



Revisions to Group Health Insurance Plan Eligibility and Enrollment Rules

October 23, 2023



Agenda

- Registrar of Regulations Review Process
- Review Process
- Summary of Proposed Revisions
- Timeline for revisions and approval

Registrar of Regulations Review

- The Office of the Registrar of Regulations is a section of the Division of Research and serves as the official repository for all administrative regulations for the State of Delaware.
- Per Section 25 of House Bill 195 signed into law on June 30, 2023, “Notwithstanding the provisions of the Administrative Procedures Act, 29 Del. C. c. 101 or any 15 other laws to the contrary, the State Employee Benefits Committee is authorized to amend the rules for Employees Eligible to Participate in the State Group Health Insurance Program and the State Disability Insurance Program by approving such amendments and causing the amendments to be published in the Register of Regulations with such amendments to be effective as of the date of such publication unless otherwise specified by the State Employee Benefits Committee.”
- This portion of the epilogue gives the SEBC the authority to make revisions to the Eligibility and Enrollment Rules, and, upon SEBC approval, submit the revisions to the Registrar of Regulations for publication.

Review Process for Revisions

- SBO Internal Working Group
 - Health, Vision, Dental, DIP Program Leads
 - Customer Service Team- changes from member and Ben Rep inquiries
- PHRST
- Pension Office
- Compliance assistance from WTW
- Legal review by DAG

Process for Public Comment

- Revisions to the Rules have been posted online with other meeting materials
- Public has the opportunity to comment on the Rule revisions during Public Comment at the October and November SEBC meetings
- Public was also provided an opportunity to comment at the October 16 Health Policy & Planning Subcommittee meeting and will have another opportunity at the November Subcommittee meeting

Summary of Proposed Revisions- Highlights

- Highlights:
 - Clarifications of eligibility for coverage and changes in coverage based on input from GHIP organizations and Office of Pensions
 - Revisions to cost for coverage as required by House Bill 185 and the removal of State Share waiting period language for “Regular Officers and Employees”
 - Revisions, as needed, to align with Internal Revenue Service Code Section 125 Cafeteria Plan requirements
 - Revisions and clarifications, as needed, to align with Centers for Medicare and Medicaid Services (CMS) requirements
 - Revisions to subsection references throughout

Summary of Proposed Revisions- Section Revisions

- Section 1.0 – Authority & Eligibility
 - Defines SEBC authority
 - Defines eligibility for contract holder of coverage for State Plan
- Section 1.0 – Proposed Revisions
 - Defines eligibility as current or former employee approved for LTD benefits and adds definition to employees eligible for State Share
 - Removes reference to State Share waiting period and clarifies State Share begins on the first of the month following the date of hire

Summary of Proposed Revisions- Section Revisions

- Section 1.0- Proposed Revisions Continued
 - Clarifies eligibility for teachers who are re-hired in September that State Share begins the first of the month following the rehire date
 - Clarifies that pensioners enrolled in a Medicare Advantage plan with Rx or a Medicare Part D plan cannot be enrolled in the State's Special Medicfill Plan with Part D Prescription per CMS

Summary of Proposed Changes- Section Revisions

- Section 2.0 – Dependents Eligible to Participate
 - Defines eligibility for spouses and dependents
- Section 2.0 – Proposed Changes
 - Clarifies that step-children also lose coverage upon divorce
 - Clarifies a SCOB Form is required upon an employee's retirement or termination due to LTD and was last revised in January 2023
 - Clarifies that when children are covered under a plan of both parents enrolled in the GHIP, children will be primary with the plan that has covered the parent the longest

Summary of Proposed Revisions- Section Revisions

- Section 2.0- Proposed Revisions Continued
 - Clarifies that enrollment of a dependent is contingent upon enrollment of an employee or pensioner
 - Clarifies that the Office of Pensions should maintain files for pensioners
 - Revisions to Subsection references

Summary of Proposed Revisions- Section Revisions

- Section 3.0 - Coverage
 - Describes coverage details for State Plan enrollees
- Section 3.0- Proposed Revisions
 - Removes reference to State Share waiting period
 - Clarifies effective date of coverage is first of month following date of hire
 - Clarifies pensioners who return to active employment must enroll in coverage through their agency
 - Adds that Participating Groups have flexibility in determining coverage start date
 - Clarifies that LTD beneficiaries coverage will be administered by Office of Pensions effective first of month following effective date of LTD

Summary of Proposed Revisions- Section Revisions

- Section 3.0- Proposed Revisions Continued
 - Clarifies coverage for part-time employees will be effective first day of month following date of hire
 - Clarifies that LTD beneficiaries must also complete SCOB Form and adds additional details about sanctioned claims
 - Clarifies that Medicare eligible pensioners due to age who waive coverage must complete a form with the Office of Pensions
 - Aligns language to be consistent for “themselves, their spouse and their dependent(s)”
 - Adds reference to CHIP eligibility as a permissible reason for enrollment changes in the GHIP
 - Revisions to subsection references

Summary of Proposed Revisions- Section Revisions

- Section 4- Changes in coverage
 - Describes coverage details for State Plan enrollees
- Section 4 – Proposed Revisions
 - Removes references to State Share waiting period
 - Clarifies coverage term dates for non-Medicare and Medicare spouses and step-children resulting from divorce
 - Clarifies coverage effective date for dependents of non-Medicare members is date of eligibility whereas Medicare members is first of following month
 - Clarifies coverage for employees who transfer is first of following month

Summary of Proposed Revisions- Section Revisions

- Section 4 – Proposed Revisions Continued
 - Updates to subsection references
 - Clarifies that Section 125 of IRC for employees also applies to pensioners and LTD beneficiaries as allowed by the SEBC
 - Clarifies that employees with ESRD or ALS should contact their HR Office (not their insurance carrier) to discuss coverage options

Summary of Proposed Revisions- Section Revisions

- Section 5 – Cost of Coverage
 - Describes cost of coverage including State Share contributions for State Plan enrollees
- Section 5- Proposed Revisions
 - Removes reference to State Share waiting period
 - Clarifies payment for premiums is due by the first of the month for employees on an authorized leave of absence
 - Clarifies name change for DHR/Financial & Administrative Services
 - Clarifies refunds also apply to pensioners

Summary of Proposed Revisions- Section Revisions

- Section 5- Proposed Revisions Continued
 - Adds new rule to allow members who are dual covered under the GHIP to get a refund of premiums
 - Clarifies pensioner State Share eligibility
 - Clarifies a pensioner who returns to active employment is entitled to State Share on the first of the month following date of hire
 - Revisions to subsection references

Summary of Proposed Revisions- Section Revisions

- Section 6- Continuation of Coverage
 - Describes requirements for continuation of coverage for State Plan enrollees
- Section 6 – Proposed Revisions
 - Removes reference to State Share waiting period

Summary of Proposed Revisions- Section Revisions

- Section 7- Termination of Coverage
 - Describes requirements for termination of coverage for State Plan enrollees
- Section 7 – Proposed Revisions
 - Clarifies that if employee fails to make premium payment, coverage will be retroactively terminated effective the first of the month
 - Clarifies termination for spouses and step-children of Medicare members effective the first day of the month following date of divorce
 - Removes reference to State Share waiting period

Summary of Proposed Revisions- Section Revisions

- Section 8 - Reinstatement of Coverage
 - Describes requirements for reinstatement of coverage for State Plan enrollees
- Section 8 – Proposed Revisions
 - Removes reference to State Share waiting period
 - Clarifies that pensioners who return to active employment will be eligible for State Share effective first day of month following date of hire

Summary of Proposed Revisions- Section Revisions

- Section 9 – Employee and Employing Agency Responsibilities
 - Outlines responsibilities of employee and organization
- Section 9 – Proposed Revisions
 - Clarifies request for enrollment/changes must be made within 30 days of qualifying event and must be completed within 30 days of request
 - Removes Rule that the DOJ advised isn't needed as it is contract language vs regulation
 - Clarifies plan not responsible for payment or claims in event of ineligibility or absence of signed enrollment form

Summary of Proposed Revisions- Section Revisions

- Section 10 – Dental and Vision Plans
 - Outlines eligibility, enrollment, termination and payment for the State Plan dental & vision plans when rules differ from health plan (primarily due to these being fully insured plans)
- Section 10 – Proposed Revisions
 - Clarifies effective date of coverage is first of month following date of hire
 - Aligns refunds with Rule for health plan
 - Employees returning from authorized leave of absence can re-enroll on return to work date
 - Clarifies that if employee fails to make premium payment, coverage will be retroactively terminated effective the first of the month

Timeline for Revisions

- November 2023 - Finalize edits based on discussion with HP&P Subcommittee at November 13 meeting
- November 20, 2023- SEBC vote on changes
- December 15, 2023- Submit revisions to Registrar of Regulations for review/approval/posting
- January 1, 2024- Effective date of revised Rules

Thank You



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