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Health Benefits Committee Meeting

Wednesday, June 24, 2026
9:30 am
Lincoln Center

MINUTES

ATTENDANCE

Rex Weltz, Superintendent	Jeannie Origbo, Bryant
Candice Delvaux, Executive Assistant	Jesse Zentz, Bridged Health Alliance
Jacquelyn Gomes, Bridged Health Alliance	Jessica Reynolds, Speech Language Pathologist
Stephanie Morrison, Bridged Health Alliance	Jane Shawn, HEA President
John Doran, Bridged Health Alliance	Mike Bonville, Alliant
Keri Mizell, Human Resources Director	Cindy Curran, Paraeducator
Kim Barry, Paraeducator	Sam Holman, Business Director
Jessica Freeman, Educator	Jamie King, Allegiance
Amber Ireland, Allegiance	Emily Rodway, Nurse
Judd Wagner, USI	Shannon McNamee, Nurse
Julie McGuire, Secretary	Aaron Bay, Allegiance
Michelle Schweyen, Assistant Accountant	Guests of the Public
Ross Gustafson, Educator	

ITEMS FOR INFORMATION/DISCUSSION

A. Welcome and Opening Remarks

Superintendent Rex Weltz welcomed committee members and guests and thanked everyone for attending the Health Benefits Committee meeting. He explained that following the June Board meeting, he believed additional review of the proposed 15.5% health insurance premium increase was warranted before making a recommendation to the Board of Trustees. Mr. Weltz emphasized the importance of thoroughly evaluating available options, particularly considering the financial impact on employees, especially those in lower-paid positions. He stated that the purpose of the meeting was to obtain additional analysis and explore alternatives that could reduce premium increases while preserving the District's self-funded health insurance program. He noted that the committee had recently devoted significant time to evaluating the District's participation in Bridged Health Alliance and now wanted to utilize Bridged's expertise to identify both immediate and long-term strategies.

B. Health Plan Review and Potential Cost-Saving Strategies

Representatives from Bridged Health Alliance presented several strategies for consideration that could reduce

projected health plan costs while maintaining quality benefits for employees. The committee was advised that the projected 15.5% premium increase reflected maintaining the current plan design. Bridged emphasized that the purpose of the discussion was not to dispute the actuarial recommendation, but rather to identify opportunities to reduce future costs through strategic plan modifications and enhanced utilization management.

Discussion included but was not limited to:

- Opportunities to introduce a High Deductible Health Plan (HDHP) that would allow employees to utilize Health Savings Accounts (HSAs).
- Modifications that would be required to meet federal HDHP requirements, including eliminating certain first-dollar benefit payments.
- Potential long-term restructuring of Option 2 to improve employee understanding and encourage greater plan utilization.
- Reintroducing elements of the St. Peter's preferred provider incentive structure following deductible satisfaction.
- The importance of employee education regarding plan options, healthcare consumerism, and appropriate utilization of services.

Committee members discussed balancing employee affordability with the long-term sustainability of the District's self-funded insurance program.

C. Bridged Health Alliance Network Savings

Bridged representatives reviewed projected savings associated with the District's participation in the Bridged provider network. Using historical claims data, Bridged estimated that over the previous three years, participation in the Bridged network would have resulted in approximately $985,000 in healthcare savings, equating to approximately 3.2% annually when applied across the District's overall claims experience. Representatives explained that while St. Peter's Health remains the District's primary healthcare provider, significant additional savings are expected through Bridged's statewide contracts with hospitals and healthcare providers, including:

Benefis Health System
St. Patrick Hospital
Bozeman Health
Community Medical Center

Committee members discussed the value of broader statewide network savings while maintaining local access to care.

D. First Stop Health Telehealth Program

Bridged introduced First Stop Health, a telehealth program providing virtual urgent care, primary care, and mental health services.

Discussion included but was not limited to:

- Unlimited virtual mental health visits.
- Virtual urgent care services with no member cost share.
- Opportunities to redirect utilization away from higher-cost urgent care visits.
- Improved employee access to behavioral health providers.
- Enhanced member communication and education through the Bridged Benefits Administration platform.

Bridged representatives explained that employee education and engagement would be critical to maximizing utilization and achieving projected savings.

Committee members also discussed communication strategies, including informational meetings, open enrollment materials, videos, and on-site employee education sessions.

E. Benefit Design Considerations

The committee reviewed several potential plan design modifications that could reduce projected healthcare costs while maintaining competitive benefits.

Topics discussed included but were not limited to:

- Increasing office visit co-payments from $10 to $20.
- Reviewing urgent care co-payment structures.
- Evaluating hospital service cost-sharing.
- Reviewing laboratory and diagnostic service cost-sharing.
- Long-term consideration of offering an HDHP alongside the District's traditional health plans.
- Ensuring future plan changes remain balanced and sustainable for employees.

Bridged representatives noted that even relatively small benefit adjustments could produce meaningful savings due to the richness of the District's current benefit design.

Committee members emphasized the importance of making thoughtful, data-driven decisions while minimizing employee financial burden.

F. Committee Discussion

Committee members discussed topics including but not limited to:

- Employee utilization patterns, particularly higher-than-benchmark urgent care usage.
- The need for additional employee education regarding healthcare choices.
- Long-term strategies to preserve the District's self-funded insurance program.
- The balance between premium affordability and maintaining comprehensive employee benefits.
- The importance of allowing sufficient time for evaluation before making significant structural changes.

Committee members generally agreed that immediate implementation of major benefit design changes may require additional analysis but expressed support for continuing to evaluate available options over the coming year.

G. Next Steps

Prior to the next committee meeting, representatives from Bridged Health Alliance will meet with Alliant and Allegiance to further evaluate available options and develop recommendations for the committee's consideration. Additional financial analysis will be completed to evaluate projected Bridged Health Alliance network savings, the potential impacts of modest plan design adjustments, opportunities for enhanced telehealth utilization, long-term benefit design recommendations, and additional funding strategies. Funding strategies discussed included the potential use of District reserves or other one-time funding sources to offset the cost of a known high-cost claimant rather than including the full liability in the FY2026–2027 premium calculations. Committee members noted that while this approach could reduce the immediate premium increase, it would require further financial analysis and would not eliminate the District's underlying liability.

The Health Benefits Committee will reconvene on Wednesday, July 8, 2026, at 12:00 p.m. at the Lincoln Center, Board of Trustees Conference Room, to review the additional analysis and determine a recommendation for the FY2026–2027 health insurance premiums. The committee's recommendation will then be presented to the Board of Trustees for consideration and approval at the July 15, 2026, Board of Trustees meeting.