Statewide Benefits Office
Benefits Made Easy

Table of Contents

Comments Submitted by the Public to the State Employee Benefits Committee

Public Comment by Jennifer Bailey

Jennifer Bailey

Dear Benefits Department,

I am writing to express my concern after reviewing the current SEBC and SEBC Subcommittee Meetings (January 2026 Updates) in the *Get the Facts on What's Happening* newsletter, which mentioned the possibility of GLP-1 medication coverage being cancelled. I am submitting this comment electronically and respectfully ask that it be considered, as the upcoming meeting in which the committee will be discussing next steps is scheduled during the school day, when I am teaching and unable to attend due to my responsibilities to my students.

My name is Jennifer Bailey, and I am an elementary school teacher in the Brandywine School District. I have been taking a GLP-1 medication since August 2024. The coverage provided by our insurance has been life-changing for me, and I am deeply concerned about the potential loss of access to this treatment. Since starting a GLP-1, I have successfully lost over 100 pounds, and my overall health has improved drastically. Prior to beginning this medication, I suffered from consistent migraines. Since losing weight and being on a GLP-1, my migraines have stopped altogether. This alone has significantly improved my quality of life, and my ability to be fully present for my students and my family each day.

In addition to migraine relief, GLP-1 medications can lead to many other long-term health benefits, including:

- Reduced risk of type 2 diabetes and improved blood sugar control
- Lower blood pressure and cholesterol levels
- Decreased risk of heart disease and stroke
- Reduced strain on joints and lower risk of orthopedic issues
- Improved sleep, mobility, and mental health
- Fewer obesity-related complications that often require costly medical interventions
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These improvements do not just benefit the individual—they can significantly reduce future healthcare costs for insurance providers by preventing chronic conditions, hospitalizations, and long-term medication use that often result from obesity-related health issues.

I understand that rising healthcare costs must be carefully managed, and I noticed that the newsletter mentioned the possibility of increasing the copay for GLP-1 medications. I want to respectfully share that I would strongly prefer an increased copay rather than eliminating coverage altogether. An increased copay would allow members like myself to continue a medically necessary and effective treatment while still contributing to cost-mitigation efforts.

Discontinuing coverage entirely could force many individuals to stop a medication that is actively improving their health, potentially leading to weight regain and the return of serious medical conditions. In the long run, this could result in higher overall healthcare costs rather than savings.

I am grateful for the time and consideration given to reviewing coverage options, and I sincerely hope that GLP-1 coverage can be maintained in some capacity. Thank you for taking the time to read my perspective and for considering the real, long-term benefits these medications provide to employees like me.

Sincerely,
Jennifer Bailey
Elementary School Teacher
Brandywine School District

Public Comment by M.Bridget Young

M.Bridget Young

To Whom it may concern,

I am writing to strongly urge you to reconsider any reduction or restriction in coverage for GLP-1 medications under our insurance plan.

GLP-1 medications are not prescribed solely for weight loss. For many of us, they are a medically necessary treatment for chronic conditions such as polycystic ovary syndrome (PCOS), insulin resistance, metabolic syndrome, and obesity. Obesity is a recognized disease with serious long-term health consequences, and it should be treated with the same seriousness and medical respect as diabetes, heart disease, or rheumatoid arthritis. We would never consider denying or limiting treatment for those conditions, and this situation should be no different.

The proposed increase in copays to $200 is deeply concerning. In today's economic climate, this creates a significant and inequitable financial burden for many employees. Our workforce includes people supporting families on modest salaries—nutritionists, paraprofessionals, first-year teachers, clerks, and other essential professionals who do not earn high incomes. A sudden increase of this magnitude effectively places a medically necessary treatment out of reach for many, not because it is unnecessary, but because it is unaffordable.

Additionally, limiting coverage to only one GLP-1 medication is medically unsound. Different GLP-1 medications work differently for different individuals. As with many other drug classes, patients may respond well to one medication and poorly—or not at all—to another. We do not restrict patients with other chronic conditions to a single medication option, and doing so here undermines individualized, evidence-based care.

Removing or restricting access to GLP-1 medications does not eliminate the underlying conditions—it simply delays care and increases the likelihood of more serious, costly health complications in the future. Continued coverage supports long-term health, reduces downstream medical costs, and allows employees to remain productive and engaged.

I respectfully but firmly urge the you to maintain GLP-1 medications as a covered option under our insurance plan, with reasonable copays and access to multiple formulations as determined appropriate by medical providers. For many of us, these medications are not optional—they are essential to continuing our health journey and managing chronic disease.

Thank you for your time, consideration, and commitment to the well-being of those you serve.
Sincerely,
M.Bridget Young

Public Comment by Gillian Christman

Gillian Christman

I would like to voice my concerns about the proposed changes to GLP-1 coverage. I have recently lost 90 pounds using Wegovy and it was a godsend. I take other medications that make me gain weight and Wegovy has helped so much. It would be terrible if myself and others were unable to get these medications. I know there is also a suggestion to increase the copay for GLP-1s. The proposed increase would make these medications difficult to afford. Many of us work for meager salaries and consider our good state benefits a reason to stay with our jobs. This includes our drug copays. If these go up, employee retention may go down. I certainly can't afford copays for any drug that is well over $100. My health and well being are so much better having lost the weight but I need to be able to continue taking a GLP-1 so I don't gain weight again.

Regards,
Gillian Christman
Red Clay Paraprofessional
Early Years Program

Public Comment by Courtney Cleghorn

Courtney Cleghorn

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Thank you for your time, consideration, and commitment to the well-being of those you serve.
Sincerely,
Courtney Cleghorn

Public Comment by Jessica

Jessica

To the committee:

The Benefits of GLP-1 Medications

GLP-1 (glucagon-like peptide-1) medications have gained significant attention in recent years for their role in managing chronic conditions like type 2 diabetes and obesity. These medications, which mimic the effects of the natural hormone GLP-1, offer numerous benefits that not only enhance the quality of life for patients but also contribute to long-term health outcomes. It is essential for healthcare providers and insurers to recognize these advantages to ensure continued coverage for these valuable treatments.

Improved Glycemic Control

One of the primary benefits of GLP-1 medications is their ability to improve glycemic control. By stimulating insulin secretion and inhibiting glucagon release, these medications help lower blood sugar levels effectively. This is particularly crucial for individuals with type 2 diabetes, as maintaining stable blood glucose levels can prevent complications such as cardiovascular disease, kidney damage, and neuropathy. Consistent control of blood sugar levels not only enhances daily well-being but also reduces the long-term healthcare costs associated with managing diabetes-related complications.

Weight Management

In addition to glycemic control, GLP-1 medications are effective in promoting weight loss. Many patients with type 2 diabetes struggle with obesity, which complicates their condition and increases the risk of cardiovascular problems. GLP-1 medications help reduce appetite and increase feelings of fullness, leading to healthier eating habits and weight loss. This weight management is vital, as even modest weight loss can significantly improve insulin sensitivity and overall metabolic health.

Cardiovascular Benefits

Research has shown that GLP-1 medications can offer cardiovascular protection, an essential consideration for patients with diabetes who are at higher risk for heart disease. Studies indicate that these medications can reduce the incidence of major adverse cardiovascular events, such as heart attacks and strokes. By promoting heart health, GLP-1 medications not only improve patient outcomes but also reduce the financial burden on healthcare systems resulting from cardiovascular complications.

Enhanced Quality of Life

The combined effects of better glycemic control, weight loss, and cardiovascular protection contribute to an overall improved quality of life for patients. Individuals on GLP-1 medications often report feeling more energetic, experiencing fewer diabetes-related symptoms, and enjoying a greater sense of well-being. This enhanced quality of life can lead to increased productivity and reduced absenteeism in the workplace, further emphasizing the societal benefits of these medications.

Conclusion

The benefits of GLP-1 medications are clear: improved glycemic control, effective weight management, cardiovascular protection, and enhanced quality of life. As healthcare continues to evolve, it is crucial for insurers and healthcare providers to recognize the value of these medications in managing chronic diseases. Continued coverage of GLP-1 medications not only supports patient health but also fosters a healthier population overall, ultimately leading to reduced healthcare costs and improved community well-being. Investing in these treatments is an investment in the future health of individuals and society as a whole.

Please consider leaving our benefits to access glp1 medication.

Sincerely
Jessica

Public Comment by E.Teresa Neild

E. Teresa Neild

Good afternoon,

Please do not eliminate coverage for GLP-1 medications. These medications are such a helpful tool in managing weight – members who have lost weight on these medications have also reduced their blood pressure and cholesterol levels. The future ramifications of not covering these medications can lead to more serious health complications and ultimately higher medical costs.

We need the GLP-1 medications to be covered to continue our journey to better health and to prevent diabetes.

Thank you,

Public Comment by Frederick Higgins

Frederick Higgins

Good Morning,

My name is Frederick Higgins, and I am a public school teacher in Delaware. I am writing to express concern for the proposed reduction/elimination of coverage for GLP1 medications for weight loss.

I suggest the State of Delaware maintain the current level of coverage for GLP-1 medications for weight loss.

One quality benefit of being a modern public school teacher in the state of Delaware is the medical benefits.

These insurance plans, generally, are designed to keep teachers like me healthy. I view the generous benefits from the state as a testament to the high value that the state holds on the health of our teachers. Healthy teachers perform better in the classroom, and call out sick less often.

My personal testimony is that GLP-1 has:

- Helped me return to a healthy body weight
- improved my energy levels both in and out of the classroom
- reduced pain from a permanent injury that was exacerbated by my previous obesity.
- reduced inflammation related to a chronic autoimmune disorder.
- improved my mood, self image, and confidence

My permanent injury prevents me from exercising as aggressively as I would normally be able to at my age. GLP-1 medication helps me manage my weight in spite of this obstacle.

Access to GLP-1 medication improves the health of educators like me in the state of Delaware.
In a culture where sugar, salt, and fat have become ubiquitous in the food supply, GLP-1 medication has emerged as a solution to those of us who, despite disciplined diet and exercise, suffer from the detrimental effects of obesity.

According to the SEBC and SEBC Subcommittee Meetings January 2026 Update, Willis Tower Watson, "also reviewed approaches taken by other states regarding GLP-1 coverage."

In the words of my students, *"everyone else is doing it, so why can't we?"*

Here are the facts:

1. Keeping the current level of GLP-1 coverage creates happier, energetic, and confident teachers in the classroom.

2. Increasing out of pocket costs for GLP-1 medications for weight loss will turn our teachers to the cheaper, unregulated GLP-1 market, endangering the health of our teachers.
3. The cost of GLP-1 medications may lower overall healthcare costs as they decrease costs related to obesity.
1. Here's the real kicker: "The share of companies with 5,000+ employees covering these drugs for obesity soared to 43% this year, up from 28% last year, according to KFF's latest annual **Employer Health Benefits Survey,**" according to CNN.

As it turns out, everyone else is not dropping coverage. **They're actually adding it.**

If everyone else was jumping off of a bridge, would you?

Delaware must maintain its current coverage of GLP-1 medication for weight loss if it wants to remain a competitive employer.

I suggest Delaware retain a competitive medical benefit program that includes a higher level of benefit, including GLP-1 coverage in order to retain high quality educators.

I suggest the State of Delaware maintain the current level of coverage for GLP-1 medications for weight loss.

To limit or cut this benefit would be a slap in the face of educators and all state employees in the state of Delaware

Thank you for your consideration,
Respectfully,
Frederick Higgins

Public Comment by Megan Blythe-Hores

Megan Blythe-Hores

Hello,

I noticed there is discussion about changing the coverage for GLP1 medications. I am someone who has benefited tremendously from this medication for weight loss and now maintenance. If I go off this medicine it has the great potential to cost insurance more money in my health costs. I am a teacher and cannot afford to pay more money for this very necessary medication. Please leave this medication off the table for changes.

Megan Blythe-Hores

Public comment by Morgan Brandenberger

Morgan Brandenberger

To Whom This May Concern:

I am writing to express serious concern regarding the proposed removal of coverage, or the introduction of prohibitively high copays, for GLP-1 medications prescribed for weight management for non-diabetic members. As a public school teacher and a state employee, I urge you to reconsider this decision due to the significant and far-reaching consequences it may have for employees' health, workforce stability, and long-term healthcare costs.

At face value, GLP-1 medications are often misunderstood as "the easy way out." For many of us, this could not be further from the truth. A large number of educators have spent years attempting weight loss through restrictive dieting, fad diets, calorie deficits, and exercise - approaches that are well documented to be unsustainable or ineffective long-term for many individuals. GLP-1 medications are not a shortcut; they are a medically necessary tool for people whose bodies do not respond adequately to traditional interventions.

Teachers face unique occupational barriers to health. Many educators receive only 15–20 minutes for lunch after escorting students, reheating meals, and returning promptly to duty. This limited time makes mindful eating, proper nutrition, and listening to hunger cues extremely difficult. As a result, teachers often rely on quick, grab-and-go options that are not always nutritionally optimal. Over time, this can contribute to metabolic and hormonal dysregulation, further complicating weight management despite consistent effort.

Additionally, many women - who make up a significant portion of the education workforce, experience hormonal changes with age or live with conditions such as polycystic ovary syndrome (PCOS), which makes weight loss particularly challenging. GLP-1 medications have been shown to improve PCOS symptoms, support sustainable weight loss, and help individuals meet health requirements necessary for fertility and pregnancy when other methods have failed.

GLP-1 medications also provide benefits beyond weight loss. Research increasingly shows they reduce systemic inflammation, improve metabolic function, and may reduce chronic pain. These effects directly impact an employee's ability to work, maintain attendance, and reduce reliance on other medical interventions.

I am personally prescribed a GLP-1 medication. I began treatment with a BMI between 34.5 and 35, placing me in the morbidly obese category. I had attempted dietary changes and increased protein intake, but I also live with PCOS, Hypermobile Ehlers-Danlos Syndrome (a genetic connective tissue disorder), Postural

Orthostatic Tachycardia Syndrome, and chronic pain - conditions that significantly limit exercise tolerance and increase inflammation.

Notably, I began experiencing improvements in my baseline daily pain before I had lost a substantial amount of weight. After losing approximately 15–20 pounds, I noticed reduced pain not only in weight-bearing joints, but also in my shoulders, neck, wrists, fingers, and ankles - areas not explained by weight reduction alone. This suggests an anti-inflammatory effect that has been critical to my functioning.

Since starting treatment, I have lost approximately 70-75 pounds and now fall within a normal BMI range. While some insurance standards would suggest discontinuing coverage at this point, doing so would ignore the continued medical benefits I experience. I remain on a maintenance dose, and when dosing is reduced or delayed, I experience noticeable increases in pain, fatigue, and functional limitations. Losing access to this medication would likely result in worsening health, increased medical utilization, and reduced work capacity.

Proposed copays of $200 or more per month are not realistic for educators and effectively function as a denial of coverage. Removing access to GLP-1 medications may appear to reduce short-term spending, but it risks increasing long-term costs through higher rates of chronic illness, pain management needs, disability claims, absenteeism, and turnover.

I respectfully urge the State of Delaware to consider the full medical, occupational, and financial implications of this decision. Continued, affordable access to GLP-1 medications for weight management is an investment in the health, longevity, and effectiveness of the state workforce.

Thank you for your time and consideration.

Sincerely,
Morgan Brandenberger, M.Ed
Special Education Teacher

Public Comment by Erica Varites

Erica Varites

To Whom it may concern,

I am writing to strongly urge you to reconsider any reduction or restriction in coverage for GLP-1 medications under our insurance plan.

GLP-1 medications are not prescribed solely for weight loss. For many of us, they are a medically necessary treatment for chronic conditions such as polycystic ovary syndrome (PCOS), insulin resistance, metabolic syndrome, and obesity. Obesity is a recognized disease with serious long-term health consequences, and it should be treated with the same seriousness and medical respect as diabetes, heart disease, or rheumatoid arthritis. We would never consider denying or limiting treatment for those conditions, and this situation should be no different.

The proposed increase in copays to $200 is deeply concerning. In today's economic climate, this creates a significant and inequitable financial burden for many employees. Our workforce includes people supporting families on modest salaries—nutritionists, paraprofessionals, first-year teachers, clerks, and other essential professionals who do not earn high incomes. A sudden increase of this magnitude effectively places a medically necessary treatment out of reach for many, not because it is unnecessary, but because it is unaffordable.

Additionally, limiting coverage to only one GLP-1 medication is medically unsound. Different GLP-1 medications work differently for different individuals. As with many other drug classes, patients may respond well to one medication and poorly—or not at all—to another. We do not restrict patients with other chronic conditions to a single medication option, and doing so here undermines individualized, evidence-based care.

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I respectfully but firmly urge the you to maintain GLP-1 medications as a covered option under our insurance plan, with reasonable copays and access to multiple formulations as determined appropriate by medical providers. For many of us, these medications are not optional—they are essential to continuing our health journey and managing chronic disease.

Thank you for your time, consideration, and commitment to the well-being of those you serve.
Sincerely,
Erica Varites

Public Comment by Andrea Keim

Andrea Keim

Hello,

I am a teacher in Appoquinimink school district and I recently heard that there is discussion that coverage for GLP-1's may be revoked/copay's will be significantly higher. I have just recently gone on it due to sudden weight gain from menopause and it has been a godsend. It is helping my body/brain to make better decisions and I'm much healthier because of it. Please keep this is mind, as it is not just myself that this drug has helped. To lose coverage would mean I would not be able to take it, which would be detrimental.

Thank you for your time,
Andrea Keim

Public Comment by Nancy S. Widdoes

Nancy S. Widdoes

To the Committee:

As a very longtime employee and now a pensioner, I am very unhappy to find that providers I need to see, including a dentist, an oral surgeon and an ophthalmologist DO NOT ACCEPT DELTA DENTAL OR EYE MED. I am not alone in this. On a neighborhood website, many (10) people have registered their disappointment that their state of Delaware dental and vision are no longer accepted by their dental and vision providers. I appreciate the work done by your committee to identify insurance providers for the state's benefits for employees and pensioners.

I hope that you have determined that Delta Dental and EyeMed are no longer in the state's insurance benefits for the next sign-up period in early spring. The reason given by my providers for not accepting these insurance providers is that the amount paid for services by these insurers is just too low.
I'm looking forward to the next benefits selection period and pray there will be insurers who pay competitive compensation for these necessary services.

Sincerely,
Nancy S Widdoes

Public Comment by Stacie Duncan

Stacie Duncan

Dear Members of the State Employee Benefits Committee,

I am writing to you not only as a state employee, but as someone who has spent her entire life fighting a battle with obesity. This is a battle that began in childhood and has followed me into adulthood despite decades of effort, medical intervention, and unwavering determination.

I was placed in a weight-loss program at the age of 10. From that point forward, I did everything I was told to do—every diet, every medication, every supplement—always hoping that this time would be the answer. Yet, like so many others with obesity, the results were temporary, and the cycle of loss and regain was both physically and emotionally exhausting.

In 2018, I made the difficult decision to undergo gastric sleeve surgery. I lost 100 pounds, which felt like a miracle. However, when I entered perimenopause, my body changed in ways I could not control, and I regained 55 pounds despite continuing to follow healthy habits. That experience was devastating and made it painfully clear that obesity is not a matter of willpower—it is a chronic, complex medical condition. In 2022, my physician prescribed Wegovy, believing it could finally help regulate what my body could not. Unfortunately, I was unable to access the medication because it was not covered by my insurance. It was not until October of 2023 that coverage became available, allowing me to begin treatment. I was later transitioned to Zepbound, and since starting these medications, I have lost 60 pounds.I have been able to maintain this weight loss for the last 1.5 years by continuing on a maintenance dose of Zepbound/Mounjaro.

More importantly, I have regained my health. My bloodwork is now normal. My blood pressure and heart rate are within healthy ranges. The chronic inflammation that once left me feeling unwell every day has eased, and the number of debilitating migraines I experience has significantly decreased. For the first time in my life, I feel like my body is finally working with me instead of against me.

The thought of losing access to this medication is terrifying. This treatment has not simply helped me lose weight—it has restored my health, my energy, and my hope. The idea that I could be forced to stop a medication that has so profoundly changed, and truly saved, my life is unthinkable.

I respectfully ask the committee to consider the real, human impact of this decision. Continued coverage of this medication is not about convenience or appearance—it is about preserving health, preventing serious medical complications, and allowing people like me the chance to live full, productive lives.
Thank you for taking the time to read my story and for considering my request. Your decision has the power to change, and in my case, to save lives.
Sincerely,
Stacie Duncan

Public Comment by Janice Ruebeck

Janice Ruebeck

I am writing to respectfully urge the SEBC not to eliminate coverage of GLP-1 medications for weight loss. I understand the financial pressures facing the GHIP, and I am willing to shoulder a higher copay if necessary. However, eliminating coverage altogether would have serious and lasting consequences for my health and the health of many other state employees and retirees.

I have been on a GLP-1 medication for obesity since December 2023. In that time, I have lost nearly 70 pounds, but more importantly, I have gained my health. For the first time in my life, I am at a healthy BMI. I have been able to discontinue blood pressure, cholesterol, and anti-inflammatory medications. My sleep has improved, my mental health has improved, and I physically feel better than I ever have.

GLP-1 medication was not my first option. I have struggled with obesity since childhood. I joined Weight Watchers in 2008 and have been a paid member ever since yet continued to struggle despite sustained effort. While actively trying to lose weight to improve my health, I developed high blood pressure and high cholesterol that required three different medications to manage. Losing 70 pounds allowed me to come off all but one of those medications.

Obesity is a serious, chronic, and progressive disease that requires long-term medical management, just like diabetes or hypertension. It is associated with more than 60 comorbidities. Research shows that weight loss of 5%–15% or more can significantly improve many of these conditions. I have personally experienced these benefits. Additionally, healthcare costs for individuals with obesity are approximately 34% higher than for those without obesity.

If coverage for GLP-1 medications for weight loss is eliminated, I would lose access to this treatment because I cannot afford the out-of-pocket cost on my state salary. State employees are consistently encouraged to manage chronic conditions to help control GHIP costs. I cannot do that if coverage for this medically necessary treatment is removed.

I fear that without this medication, my health would decline both physically and mentally, leading to additional medical conditions and increased healthcare costs that would ultimately burden the GHIP even more. Just as blood pressure rises when someone stops taking blood pressure medication, weight regain is a predictable outcome when obesity treatment is discontinued.

I have been fighting for my health my entire life. This medication has finally given me the opportunity to succeed. I respectfully ask you to consider the long-term health and financial impacts and to preserve coverage for GLP-1 medications for weight loss.

Thank you for your time and thoughtful consideration.
Janice Ruebeck

Public Comment by Patricia Pressey

Patricia Pressey

My name is Patricia Pressey, and I am an employee of the State of Delaware. I am submitting this public comment regarding the weight loss medication I currently receive.

I have struggled with weight management since the birth of my daughter, who is now in her 30s. Over the years, I have tried every weight loss program and diet imaginable. Obesity is a disease, and it has caused me significant physical pain, emotional distress, and frustration.

I joined Planet Fitness, participated in kickboxing and Zumba classes four times a week, and even hired a personal trainer—all without sustained success. I wore knee and back braces just to get through my workouts, which ultimately resulted in a torn meniscus in my left knee and required surgery. Physical therapy only made my condition worse. Then the pandemic shut everything down for nearly two years. I attempted light exercise at home and later tried walking along the Riverfront, but the strain on my knees made it impossible to continue.

I am sharing my experience because there is a misconception that weight loss medication is only needed by people who overeat. That is not true. I am a blue-collar worker. I rarely eat breakfast, do not drink soda or juice, rarely eat lunch, and eat reasonable dinners. Despite this, my weight increased to 220 pounds and continued to rise.

As my weight increased, my second knee began to weaken while compensating for the first. I also suffer from a back injury from a car accident in 1999, which left me with a bulging disc that flares up unexpectedly. I currently take naproxen, which only moderately relieves the pain.

After years of unsuccessful weight management, my doctor even suggested liposuction as an alternative. I was desperate. I was literally starving myself just to maintain my weight at 220 pounds—this is well documented by two of my physicians. My primary care doctor warned me that my blood pressure was rising and that I was on a path toward knee replacements or back surgery, with no guarantee of pain relief.

Out of frustration and concern for my health, I asked my doctor about Zepbound. I was hesitant about medication, but the alternative was blood pressure medication or more surgery. After four months, I lost 15 pounds. I was then informed that my insurance would no longer cover Zepbound.

Determined not to give up, my doctor switched me to Wegovy. The transition was challenging—I experienced increased hunger and cravings—but with careful dosage adjustments, I regained control. While I have experienced some side effects such as constipation and stomach cramping, the benefits far outweigh them.

To date, I am proud to report the following:

1. I have lost 25 pounds;
2. My blood pressure is now “great”;
3. My constant desire to eat or snack has significantly decreased;
4. My grocery bill has gone down;

5. I have dropped three clothing sizes and donated many clothes to Goodwill.

These medications have been life-changing. Before treatment, I was genuinely worried about where I would live because I could no longer manage stairs. I worried about becoming dependent on others for basic mobility.

I am also encouraged that my daughter—who has experienced sudden weight gain and dangerously high blood pressure—has recently been prescribed Wegovy. Her journey is just beginning, but I am hopeful this medication will help her regain control of her health and possibly eliminate the need for blood pressure medication.

Today, my knees feel better, I can climb stairs with less pain, and while my back pain remains a work in progress, I am hopeful. Continued weight loss will help prevent further medical interventions, including surgeries, medications, and long-term care costs.

Please do not take this medically necessary treatment away from people like me. While I understand economic pressures exist, maintaining coverage for weight loss medications ultimately prevents far greater healthcare costs and improves quality of life.

This medication has given me hope, mobility, and a future. Please help us keep the one truly positive change happening in our lives.

Sincerely,
Patricia Pressey

Public Comment by Steven LePage #1

Steven LePage #1

Members of the State Employee Benefits Committee,

I am submitting this comment to make a straightforward point: **when the plan faces financial pressure, premium increases and benefit changes are not the only cost-control tools available to you.** The Committee also has the authority to control costs through payment policy and contract design, and those options should be part of the discussion — especially with the medical RFP and a multi-year contract ahead.

Most members experience cost control only on the benefit side — higher premiums, higher out-of-pocket costs, or reduced coverage. But there is also a payment side. How the plan pays providers and how vendor contracts are written has a direct impact on total cost. Those levers can reduce spending without cutting medically necessary benefits.

These options work whether the plan uses an APM model or a Medicare-aligned pricing approach.

Specifically, the Committee has the ability to require and evaluate:

Site-neutral payment — paying similar amounts for the same service regardless of whether it is billed in a hospital-owned setting or a physician office, when the clinical service is the same.

Facility fee and site conversion controls — preventing automatic price increases that occur when practices are acquired or reclassified without any real change in the care delivered.

Bundling and anti-unbundling enforcement — making sure a single episode of care is not split into multiple billable fragments that increase total cost.

High-cost drug and infusion payment transparency — including clear identification and defined reimbursement approaches where discounted drug purchasing programs are involved.

Administrator and vendor compensation transparency — prohibiting spread pricing and undisclosed revenue streams and requiring full audit rights over how claims are repriced and paid.

APM contract guardrails — including fixed episode definitions, limits on carve-outs, and shared risk structures so alternative payment models do not expand in cost over time.

Out-of-network payment guardrails — setting clear and predictable reimbursement standards so out-of-network billing does not become an uncontrolled cost driver.

None of these are benefit cuts. They are contract and payment controls. **They address how dollars are paid, not whether members receive care.**

With the upcoming RFP likely to set the framework for several years, this is the window where these controls can be built in. If they are not required up front, they are much harder to add later.

I encourage the Committee to actively review and use these tools alongside any benefit or premium decisions. **Members should not be the only place cost pressure is absorbed.**

Very Respectfully,
Steven LePage
Persian Gulf War Veteran - Desert Shield/Desert Storm
USAF, Retired
State of Delaware, Department of Technology and Information, Retired

Public Comment by Steven LePage #2

Steven LePage #2

One item I intended to include, but did not state clearly, is balance billing protection. In addition to out-of-network payment guardrails, the Committee has the ability through contract terms to strengthen balance billing protections so members and retirees are not exposed to large, unexpected charges that fall outside plan reimbursement standards.

This is both a cost-control and a member-protection issue. It supports predictability for beneficiaries while also reinforcing disciplined reimbursement structures with providers and vendors. It is also compatible with either APM or Medicare-aligned payment approaches.
Thank you for your time and consideration.

Public Comment by Steven LePage #3

Steven LePage #3

Chair, Vice Chair, and Members of the Committee,

I wanted to share a bit of background ahead of the upcoming vote related to the Proposal Review Committee, particularly since I understand the vote may occur before there is an opportunity for public comment.

During 2025, the Committee discussed and, at times, applied an interpretation under which the presence of a quorum of SEBC members at a PRC meeting was treated as converting that meeting into a full SEBC meeting. That interpretation had practical impacts on how PRC meetings were run and on who was able to participate.

Because of those impacts, I reached out to the Attorney General's Office to better understand how FOIA applies when meeting classification is affected by quorum considerations. The Attorney General explained that their FOIA authority is limited to determining whether a specific FOIA violation occurred or is about to occur at a particular meeting, and therefore did not reach the underlying interpretation. The Attorney General also did not determine that FOIA requires restructuring or eliminating the PRC.

I'm sharing this simply for context. As the Committee considers the proposal before it, it may be helpful for the record to be clear whether any restructuring reflects a policy choice, rather than something required under FOIA.

Thank you for your time and for the work you do on behalf of State employees and retirees.

Very Respectfully,
Steven LePage
Persian Gulf War Veteran - Desert Shield/Desert Storm
USAF, Retired
State of Delaware, Department of Technology and Information, Retired

Public Comment by Robert Clarkin

Robert Clarkin

PUBLIC COMMENTS FOR THE 2/13/2026 SEBC MEETING SUBMITTED BY ROBERT CLARKIN, 2/9/2026

The language contained in the Draft Medical Third Party Administrator (TPA) Scope of Services presented during the 12/16/25 SEBC meeting referencing "Medicare Supplement insurance" is very weak and insufficient when compared to the strong and unambiguous language contained in the most recent Medicare Supplement TPA RFP released on 10/24/2023.

I would like to respectfully recommend that the below language from the 10/24/2023 Medicare Supplement TPA RFP replace the "Medicare Supplement insurance" language wherever it is found in the Draft Scope of Services. In short, the Scope of Services in the upcoming RFP should be absolutely clear that the SEBC **is not** simply soliciting "Medicare Supplement insurance". The SEBC **is** specifically soliciting a Medicare Supplement plan that **"duplicates the current Medicare Supplement plan without deviation"**.

Draft Weak and Insufficient Language

Page 1 of the Draft Scope of Services reads: "The SEBC desires to contract with an organization specializing in providing non-Medicare medical insurance effective July 1, 2027 and **Medicare Supplement insurance** effective January 1, 2028. The organization must have prior experience directly related to the services requested in this RFP and must be able to demonstrate clearly their ability to perform the required scope of services within the timeline requested. The selected organization shall be required to provide the following services, at a minimum (continued on page 2):

Support GHIP's programs and plan offerings:

- Administer current plans
- Support plan provisions that optimize effectiveness of GHIP benefit offerings; o Integrate with other programs and vendors supporting the GHIP, which is inclusive of data file feeds to those vendors (Health Data Warehouse, PBM, COE, etc.);
- Maintain a provider network that meets current and future state goals of the GHIP;
- **Provide supplemental coverage to Medicare eligible retirees and their Medicare-eligible dependents**

Historic Strong and Unambiguous Language

The most recent Medicare Supplement TPA RFP was released on 10/24/2023. The term of the resulting contract runs from 1/1/2025 through 12/31/2027.

After considerable discussion during the 9/18/2023 and 10/2/2023 SEBC meetings, as well as public comments from the retiree community during numerous SEBC and RHBAS meetings, the strong and unambiguous language found in the **Introduction Section** (Scope of Services) of the RFP on page 4 states the following:

"One self-funded employer-sponsored Medicare Supplement plan offered to current and future Medicare retirees that duplicates the current Medicare Supplement plan without deviation; for the quoted Medicare Supplement plan, bidders should duplicate the plan design (copays and other out-of-pocket costs to the plan participant at the point of care), provider network (i.e., all providers who accept Medicare assignment), and administrative set-up including coordination of benefits.

NOTE:

a. Prescription drug coverage will continue to be provided through the State's Employer Group Waiver Plan (EGWP).

b. This plan requires no prior authorization of services and mirrors CMS requirements under Original Medicare.

c. All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP.

d. Bids for any other arrangement are not being solicited and will not be considered by the SEBC."

This important language was also repeated on page 1 of the RFP under **A. Background and Overview, Request for Proposal**:

"Proposals are being requested from interested bidders that can administer a self-funded employer sponsored Medicare Supplement plan offered to current and future Medicare retirees that duplicates the current Medicare Supplement plan without deviation; for the quoted Medicare Supplement plan, bidders should duplicate the plan design (copays and other out-of-pocket costs to the plan participant at the point of care), provider network (i.e., all providers who accept Medicare assignment), and administrative set-up including coordination of benefits. This plan requires no prior authorization of services and mirrors CMS requirements under Original Medicare. Bidders should note that prescription 2 **drug coverage will continue to be provided through the State's Employer Group Waiver Plan (EGWP). All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by theSEBC".**

And once again, the intent of this language was reenforced on page 13 of the RFP under **C. Propos**al **Objectives and Scope of Services, 4. Support the GHIP's Programs and Plan Offerings**: "**a) Administer a Medicare Supplement plan that duplicates the current Medicare Supplement plan without deviation".**

Public Comment by Thomas Pledgie

Thomas Pledgie

Public Comments to the SEBC, per Draft Scope of Services
Thomas Pledgie, Ph.D., State Retiree

In reviewing the draft Scope of Services distributed at the December 16, 2025 SEBC Meeting I find a clear lack of specificity has to what Retirees want in their Supplemental Medicare (Medicfill) Plan. We want what the SEBC and RHBAS identified, and this should be clearly stated upfront and then guide any Scope of Services. Simply state:

"Proposals are being requested from interested bidders that can administer a self-funded employer sponsored Medicare Supplement plan offered to current and future Medicare retirees that duplicates the current Medicare Supplement plan without deviation; for the quoted Medicare Supplement plan, bidders should duplicate the plan design (copays and other out-of-pocket costs to the plan participant at the point of care), provider network (i.e., all providers who accept Medicare assignment), and administrative set-up including coordination of benefits. This plan requires no prior authorization of services and mirrors CMS requirements under Original Medicare. Bidders should note that prescription 2 drug coverage will continue to be provided through the State's Employer Group Waiver Plan (EGWP). All Medicare-eligible pensioners will have the same plan for the duration of the contract awarded in this RFP. Bids for any other arrangement are not being solicited and will not be considered by the SEBC".

There is no need to wordsmith any addition language such as "similar to", "mirrors", and "duplicates" Medicfill .- words makes a big difference.

Public Comment by Steven LePage #4

Steven LePage #4

Dear Members of the State Employee Benefits Committee,

I am writing regarding the SEBC meeting agenda for February 13, 2026, posted here and future meeting agendas:
https://dhr.delaware.gov/benefits/sebc/documents/2026/0213-agenda.pdf

The agenda includes an executive session item pursuant to 29 Del. C. § 10004(b)(6), described as "Discussion of the content of documents excluded from the definition of public record pursuant to 29 Del. C. § 10002(o)(2) and (o)(6)."

I wanted to raise a concern, **in the interest of FOIA compliance**, that **the agenda item may not provide sufficient notice of the subject matter of the executive session**. **Delaware FOIA defines an "Agenda" to include "a general statement of the major issues expected to be discussed at a public meeting," along with the intent to hold an executive session and the specific ground(s) for doing so. 29 Del. C. § 10002(a). In addition, FOIA provides that "[t]he purpose of such executive sessions shall be set forth in the agenda." 29 Del. C. § 10004(c).**

While I understand that confidential details should not be disclosed, I am concerned that the current wording provides the statutory basis but does not identify the general topic or purpose of the executive session in plain language, which may limit meaningful public notice.

I am reaching out in hopes the Committee will consider clarifying or amending the agenda prior to the meeting to add a brief, general description of the executive session topic (without revealing confidential information).

Thank you for your time and consideration.

Very Respectfully,
Steven LePage
Persian Gulf War Veteran - Desert Shield/Desert Storm
USAF, Retired
State of Delaware, Department of Technology and Information, Retired

Public Comment by Barbara Philbin

Barbara Philbin

SEBC Members,

I am writing to formally oppose the draft Scope of Services now in consideration by your committee. Specifically, the language that is used to describe solicited Medicare supplements. Language that is dangerously vague, structurally unclear and open to multiple interpretations by failing to provide an exact side-by-side definition like the unanimously adopted motion by the SEBC on 10/2/23: language that duplicates our current Medicfill plan. My fear is that this draft might create a "legal loophole" that could be used to push Delaware state retirees onto a reduced benefit tier plan (ex. G A B C etc. rather than F plan) or lower standard of care that is unacceptable.

Retirees served Delaware with the understanding that our health care would be stable. We should not have to guess what our coverage will look like because of vague solicitations language. Therefore, I urge the committee to reject this Draft and Scope provision and rewrite it to explicitly state that any bid must match the exact structure and language of our existing Highmark plan, with 0 additional barriers to care or anything else that WTW can think of to fool us with.

Thank you for your time and for upholding your fiduciary duty to Delaware retirees. Hopefully.

Barbara Philbin
DOE Retiree
30 years of Service

Public Comment by Janet Ray

Janet Ray

SEBC Members,

I am writing to formally oppose the draft Scope of Services now in consideration by your committee. Specifically, the language that is used to describe solicited Medicare supplements. Language that is dangerously vague, structurally unclear and open to multiple interpretations by failing to provide an exact side-by-side definition like the unanimously adopted motion by the SEBC on 10/2/23: language that duplicates our current Medicfill plan. My fear is that this draft might create a “legal loophole” that could be used to push Delaware state retirees onto a reduced benefit tier plan (ex. G A B C etc. rather than F plan) or lower standard of care that is unacceptable.

Retirees served Delaware with the understanding that our health care would be stable. When I retired from the Department of Education, I was assured that my health benefits would continue as promised. Having been a registered nurse, I am keenly aware of the danger of loosing health care benefits as we age and the impact that has on our physical and mental health. We should not have to guess what our coverage will look like because of vague solicitations language. Therefore, I urge the committee to reject this Draft and Scope provision and rewrite it to explicitly state that any bid must match the exact structure and language of our existing Highmark plan, with 0 additional barriers to care or anything else that WTW can think of to fool us with.

Thank you for your time and for upholding your fiduciary duty to Delaware retirees. I appreciate it.

Janet A Ray
DOE Retiree