



What's Changing Effective July 1, 2024 – Quick Reference Chart

The State Employee Benefits Committee (SEBC) and its Subcommittees reviewed and discussed strategies to solve for the projected Fiscal Year 2025 deficit. 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 uphold the [mission](#) of the State GHIP which includes *helping employees and pensioners be engaged consumers*. **2024 Open Enrollment runs May 1 – 17, 2024**. 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, 2024.

SEBC and Subcommittee meetings are open to the public and provide an opportunity for public comment. You can learn more about the Committees, view past meeting materials, 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, 2024? | What's the reason for the change? | Where can I find more information? |
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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 Eligible Pensioners, or Medicare Eligible Pensioners</i></p> | <p>The dollar limit for salary reductions for contributions to the Health Care Flexible Spending Account (FSA) will increase to \$3,200 (currently \$3,050). The Dependent Care FSA limit will remain at \$5,000. The employee minimum for the health care and dependent care FSA plan year elections for Fiscal Year 2025 will decrease to \$50 (currently \$125).*</p> <p><i>*In 2023, the IRS allowed the state to make a one-time contribution to FSA participants of \$125 to help reduce the balance in the FSA fund. This will not be available in 2024.</i></p> | <p>On November 9, 2023, the IRS issued Rev. Proc. 2023-24, which announced changes related to the Health Care FSA limits for 2024.</p> | <p>Visit the FSA page on SBO's website to learn more about the Health Care FSA and Dependent Care FSA.</p> |
| <p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare Eligible Pensioners</i></p> | <p>For the Highmark Comprehensive PPO plan, there will now be a \$50 copay for in-network and out-of-network air ambulance services (previously no copay or coinsurance).</p> | <p>Federal Mental Health Parity and Addiction Equity Act (MHPAEA) coverage mandate</p> | <p>Visit the SBO website to learn more about health plan coverage.*</p> <p><i>*Additional information will be posted as it becomes available and before the July 1, 2024 effective date.</i></p> |

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| <p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare Eligible Pensioners</i></p> | <p>For the Highmark Comprehensive PPO plan, in-network physical therapy, occupational therapy, speech therapy, chiropractic care, basic and high-tech imaging, lab work, and nutritional counseling services related to a mental health disorder or substance use diagnosis will no longer have a participant copay or coinsurance attached.</p> | <p>Federal Mental Health Parity and Addiction Equity Act (MHPAEA) coverage mandate</p> | <p>Visit the SBO website to learn more about health plan coverage and choosing the right care.*</p> <p><i>*Additional information will be posted as it becomes available and before the July 1, 2024 effective date.</i></p> |
| <p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare Eligible Pensioners</i></p> | <p>The Aetna CDH Gold plan, will eliminate the visit maximum for physical therapy, occupational therapy, or speech therapy services related to a mental health or substance use disorder diagnosis (previous maximum of 25 visits).</p> | <p>Federal Mental Health Parity and Addiction Equity Act (MHPAEA) coverage mandate</p> | <p>Visit the SBO website to learn more about health plan coverage.*</p> <p><i>*Additional information will be posted as it becomes available and before the July 1, 2024 effective date.</i></p> |
| <p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare Eligible Pensioners</i></p> | <p>Under the Aetna HMO plan, physical therapy, occupational therapy, and speech therapy services related to a mental health or substance use disorder diagnosis will now be subject to a copay of less than \$15 a visit, or a 20% coinsurance per visit, whichever amount is equal to or less than 25% of the provider fee (previous standard 20% coinsurance).</p> | <p>Federal Mental Health Parity and Addiction Equity Act (MHPAEA) coverage mandate</p> | <p>Visit the SBO website to learn more about health plan coverage.*</p> <p><i>*Additional information will be posted as it becomes available and before the July 1, 2024 effective date.</i></p> |
| <p>State of Delaware non-Medicare health plan members</p> <p><i>Note: Does not apply to Medicare Eligible Pensioners</i></p> | <p>For all State of Delaware non-Medicare health plans, the following benefit enhancements will go into effect for the Fiscal Year 2025 plan year, beginning July 1, 2024:</p> <ul style="list-style-type: none"> • Cooling Caps (Scalp Hypothermia) – Covered for members undergoing chemotherapy treatment at a \$1,000 maximum benefit per plan year. • Mastectomy Bras – Coverage of up to 6 bras in first 12 months following mastectomy, then up to 4 bras every 12 months afterwards*. • Wig/Hair Piece Allowance – Covered for any illness or injury resulting in hair loss at a \$1,000 maximum benefit per plan year. | <p>To better align with the State's diversity, equity, and inclusion goals and provide enhanced coverage for women's health benefits.</p> | <p>Visit the SBO website to learn more about benefit enhancements and changes.</p> |

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| | <p><i>*This coverage is currently provided by the Aetna HMO and Aetna CDH Gold plans. This would extend the coverage to the Highmark First State Basic and Comprehensive PPO plans.</i></p> | | |
| <p>State of Delaware health plan members, including active employees, non-Medicare retirees, and Medicare retirees</p> | <p>Effective July 1, 2024: 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 \$8.92 and \$87.46 (or between \$4.46 and \$43.73 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>Effective January 1, 2025: State Medicare health plan premiums (rates) will increase. Medicare pensioners who retired after July 1, 2012, depending on the Medicare retiree's Special Medicfill plan with or without prescription, the increase for Calendar Year 2025 will range from \$3.70 to \$6.52 per month.</p> <p>Medicare retirees who retired on or prior to July 1, 2012 and who currently pay \$0.00 a month for their health plan premiums will continue to pay \$0.00 a month for their health plan premiums.</p> | <p>Health plan premium (rate) increases are required to help cover significantly higher healthcare and pharmaceutical costs and to address the projected \$232.1 million deficit in the Group Health Insurance Fund.</p> | <p>State non-Medicare health plan premiums (rates): Visit de.gov/planrates.</p> <p>State Medicare health plan premiums (rates): Visit de.gov/planratesme.</p> |

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| <p>Non-Medicare Eligible Pensioners and Employees of State Agencies, K12 (School Districts and Charter Schools), DTCC, DSU, and Participating Groups</p> <p><i>Note: Does not apply to Medicare Eligible Pensioners</i></p> | <p>The following COVID-19 benefit enhancements will be discontinued after June 30, 2024:</p> <ul style="list-style-type: none"> • Employee Assistance Program (EAP) coverage for State and Participating Group employees and non-Medicare eligible pensioners, including temporary, casual seasonal, and benefit-eligible employees/non-Medicare pensioners, who are not currently enrolled in a State of Delaware non-Medicare health plan; • No cost share to State of Delaware non-Medicare health plan members for office visits (e.g., primary care provider, urgent care, emergency room) that result in either the order or administration of a COVID-19 test or for treatment of COVID-19 or associated health complications; • No cost share to State of Delaware non-Medicare health plan members for in-network, inpatient services related to the treatment of COVID-19 or associated complications; and • No cost share to State of Delaware non-Medicare health plan members for telehealth visits (Refer to the Health Plan Comparison Chart for details). | <p>The COVID-19 Public Health Emergency has expired and continuing to provide these COVID-19 related enhancements would increase the Fiscal Year 2025 projected deficit in the Group Health Insurance Fund.</p> | <p>Visit the SBO website.</p> |