF ACTION:

Approving Principal Wellness as the wellness program provider will result in minimal disruption at the campus level as the program has been in place, and well received, for three (3) years. This will also provide the staff an opportunity to continue exploring the concept of a health clinic that employees could access at no cost.

PROCEDURAL AND REPORTING IMPLICATIONS:

None

PUBLIC COMMENT RECEIVED:

None

ALTERNATIVES:

Circle Wellness (Blue Option) is an option.

SUPERINTENDENT'S RECOMMENDATION:

Recommend approval of the Principal Wellness proposal for 2008-2009 of \$9.25 per employee per month.

STAFF PERSONS RESPONSIBLE:

Sally Havey, Insurance Coordinator
Debbie Monschke, Executive Director Budget and Finance

ATTACHMENT:

Summary of Proposals Received for the Wellness Program

APPROVAL:

Signature of Staff Member Proposing Recommendation: _____

Comments: _____

Signature of Divisional Leader: _____

Comments: _____

Signature of Superintendent: _____

Comments: _____