



What's Changing Effective July 1, 2026 – Quick Reference Chart

As the decision making body for employee and retiree benefit coverage, the [SEBC](#) is responsible for balancing the health fund budget despite rising healthcare costs, while also assuring State Group Health Insurance Plan (GHIP) members have access to high-quality, affordable benefit options now and in the future. The SEBC is committed to upholding the [mission](#) of the State GHIP which includes *helping employees and pensioners be engaged consumers*. **2026 Open Enrollment runs May 4 – 15, 2026**. This Quick Reference Chart provides a list of the SEBC's decisions and the reasons for them, as it relates to important benefit updates for the plan year beginning July 1, 2026.

SEBC meetings are open to the public and provide an opportunity for public comment. You can learn more about the Committee, view past meeting materials, review the monthly *Get the Facts on What's Happening* resource document, and access upcoming meeting dates on the [SEBC page](#) of the Statewide Benefits Office (SBO) website.

Who does this apply to?	What's changing effective July 1, 2026?	What's the reason for the change?	Where can I find more information?
State of Delaware non-Medicare health plan members	<p>State non-Medicare health plan premiums (rates) will increase. Depending on the employee's and pre-Medicare retiree's plan and coverage tier, monthly premiums will increase between \$0.96 and \$9.44 (or between \$0.48 and \$4.72 per paycheck).*</p> <p><i>*School District Employees and Participating Group Employees: Your plan premiums (rates) may vary. Contact your organization's Human Resource/Benefits Office for details.</i></p>	<p>The decision to raise health plan premiums was not taken lightly, but was necessary to ensure there are sufficient funds to cover healthcare costs. The State of Delaware continues to contribute on average 90% of the cost of health plan premiums.</p>	<p>State non-Medicare health plan premiums (rates): Visit de.gov/planrates.</p>
State of Delaware dental plan members, including active employees, non-Medicare retirees, and Medicare retirees	<p>State dental plan premiums (rates) will increase for dental coverage offered through Dominion National and Delta Dental.* Depending on the employee's, pre-Medicare retirees, and Medicare retiree's plan and coverage tier, monthly premiums will increase between \$0.86 and \$3.86 (or between \$0.43 and \$1.93 per paycheck).*</p> <p><i>*School District Employees and Participating Group Employees: Your plan options/premiums (rates) may vary. Contact your organization's Human Resource/Benefits Office for details.</i></p>	<p>As part of the State dental benefit contracts with Delta Dental and Dominion National, both vendors had the option to implement a 3% premium (rate) increase for Fiscal Year 2027. Delta Dental and Dominion National opted to implement the 3% premium (rate) increase effective July 1, 2026.</p>	<p>State non-Medicare members: Visit de.gov/planrates.</p> <p>State Medicare members: View the Dental Plan Comparison Chart.</p>

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<p>State of Delaware vision plan members, including active employees, non-Medicare retirees, and Medicare retirees</p>	<p>State vision plan premiums (rates) will decrease.</p> <p>For the State Vision Low Plan administered by EyeMed*:</p> <ul style="list-style-type: none"> • When using an EyeMed PLUS Provider for available benefits: <ul style="list-style-type: none"> ○ \$0 copay for eye exam ○ \$50 added to frame allowance. <i>Example: If you use an in-network, non-PLUS provider, the allowance is \$160 or receive a \$210 allowance using a PLUS Provider.</i> ○ \$50 added to contact lens allowance. <i>Example: If you use an in-network, non-PLUS Provider, the allowance is \$160 or receive a \$210 allowance using a PLUS Provider.</i> • \$0 copay for retinal imaging when using available benefits with any in-network provider or up to \$20 reimbursement when using an out-of-network provider. <p>For the State Vision High Plan administered by EyeMed*:</p> <ul style="list-style-type: none"> • When using an EyeMed PLUS Provider for available benefits: <ul style="list-style-type: none"> ○ \$0 copay for eye exam ○ \$50 added to frame allowance. <i>Example: If you use an in-network, non-PLUS Provider, the allowance is \$210 or receive a \$260 allowance using a PLUS Provider.</i> ○ \$50 added to contact lens allowance. <i>Example: If you use an in-network, non-PLUS Provider, the allowance is \$210 or receive a \$260 allowance using a PLUS Provider.</i> <p><i>*School District Employees and Participating Group Employees: Your plan options may vary. Contact your organization's Human Resource/Benefits Office for details.</i></p>	<p>As part of a new contract effective July 1, 2026, EyeMed offered a decrease in employee rates and several plan enhancements.</p>	<p>Visit the State Vision Plan page on the SBO website to learn more.</p> <p>State non-Medicare members: Visit de.gov/planrates.</p> <p>State Medicare members: View the Vision Plan Comparison Chart.</p>

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<p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare retirees</i></p>	<p>A copay of \$200 is being implemented per 30-day supply for GLP-1 medications for weight management, such as Wegovy and Zepbound*. This copay is excluded from prescription out-of-pocket maximums.</p> <p>Members can reduce their out-of-pocket costs by using drug manufacturer savings cards when available, which can provide savings of up to \$100 per month at the pharmacy.</p> <p><i>*Zepbound is currently excluded from the State of Delaware's formulary, however, coverage may be approved through the clinical exception process for eligible members.</i></p> <p>Disclaimer: The Statewide Benefits Office maintains no affiliation with third party retailers and/or discount programs.</p> <p>Note: Individuals with a diabetes diagnosis who are prescribed a GLP-1 medication in the diabetes class (such as Mounjaro, Ozempic or Trulicity) will continue to pay the \$32 copay for a 30-day supply.</p>	<p>The SEBC discussed ways to ensure continued access to GLP-1 medications for weight management while addressing cost constraints within the State of Delaware Group Health Insurance Plan.</p> <p>At the March 9, 2026 SEBC meeting, the Committee voted to approve the copay increase for GLP-1 medications for weight management.</p> <p>The \$200 copay will apply to any current and future medications in this drug class.</p>	<p>Visit the CVS Caremark page on the SBO website to learn more.</p>
<p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare retirees</i></p>	<p>Lantern – Surgeons of Excellence Benefit</p> <p>While the Surgeons of Excellence benefit will remain the same, financial incentives for certain elective procedures will change effective July 1, 2026.</p> <p>Incentives for joint and spine procedures will decrease from \$4,000 to \$3,000, incentives for cardiac procedures will increase from \$2,000 to \$3,000, and incentives for gynecologic procedures will decrease from \$2,000 to \$1,000.</p>	<p>At the February 13, 2026 SEBC meeting, the Committee voted to approve changes to the incentive structure for the Lantern Surgeons of Excellence benefit to be more comparable with other employers who provide incentives and to provide savings to the Group Health Insurance Plan.</p>	<p>Visit the Lantern page on SBO's website to learn more about the Lantern Surgeons of Excellence benefit.</p>

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<p>Employees of State Agencies, K12 (School Districts and Charter Schools), DTCC and DSU, who are eligible to participate in the FSA plan</p> <p><i>Note: Does not apply to Participating Groups, non-Medicare retirees, and Medicare retirees</i></p>	<p>The dollar limit for salary reductions for contributions to the Health Care Flexible Spending Account (FSA) will increase to \$3,400 (currently \$3,300).</p> <p>The Dependent Care FSA limit will increase to \$7,500 (currently \$5,000).</p>	<p>On October 9, 2025 the IRS issued Rev. Proc. 2025-32, which announced an increase in the Health Care FSA limit for 2026.</p> <p>The IRS also issued Publication 15-B which outlined a Dependent Care FSA benefit increase. At the March 9, 2026 SEBC meeting, the Committee voted to approve the Dependent Care FSA limit increase.</p>	<p>Visit the FSA page on SBO's website to learn more about the Health Care FSA and Dependent Care FSA.</p>
<p>Employees of State Agencies, K12 (School Districts and Charter Schools), DTCC and DSU, as well as DSWA, who are eligible to participate in the Group Universal Life (GUL) Insurance plan</p> <p><i>Note: Does not apply to other Participating Groups, non-Medicare retirees, and Medicare retirees</i></p>	<p>Employee rates for State Group Universal Life (GUL) Insurance coverage will decrease.</p> <p>New plan enhancements:</p> <ul style="list-style-type: none"> • Employees can now elect one to six times their base annual salary up to \$500,000 in employee GUL Insurance coverage (previously \$350,000). • Employees will receive a matching Accidental Death and Dismemberment (AD&D) benefit when electing Spouse Term Life or Child Term Life coverage. • Spouse Term Life and AD&D can now be elected in \$10,000 increments, up to a new maximum of \$100,000 (previously \$20,000). 	<p>As part of a new contract effective July 1, 2026, Securian Financial offered a decrease in employee rates and several plan enhancements.</p>	<p>Visit the GUL page on the SBO website for more information and view the rates for the plan year beginning July 1, 2026.</p>