



The School District of Osceola County Employee Benefits Committee Meeting

Agenda
May 21, 2025

- I. Welcome (2 minutes)**
 - a. Speaking order volunteer
 - b. Timekeeper volunteer
- II. Health Services Plan 2026 (40 mins)**
- III. Member concerns, tracking, and brainstorming solutions (20 minutes)**
- IV. Other concerns and updates (5 minutes)**

The next meeting will be held on **TBD at **TBD** in the **Multipurpose Room** located at The Center for Employee Health 831 Simpson Road, in Kissimmee.**

Proposed dates for June meeting:

6/15 - 9 am
6/17 - 1 pm
6/19 - 9 am

Employee Benefits Committee Meeting

2023-2024 Membership

OCEA

Vacant

Ann Glover – OSVS (v)

Janet Moody -- OCEA/ESP Pres (v)

Richard Steinmetz, Jr. – Parkway MS(v)

Kim Castro-Stevens – Hickory Tree ES (v)

Dylan Reinsel – St Cloud HS (Alternate)

Teamsters

Albert Mendoza (v)

Carlos Martinez – Teamsters (v)

Provider Representatives

Kelly Johnson – Lincoln Financial Group

Mark Tafuri- VSP

Candice Knaps – Humana (Dental)

Tom Remus - MetLife Life Ins.

Cindy McCormick -- EBMS

Jessica Rivera -- EBMS

Jay Weingart – Trustmark

Mike Vasquez – Opioid Clinic Management

Risk & Benefits Management/SDOC

LaToyia Edwards – Benefits Education Specialist

Lauren M. Haddox – Director

LaTasha Aponte – Employee Benefits Supervisor

Megan Austin – Wellness Specialist

Iris Hernandez - Secretary

Sarah Graber – Chief Business & Finance Officer

John Boyd – Chief Negotiator

Scott Knoebel – Chief Negotiator

Prof. Support Council

Daina Gooden (v)

ESP

LaShanna Ward – Denn John MS (v)

Susan Compton – Custodial Servs. (v)

Retirees

Ray Lackey – Retired Teacher

Judi Crowell – Retired Counselor

Benefits Consultant

Ashley Bacot - RosenSure

Carolyn Grant - RosenSure

Barry Murphy – RosenSure

Mystery Slimick -- RosenSure

Center for Employee Health

Kenneth Aldridge -- RosenCare

Michelle Rubiano -- PeopleOne

Sherry Edwards -- PeopleOne

Dr. Chad Campbell -- PeopleOne

Dean Hatcher -- PeopleOne

Lisa Torres -- PeopleOne

Jordan Tardash -- PeopleOne

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL
HEALTH AND LIFE INSURANCE TRUST FUND

Source	ACCT. NO.	2015-16 Actual	2016-17 Actual	2017-18 Actual	2018-19 Actual	2019-20 Actual	2020-21 Actual	2021-22 Actual	2022-23 Actual	2023-24 Actual
NET POSITION AT BEGINNING OF YEAR:										
Total Beginning Net Position		\$ 15,623,950	\$ 15,077,118	\$ 11,703,413	\$ 10,521,021	\$ 10,356,982	\$ 10,250,945	\$ 14,678,700	\$ 13,883,929	\$ 9,430,371
REVENUE:										
Premiums	484									
Employer	070	43,399,239	42,926,057	44,292,617	46,419,598	49,600,530	48,615,146	48,687,259	51,121,717	56,618,354
Employee	071	5,810,501	5,712,148	6,158,540	7,669,189	8,429,609	7,595,789	7,046,529	6,980,097	6,881,872
Retiree/LOA	072	2,301,323	1,718,859	1,256,350	1,403,060	1,518,947	1,243,656	1,179,697	983,765	864,608
COBRA	073	46,393	53,842	69,975	102,372	75,015	46,350	51,197	27,717	17,079
Non-operating Revenue	495	97,697	52,746	66,404	86,266	74,948	89	1,282	348,156	728
Transfers In		3,000,000	3,000,000	8,500,000	10,500,000	-	-	3,000,000	3,000,000	10,000,000
Total Revenue		54,655,153	53,463,652	60,343,886	66,180,485	59,699,049	57,501,030	59,965,964	62,461,452	74,382,641
HEALTH & LIFE INS EXPENSES:										
Professional & Technical Services	3100	2,865,782	4,572,603	4,505,658	5,158,461	5,080,601	9,081,854	10,490,543	12,759,352	11,422,825
Insurance & Bond Premiums	3200	1,405,878	1,151,420	785,827	840,550	678,130	815,133	767,505	701,928	917,290
Other Purchased Services	3900	44,027	48,086	82,131	59,853	32,832	333,175	345,041	255,271	209,963
Supplies	5000	132,212	347,761	378,941	481,229	660,507	999,902	483,169	274,474	105,542
Furniture, Fixtures, & Equipment	6000	71,304	7,810	-	1,345	27,950	4,185	6,436	2,967	6,917
Dues and Fees	7300	429,095	286,919	50,871	52,403	-	44,691	3,369	57,324	28,476
Claims Expense	7700	50,245,416	50,317,692	55,616,035	59,644,352	53,216,080	44,451,805	51,067,444	52,154,030	58,894,735
IBNP CHANGE									614,000	488,000
Depreciation Expense	7800	8,271	105,066	106,815	106,331	108,986	107,861	94,634	95,663	95,629
Total Health & Life Ins Expenses		55,201,985	56,837,357	61,526,278	66,344,524	59,805,086	55,838,606	63,258,141	66,915,010	72,169,376
COVID Claims Offset		-	-	-	-	-	(2,765,331)	(2,497,406)	-	-
Net Health & Life Ins Expenses		55,201,985	56,837,357	61,526,278	66,344,524	59,805,086	53,073,275	60,760,736	66,915,010	72,169,376
NET POSITION AT END OF YEAR:										
Total Ending Net Position		\$ 15,077,118	\$ 11,703,413	\$ 10,521,021	\$ 10,356,982	\$ 10,250,945	\$ 14,678,700	\$ 13,883,929	\$ 9,430,371	\$ 11,643,636

**School District of Osceola County
Current Plan Design**

	PLAN 1	PLAN 2			PLAN 3		
	<i>Health Center Plan with Tiers 1&2 Only</i>	<i>Proposed Essential Plan</i>			<i>Proposed Advantage Plan</i>		
		<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>
PCP - Health Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telemedicine	\$0	\$0	\$0	Not Covered	\$0	\$0	Not Covered
PCP	N/A	\$20	\$40	Ded/Co-Ins	\$15	\$25	\$30
Specialist	\$30	\$40	\$80	Ded/Co-Ins	\$40	\$50	\$60
Referral Needed to Specialist?	Yes	No	No	No	No	No	No
Urgent Care	\$45	\$45	\$45	Ded/Co-Ins	\$45	\$45	Ded/Co-Ins
Emergency Room	\$400 copay (waived if admitted)	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
	any facility	any facility	any facility	any facility	any facility	any facility	any facility
Labwork at independent lab	\$0 (Health Center, Quest or LabCorp only)	\$10 (Ex. Quest Diagnostics)	30% no Deductible	30% no Deductible	\$5 (Ex. Quest Diagnostics)	25% no Deductible	25% no Deductible
Labwork all other facilities	80% No Deductible	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
Advanced Imaging	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
Advanced Imaging through Green Imaging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deductible	\$500/\$1,000	\$900/ \$1,800	\$1,250/\$2,500	\$1,250/\$2,500	\$600/\$1,200	\$950/\$1,900	\$950/\$1,900
Co-Insurance	20%	30%	30%	30%	25%	25%	25%
Maximum Out of Pocket	\$4,000/\$8,000	\$5,000/\$10,000	\$6,300/\$13,600	\$6,300/\$13,600	\$4,000/\$8,000	\$6,700 / \$12,400	\$6,700 / \$12,400
RX	Prescriptions Unlimited & Grocery stores only	Preferred Pharmacy	Non-Preferred Pharmacy		Preferred Pharmacy	Non-Preferred Pharmacy	
Deductible	No Deductible	No Deductible	\$300 waived for preferred generics		No Deductible	\$75 waived for preferred generics	
Generics Obtained at Health Center	\$0	\$0	--		\$0	--	
Preferred Generic	\$0	\$6	\$10		\$5	\$10	
Preferred Brand	\$45	\$45	20% up to \$75		\$40	20% up to \$50	
Non-Preferred Brand	50% up to \$150	50% up to \$150	50% up to \$200		50% up to \$125	50% up to \$150	
Specialty	\$75	50% up to \$200	Not Covered		50% up to \$200	Not Covered	
International Program with Elect Rx	\$0	\$0	\$0		\$0	\$0	

Deductible waiver for same day ER on all plans and Tiers

**School District of Osceola County
Plan Design Proposal for 10-1-2025**

	PLAN 1	PLAN 2			PLAN 3		
	Health Center Plan with Tiers 1&2 Only	Proposed Essential Plan			Proposed Advantage Plan		
		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
PCP - Health Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telemedicine	\$0	\$0	\$0	Not Covered	\$0	\$0	Not Covered
PCP	N/A	\$20	\$40	Ded/Co-Ins	\$15	\$25	\$30
Specialist	\$30	\$40	\$80	Ded/Co-Ins	\$40	\$50	\$60
Referral Needed to Specialist?	Yes	No	No	No	No	No	No
Urgent Care	\$45	\$45	\$45	Ded/Co-Ins	\$45	\$45	Ded/Co-Ins
Emergency Room	\$400 copay (waived if admitted)	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
	any facility	any facility	any facility	any facility	any facility	any facility	any facility
Labwork at independent lab	\$0 (Health Center, Quest or LabCorp only)	\$10 (Ex. Quest Diagnostics)	30% no Deductible	30% no Deductible	\$5 (Ex. Quest Diagnostics)	25% no Deductible	25% no Deductible
Labwork all other facilities	80% No Deductible	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
Advanced Imaging	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
Advanced Imaging through Green Imaging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deductible	\$0	\$1,100 / \$2,200	\$1,375/\$2,750	\$1,500/\$3,000	\$725/\$1,450	\$975/\$1,950	\$1,100/\$2,200
Co-Insurance	20%	30%	30%	30%	25%	25%	25%
Maximum Out of Pocket	\$4,000/\$8,000	\$6,500/\$13,000	\$7,150/\$15,050	\$7,900/\$15,800	\$5,375/\$10,750	\$7,150 / \$14,300	\$7,450 / \$14,900
RX	Prescriptions Unlimited & Grocery stores only	Preferred Pharmacy	Non-Preferred Pharmacy		Preferred Pharmacy	Non-Preferred Pharmacy	
Deductible	No Deductible	No Deductible	\$300 waived-for-preferred-generics		No Deductible	\$75 waived-for-preferred-generics	
Generics Obtained at Health Center	\$0	\$0	--		\$0	--	
Preferred Generic	\$0	\$6	\$20		\$5	\$20	
Preferred Brand	\$45	\$45	20% up to \$100		\$40	20% up to \$100	
Non-Preferred Brand	50% up to \$150	50% up to \$150	50% up to \$350		50% up to \$125	50% up to \$350	
Specialty	\$75	50% up to \$200	Not Covered		50% up to \$200	Not Covered	
International Program with Elect Rx	\$0	\$0	\$0		\$0	\$0	
Remove deductible waiver for same day ER on all plans and Tiers							

Additional commitment by the Board:

Two new satellite health center locations at Transportation East and West

Mobile health center

Health Center Wellness Plan includes half day Board leave for health center appointment per semester for wellness visit

Prescriptions Unlimited both locations - generics \$0, first 90-day fill waived

Proposed Changes for Plan Year 2025-26

Board Contribution Amounts - ANNUAL			
CURRENT = \$	7,498.00	PROPOSED = \$	8,772.60

Employee Contribution Amounts - ANNUAL						
CURRENT	Health Center Plan WELLNESS	Health Center Plan	Healthy Essentials WELLNESS	Healthy Essentials	Healthy Advantage Plus WELLNESS	Healthy Advantage Plus
Employee Only	\$0.00	\$500.00	\$0.00	\$500.00	\$1,000.00	\$1,500.00
Employee + Spouse	\$3,500.00	\$4,500.00	\$6,500.00	\$7,500.00	\$9,000.00	\$10,000.00
Employee + Child(ren)	\$500.00	\$1,500.00	\$3,040.00	\$4,040.00	\$5,500.00	\$6,500.00
Employee + Family	\$4,000.00	\$5,000.00	\$9,040.00	\$10,040.00	\$11,500.00	\$12,500.00
Half Family Primary	\$0.00	\$1,000.00	\$400.00	\$1,000.00	\$6,000.00	\$7,000.00
Half Family Secondary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PROPOSED	Health Center Plan WELLNESS	Health Center Plan	Healthy Essentials WELLNESS	Healthy Essentials	Healthy Advantage Plus WELLNESS	Healthy Advantage Plus
Employee Only	\$0.00	\$500.00	\$500.00	\$1,000.00	\$1,500.00	\$2,000.00
Employee + Spouse	\$3,500.00	\$4,500.00	\$7,000.00	\$8,400.00	\$9,900.00	\$11,300.00
Employee + Child(ren)	\$500.00	\$1,500.00	\$3,940.00	\$4,940.00	\$6,400.00	\$7,400.00
Employee + Family	\$4,000.00	\$5,000.00	\$9,940.00	\$12,040.00	\$12,400.00	\$14,500.00
Half Family Primary	\$0.00	\$1,000.00	\$1,000.00	\$1,500.00	\$6,500.00	\$7,900.00
Half Family Secondary	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Board Contribution Increase \$10M
Employee Premium Increase \$2.9M