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Public Comment by Frank Vignuli

Frank Vignuli

I am writing as a State of Delaware employee and participant in the Group Health Insurance Plan (GHIP) to express serious concern with the Committee's decision to increase the copay for GLP-1 medications used for weight management to \$200 per month, while also excluding these costs from prescription out-of-pocket maximums.

While I recognize the financial pressures facing the plan, this policy does not simply control costs, it shifts them in a targeted and inequitable way onto a specific group of employees managing a chronic medical condition. By carving out GLP-1 medications from standard cost protections, the Committee has effectively created a separate and less favorable set of rules for one category of treatment.

GLP-1 medications such as Wegovy are not elective or cosmetic for many patients. They are clinically validated treatments for obesity, a chronic disease with well-documented links to diabetes, cardiovascular disease, and other costly conditions. Restricting access through elevated and uncapped cost-sharing undermines both preventive care and the long-term financial interests of the plan.

The most concerning aspect of this policy is the decision to exclude these medications from out-of-pocket maximums. This creates a permanent, uncapped financial obligation for affected employees—potentially exceeding \$2,000 annually with no relief even after reaching plan limits that apply to nearly all other covered services. This is a significant departure from standard benefit design and sets a troubling precedent.

This approach raises fundamental concerns:

- It disproportionately burdens employees who are actively managing a recognized chronic disease.
- It discourages adherence to effective treatment, increasing the likelihood of more serious and costly health conditions over time.
- It introduces inequity into the plan by isolating one class of medications for reduced financial protection.

Cost containment is a valid goal, but policies that limit access to effective treatment are likely to increase, not reduce, long-term expenditures. More balanced alternatives exist that do not single out one population of members or remove established consumer protections.

I respectfully urge the Committee to revisit this decision and, at a minimum, restore inclusion of GLP-1 medications within out-of-pocket maximums. I also request that this issue be formally reconsidered at an upcoming SEBC meeting with meaningful opportunity for employee input.

State employees rely on GHIP not only for coverage, but for fair and consistent access to medically necessary care. This policy, as currently structured, falls short of that standard.

I would like for this to be entered into public comment for the next SEBC meeting

Thank you for your attention to this matter.

Respectfully,

Frank Vignuli

Public
Comment by
Michelle
McDowell

Michelle McDowell

I think they should re-evaluate not covering weight loss meds like weygove. If it helps patients lose weight and keep it off; keeping employees healthy so they don't call in sick, then "Why not keep it covered so employees can afford it?"

Public Comment by Scott Sturm

Scott Sturm

To whom it may concern, its not offsetting the increase to my health insurance as it increases my monthly cost by over 50% and then adds on the anticipated 2.2% rate increase which now doubles my insurance premium per month. This is not right or fair as my health and well being is taking a back seat to your profit margin. I can barely pay my bills as it is with all the increases on food, gas and the essentials to live on. Did you give any thought to all the people you are hurting or do you just not care. And yes I do eat a healthy diet and exercise. Look forward to your response.

Public Comment by Scott Sturm #2

Scott Sturm #2

To whom it may concern, just wondering what exactly did I do wrong here. I lost weight, got off the blood pressure medication, was feeling so much better and now you take that away from me. Why? It makes no sense to me. You encourage people to lose weight and get healthy and then you take that away from us. I now understand homelessness. You get everything free and people like me who work for a living get punished for doing what's right. Down right nasty cruel thing to do.

Public
Comment by
Christopher
Rains

Christopher Rains

Dear SEBC Members,

I can imagine you have to make difficult decisions each year due to rising healthcare costs. I am deeply troubled by the email regarding the insane increase in the co-pay that starts July 1st, 2026, for individuals on Wegovy for weight management. I am one of the many people who uses Wegovy for weight management and treatment for sleep apnea. Even with the \$100 savings that I may be eligible for to reduce the co-pay from \$200 to \$100 a month, this still means my \$32 co-pay is more than tripled. As a new father, this causes a financial strain on my family's finances as I now might have to pay \$1,200 or \$2,400 every year for Wegovy. Currently, the \$32 monthly Co-Pay totals \$384 for the year. This doesn't include the increase for my health insurance that was approved.

I started my weight loss journey over a year ago and have lost over 65 pounds with Wegovy, diet and exercise. This has helped cure a separate health condition. Now I feel this is causing a roadblock in my continued health journey. The financial burden is significant for many people. Any potential pay raise that I am due for is now swallowed up by the increase in the Wegovy co-pay increase. Ultimately, this feels like a punch in the gut for improving my overall health.

I send this information voluntarily to hopefully bring to light just how this will significantly impact myself and other employees who have worked hard to improve their overall health. I please urge you to reconsider the new \$200 co-pay and to possibly reduce this amount significantly.

Thank you,

Christopher Rains
Senior Probation Officer

Public Comment by Barbara Philbin

Barbara Philbin

Dear Co-Chairs Maxwell and Davis and SEBC members,

I am submitting this public comment regarding a serious internal inconsistency in the Medical TPA RFP DHR26009-MED_TPA that must be resolved before the committee votes on April 20, 2026.

FIRST — AN ACKNOWLEDGMENT

I want to acknowledge two significant and welcome changes in the new RFP. The word "comparable" has been dropped and "duplicates the current plan design without deviation" has been restored. These changes reflect the legislative intent of HB 377 and the SEBC's own prior resolutions of October 2023 and March 2024. On behalf of Delaware's Medicare-eligible state retirees I am grateful for these corrections.

THE PROBLEM — A SERIOUS INTERNAL INCONSISTENCY

However a careful reading of the RFP reveals a critical internal inconsistency that threatens to make the "duplicates without deviation" requirement meaningless.

The RFP simultaneously states two contradictory things:

Statement 1: The Medicare Supplement plan must duplicate the current plan design without deviation.

Statement 2: If a bidder cannot duplicate the plan without deviation they should explain why and suggest enhancements.

These two statements cannot coexist as written. If Statement 1 is the genuine requirement — as the language clearly says and as HB 377 requires — then Statement 2 should not exist. A mandatory requirement does not have an escape hatch.

WHY THIS IS DANGEROUS

The 2023 RFP resolved this question clearly and completely. Under the 2023 RFP any bidder who could not duplicate the current plan design without deviation was **automatically disqualified**. That disqualification language has been removed from the new RFP.

Without the disqualification language a vendor could submit a bid that does not duplicate the current Special Medicfill plan — for example a Plan G bid which does not cover the Medicare Part B deductible — add some "enhancements" such as a gym membership or supplemental wellness program, and have their non-compliant bid move forward to the Procurement Review Committee for evaluation rather than being disqualified.

This is a dangerous workaround of the duplication requirement. It transforms "duplicates without deviation" from a binding requirement into a flexible preference — which is precisely what HB 377 was enacted to prevent.

Furthermore the suggestion to allow enhancements as an alternative to full duplication appears to have originated with the State's consultant WTW rather than from the SEBC itself. The committee should carefully consider whether this language reflects its own intent or was introduced without full consideration of its consequences for retirees.

THE DEFINITION OF "ENHANCEMENTS" — AN UNRESOLVED QUESTION

The RFP does not define what constitutes an acceptable "enhancement." This creates additional uncertainty because enhancements can cut in two very different directions:

Enhancements that benefit retirees — such as additional coverage or reduced costs — would increase the State's financial obligation. The State would be unlikely to select such bids.

Enhancements that benefit the State — such as shifting the Part B deductible, adding co-payments, or introducing prior authorization requirements — would reduce the State's costs by imposing new burdens on retirees. These are not enhancements. They are reductions disguised as flexibility.

Without a clear definition of "enhancements" the door is open to bids that shift costs onto fixed income retirees while technically claiming compliance with the RFP.

THE SOLUTION — SIMPLE AND CLEAR

The fix is straightforward. The SEBC should add the following language to the RFP before voting on April 20:

"Any proposal that does not fully duplicate the current Special Medicfill Medicare Supplement plan design without deviation shall be deemed non-responsive and disqualified from further consideration. The ability to propose enhancements does not exempt a bidder from the duplication requirement. No enhancement that shifts any cost onto retirees in any form — including but not limited to deductibles, co-payments, co-insurance, or prior authorization requirements — shall be considered an acceptable substitute for full duplication of the current plan design."

This language restores the disqualification standard from the 2023 RFP, closes the enhancement loophole, and ensures that "duplicates without deviation" means exactly what it says.

THE REQUEST

I respectfully request that the SEBC:

1. Resolve this internal inconsistency before voting on April 20 by adding the disqualification language above to the RFP
2. Confirm on the record that any bid that does not fully duplicate the current Special Medicfill plan design without deviation will be deemed non-responsive and disqualified — consistent with the 2023 RFP standard and the legislative intent of HB 377
3. Define on the record what constitutes an acceptable "enhancement" and confirm that no enhancement shifting costs onto retirees will be considered

CONCLUSION

Delaware's Medicare-eligible state retirees — retired teachers, aides, custodians, cafeteria workers, state police, and all pre-2025 state employees — are counting on this committee to honor the promise of the Special Medicfill plan. The "duplicates without deviation" language is a real victory and reflects the legislative intent of HB 377. But that language must be backed by the disqualification standard that made it meaningful in 2023.

Without that standard "duplicates without deviation" is a phrase without teeth. With it retirees are protected. The fix is simple. The stakes are real. I respectfully urge the committee to act before April 20.

Respectfully submitted,

Barbara Philbin DE DOE Retiree SEBC Observer, April 2026

Public
Comment by
Barbara Philbin
#2

Barbara Philbin #2

Please share this brief follow up with Chief Justice Seitz at your earliest convenience. I am writing to supplement my earlier correspondence regarding HB 377 and the upcoming Medicare Supplement RFP with important new information that I believe is directly relevant to his role on the SEBC.

As always I am introducing this correspondence into the SEBC public record.

The Legislative Record Now Definitively Defines "Comparable"

Since my last letter I have obtained the official transcript of the Senate Executive Committee meeting of June 18, 2024, in which Senate sponsor Bryan Townsend — presenting HB 377 — defined the word "comparable" on the official record. His exact words were:

"fundamentally the idea is an equivalent plan to what's offered now has to continue for those individuals"

Chief Justice Seitz will recognize immediately the legal significance of a bill sponsor's statement at an official committee proceeding. Under Delaware statutory interpretation principles this floor statement sits near the top of the evidentiary hierarchy for legislative intent — well above any administrative agency's self-serving interpretation of the same word.

The Senate sponsor said "equivalent plan." Not similar. Not flexible. Equivalent.

Four Consistent Documented Moments — Unambiguous Legislative History

Combined with the SEBC's own prior votes we now have four separate and consistent statements all defining the standard:

1. October 2, 2023 — Unanimous SEBC Resolution: "duplicates the current plan design without deviation"
2. March 25, 2024 — SEBC Vote: "identical to the design of the current Special Medicfill Plan"
3. June 18, 2024 — Senate sponsor Townsend at the Senate Executive Committee: "an equivalent plan to what's offered now has to continue"
4. October 1, 2024 — HB 377 enacted: "comparable to the Special Medicfill plan"

My lawyer friend tells me this is what courts call unambiguous legislative history. The SEBC voted twice for identical or duplicate language before HB 377 was even enacted. The Senate sponsor then defined the statute's operative word as "equivalent" at an official proceeding. All four moments point in precisely the same direction.

Further my lawyer friend told me that from an administrative law perspective the SEBC is also estopped from now arguing that "comparable" means something materially less than what it unanimously declared the standard to be in October 2023 and March 2024? An agency cannot take an official position twice and then reverse course without explanation.

The Scope of Protection — Cost Shifting in Any Form

I want to be precise about what the "comparable" standard prohibits. It is not limited to any single plan change. It prohibits cost shifting onto retirees in any form — whether through:

- New deductibles such as the Medicare Part B deductible under Plan G
- New co-payments or co-insurance at the point of care
- New premium contributions not currently required
- Any reduction in the State's share percentage of plan costs
- Prior authorization requirements not currently present

The Medicare Part B deductible is one concrete example — but the prohibition is broader. An equivalent plan means retirees pay what they pay today. Nothing more in any form.

The Fiscal Context

Chief Justice Seitz may also find it relevant that the financial emergency that motivated the original Medicare Advantage controversy has already been substantially addressed. The OPEB liability has been cut nearly in half — from \$8.4 billion to approximately \$4.5 billion — through the credible funding commitments of the 2024 legislative package. The State earned a 7.0% discount rate as a result.

Furthermore, Senate Joint Resolution 7 has directed the SEBC to engage independent consultants and supply chain tactics for prescription drug cost containment — pointing toward solutions that do not require shifting costs onto fixed income retirees.

The RHBAS research that formed the foundation of the seven protective laws identified provider pricing — not retiree benefits — as the primary driver of Delaware's healthcare costs. HB 350 attempted to address this directly. SB 1 is continuing that effort. Shifting costs onto retirees while the real cost drivers remain unaddressed is inconsistent with the entire legislative framework.

The Legal Risk of a Weakened RFP

As I noted in my earlier correspondence the most legally compliant path for the SEBC is exact duplication. From a judicial risk perspective a weakened RFP creates significant exposure:

- **Vendor bid protests** — a vague "comparable" standard invites subjective challenges
- **Litigation**— any new cost imposed on retirees directly contradicts the four documented moments above
- **Administrative law challenge** — the SEBC cannot take a position contradicting its own unanimous prior resolutions without explanation

The legally safe path — the path that protects the State from avoidable litigation — is to ensure the new RFP preserves all protective elements of the 2023 language and explicitly requires zero out-of-pocket costs for retirees in any form.

A Simple Request

I respectfully ask that Chief Justice Seitz bring this legislative record — particularly Senator Townsend's statement defining "comparable" as "equivalent" — to the April SEBC meeting and that it be considered before any vote on the new RFP is taken.

As the representative of the Judiciary on the SEBC Chief Justice Seitz is uniquely positioned to ensure that the committee's actions are grounded in the rule of law, consistent with the legislative record, and protective of the State from avoidable legal error. The record has never been clearer than it is now.

Thank you, Ashley, for your continued assistance in ensuring this information reaches Chief Justice Seitz. Please also convey our sincere appreciation for his thoughtful and fair engagement with these issues over the past several years. His presence and careful judgment on the SEBC have made a real difference to the retirees whose benefits are at stake.

Respectfully yours,

Barbara Philbin

DOE Retiree, SEBC Observer

Public Comment by Janet Ray

Janey Ray

As I follow up to my original comment, on April 6, 2026, I would like to thank you for adding the clarification that our health plan must be duplicated without deviation. I continue, however, to be confused how vendors can apply if they can not duplicate the current plan. It would seem to me, that they would automatically be disqualified. Please help me understand your rationale.

Having experience writing grants and reviewing vendor applicants this additional information does not belong in the RFP. Please include my comments in the packet for the SEBC meeting for April 20.

Janet A. Ray RN

Retired DOE Associate: Health Education

April 7, 2026 Subject: Comments re: SEBC RFP

As a former educator and registered nurse, I have become increasingly concerned about the language changes in HB 377. As a consumer and Delaware pensioner, I was promised duplicate services without deviation. It seems to me that "comparable" does not reflect that. I would like your assurance, that the new RFP will guarantee that I will have zero out-of-pocket costs for covered services, exactly as my current plan provides for myself and my husband. I have copied my senator and representative on this matter, as it is very important to me. I do appreciate your follow-through.

Public
Comment by
Rebecca
Scarborough

Rebecca Scarborough

Maintaining our Present Medicfill Plan

Dear SEBC Members,

I am relieved to see that the RFP for the Medicare Supplement plan has been amended to state that proposals must duplicate the current plan without any deviation. However, I find the following statement problematic, "If you can't duplicate the current plan, please explain." I consider this a procedural out, especially given the fact that four vendors submitted proposals for the 2023 RFP which duplicated our previous plan. Also problematic is the inclusion of "What additional enhancements or program offerings can you provide to enhance the current Medicare plan design?" How would this be consistent with the 2023 RFP and the legislative intent of HB 377? Is this an opening for an entirely different plan that could result in shifting costs onto eligible retirees or would it enhance the proposed duplicated plan?

Finally, it is imperative to include the original statement in the 2023 RFP which stated, "Bids for any other arrangement are not being solicited and will not be considered." Delaware's State retirees have served the State well as public servants. There should be no wordsmithing or intentional maneuvering of language in the RFP that could result in the State's failure to provide senior and sometimes vulnerable retirees in losing the benefits they were promised and worked so hard and so long for.

Sincerely,

Rebecca Scarborough

DRSPA Board Member

Former Latin and English Teacher in the Caesar Rodney School District

Retired Education Associate, World Languages, Delaware Department of Education

SEBC Observer

Public Comment by Paula and Jeff Hastings

Paula and Jeff Hastings

State Employee Benefits Committee (SEBC)

I would like my comments to be posted to the meeting materials section of the SEBC website.

Dear SEBC members,

I see familiar names on the committee list. Thank goodness, I know they will have SOD Medicare retirees' backs like last time. Governor Carney's administration tried to force SOD Medicare retirees into Medicare Advantage by tricking the legislators at the last minute instead of explaining what that would mean. Then an inferior supplemental plan was pushed by the administration. Pensioners fought for what they were promised and won.

I can't believe the State is trying to pull a fast one again with language interpretation when it's as clear as day "must duplicate the current plan without deviation" means our current healthcare coverage remains the same. The words "if a bidder cannot duplicate the plan without duplication. they should explain why and suggest enhancements". This sounds like a loophole that the State can use to either offer us less coverage and/or cost us more money. Is this the State's goal again?

Pensioners cannot afford to be cheated out of what they earned working for the State in the years they have left. Find money elsewhere like the expensive parking garage that is so desperately needed but is really a perk for the administration.

Paula and Jeff Hastings

SOD Medicare pensioner and dependent

Public Comment by Robert Clarkin

Robert Clarkin

Dear SEBC Chair Maxwell and SEBC Vice-Chair Davis,

The agenda for the 4/30/26 SEBC meeting has been posted and contains Item 5, Legal Advice Pertaining to Medical Third Party RFP. The documents posted along with the agenda do not present the substance of the "legal advice".

As HB 282 requires that "**The Committee must provide the meaningful opportunity for public comment required under § 10004(a)(2) of this title before the vote under paragraph (d)(4)a. of this section**", this is to request that the "legal advice" be reduced to writing and included with the documents posted along with the agenda in order to provide the public with a meaningful opportunity for public comment, in the spirit of HB 282, during and prior to the meeting.

Thank you in advance for your attention to this matter.

Robert Clarkin

Delaware Department of Labor, Retired

Public Comment by Robert Clarkin #2

Robert Clarkin #2

Dear SEBC Chair Maxwell and SEBC Vice-Chair Davis,

The agenda for the 4/30/26 SEBC meeting has been posted and Item 12, Public Comment comes after Item 9, Approval of Medical Third Party TPA RFP. Please be advised that HB 282 requires that "The Committee must provide the meaningful opportunity for public comment required under § 10004(a)(2) of this title before the vote under paragraph (d)(4)a. of this section".

House Bill 282 reads:

(4) For purposes of approving a request for proposals to select a carrier or third-party administrator for the health care insurance plan for State employees or eligible pensioners, **all of the following apply**:

- a. The Committee must approve the request for proposals by a vote of the Committee during a public meeting under § 10004 of this title.
- b. The Committee must provide the meaningful opportunity for public comment required under § 10004(a)(2) of this title before the vote under paragraph (d)(4)a. of this section.
- c. The draft request for proposals prepared for the meeting under this paragraph (d)(4) is a public record under § 10002 of this title and must be included with the notice and agenda under § 10004(e)(2) of this title.

Thank you in advance for your attention to this statutory requirement.

Robert Clarkin

Delaware Department of Labor, Retired

Public Comment by James Dickinson

James Dickinson

Are any plans being made to deal with the eventuality of the current federal administration dismantling or defunding the M/M system?

How are you planning to cover retiree medical care should that happen or the mad president issues an executive order that will essentially shut down benefits for months or years while it waits for a court to re-assure the morons that it's illegal for him to do this? And months or years more as they decide if anyone has to take court orders seriously?

Every person that was forced onto MM at 65 and off of the State's more secure medical benefit plan is at risk now. And health conditions do not wait for court decisions. People will die if that happens.

What is the plan?

Public Comment by Nancy Alteri

Nancy Alteri

Public Comment on Concerns about the Proposed Healthcare by Nancy Alteri

Dear SEBC members:

My fellow retirees and I are concerned as selection by the State Employment Benefits Office of a supplemental plan to our traditional Medicare approaches. Last time around was a debacle and trust in the State was lost. We all wonder if this time the legislative promise will be honored by the SEBC or will we retirees have to fight again for benefits which we earned and were promised. The latter would be a terrible way to treat people who worked for decades and earned both a decent retirement and promised healthcare benefits.

I was glad to hear that the current language in the proposed healthcare RPF states that submissions “must duplicate the current plan without deviation.” That is good news to us retirees as that language should ensure our current healthcare coverage remains the same.

But I am concerned about another statement in the proposed healthcare RFP. The words “If a bidder cannot duplicate the plan without deviation they should explain why and suggest enhancements.” are not in any way consistent with the concept of “without deviation.” Without deviation is self-explanatory - no deviations! This inconsistency seems to create a loophole where the State through the SEBC could try to (1) offer us less coverage or (2) cost us more money or (3) both. Is that your goal?

Please honor the intent of the laws passed in 2023 and the pledge which was made to ensure our benefits would continue to see us through our old age. I promise we won't be around to bother you forever.

Nancy Alteri (“Nicki”) A Wary State of Delaware Medicare Eligible Retiree

Public Comment by Terry Jaywork

Terry Jaywork

Dear SEBC Members,

My wife (a former school teacher in the Dover and Caesar Rodney School Districts for over 26 years) and I are aware that the committee is in the process of requesting RFPs from potential providers of health care insurance for both active and retired state employees. As insureds under the state program for retired state employees, we were pleased to note that the RFP contains language that proposed submissions "must duplicate the current plan without deviation". This is what was effectively decided approximately two years ago – that state employees, and particularly retired state employees who, after decades of service and retirement plans premised on continued health insurance benefits as had been in effect in the past, would not have those benefits reduced.

However, we have been made aware that other language in the proposed RFP (““If you can’t duplicate the current plan, please explain” and “What additional enhancements or program offerings can you provide to enhance the current Medicare plan design?”) opens the door for proposals that *do not* “duplicate the current plan without deviation” and which could either increase costs or reduce benefits for retired state employees or both. Consequently, we urge the members of the SEBC to reject that slippery language and to instead include the same language that was in the 2023 RFP, “Bids for any other arrangement are not being solicited and will not be considered.” Anything less will invite proposals that do not “duplicate the current plan without deviation.”

Hoping and expecting that you will all act to protect the benefits that our retired state employees worked so long and hard for, respectively submitted.. John and Nancy Jaywork, Rehoboth Beach

Public Comment by Robert Clarkin #3

Robert Clarkin #3

PUBLIC COMMENTS FOR THE 4/20/2026 SEBC MEETING SUBMITTED BY ROBERT CLARKIN, 4/16/2026

Final Draft of the Medical Third Party Administrator (TPA) RFP

I am pleased to note that Page 9 of the final draft of the Medical Third Party Administrator (TPA) RFP, Scope of Services reads: **“The Medicare Supplement plan being solicited must duplicate the current Medicare Supplement plan in full, without any deviations.”**

To be consistent with the language found in the 10/24/23 Medicare Supplement RFP, I would like to recommend that the above language be expanded to read: **“The Medicare Supplement plan being solicited must duplicate the current Medicare Supplement plan in full, without any deviations. Bids for any other arrangement are not being solicited and will not be considered by the SEBC.”**

In addition, the language found on page 12, Minimum Requirements, #5 of the final draft of the RFP reads: "Confirm your organization will administer a Medicare Supplement plan that duplicates the current Medicare Supplement plan design without deviation – for further details, see the Special Medicfill Medicare Supplement plan booklet available here: <https://dhr.delaware.gov/benefits/medical/documents/highmark/spec-medicfill-2024.pdf>. **If you cannot duplicate the current plan design without deviation, please explain. What additional enhancements or program offerings can you provide to enhance the current Special Medicfill plan design?”**

To be consistent with the language found in the 10/24/23 Medicare Supplement RFP, I would like to recommend that the following language be added to the draft RFP as Minimum Requirements, #6: **“If you indicated you cannot duplicate the current Medicare Supplement plan design without deviation in the prior question, please confirm if you can do so by the effective date (1/1/2028)”**.

Further, if the SEBC desires to include in the RFP the solicitation of additional enhancements or program offerings that enhance the current Special Medicfill plan design, the SEBC needs to be perfectly clear that the additional enhancements or program offerings are responsive as long as they are “additional” to the current plan design, and do not materially change or modify the current plan design.

Therefore, I would like to recommend the adoption of the following language in lieu of the language currently found on page 12 of the final draft of the RFP: 1 **“Confirm your organization will administer a Medicare Supplement plan that duplicates the current Medicare Supplement plan design in full without deviation – for further details, see the Special Medicfill Medicare Supplement plan booklet available here: <https://dhr.delaware.gov/benefits/medical/documents/highmark/spec-medicfill-2024.pdf>. If you cannot duplicate the current plan design without deviation, please explain. The SEBC is also interested in receiving proposals for additional enhancements or program offerings you can provide that enhance, but do not materially change or modify, the current Special Medicfill plan design?”**

Public Comment by Barbara Philbin #3

Chair SEBC Maxwell, Lieutenant Governor Gay and State SEBC members,

Below is a comment I made on the record at a RHBAS meeting back in 2022 or 2023 that I would like to share with you along with some accommodations for the present. It's too late to place this comment in the public record so sending my message directly to each of you. I hope you listen.

THEN...

My name is Barbara Philbin and I am a State retiree. At last week's meeting Wayne Emsley and Jeff Taschner recommended that a Medicare Advantage Only Option not be recommended by the RHBAS. I wholeheartedly agree with them so please take it off the table and heed their advice. I was thinking about asking some questions today but decided to proceed on a more uplifting (???) note and look at Delaware's health care liability budget problem from a historical perspective.

Delaware's state leaders seem to be facing another watershed moment as they try to build consensus on how to best address a long term health care liability budget problem. Looking back, I think the path of some of your predecessors just might help you.

Let's take for instance, the actions and words of two great leaders who moved this country forward, not backward, even during a very precarious times in our Nation's history.

It starts back in 1977 when Vice President Hubert Humphrey addressed what he called the "Moral Test of Government," that he went on to say, can be found in how the Country writes its budget. "The moral test of Government", Humphrey said, "is how the Government treats those who are at the "dawn of life" the children, those of us who are at the "twilight of life," the elderly, sick and needy. All spelled out in the "Nation's budget." A little earlier in 1966 President Lyndon Johnson signed Medicare and Medicaid into law articulating the following. "No longer will this Nation refuse the Hand of Justice to those who have given a life of SERVICE and WISDOM and LABOR to the progress of this Nation."

NOW...

State SEBC members we HOPE you heed your predecessors advice and "do the right thing" for those of us who have given a lifetime of SERVICE, LABOR and especially WISDOM to Delaware and now in the "twilight of life" face a future of uncertainty again at the hands of the State Executive Branch who I believe thinks we are irrelevant and tired—an OPEB Liability and now even "a Piece of Unclaimed Property" The stuff left behind.

Prove me wrong please and honor the commitment you made in the 2023 motion that gave us the health care plan we have today because it is the fair and decent thing to do for those of us now in the "Twilight of Life" like your predecessors did. Please heed their smart advice.

Let's move forward, not backward, like the forbearers of your Party—the Democratic Party, the People's Party, did and remember as you sit down to write this RFP, and study the OMB Director's recommended budget, that many state retirees including state workers, teachers, aides, custodians and cafeteria workers accompanied those at the "dawn of life", our children, students, on the journey from childhood to adulthood and, further, commend the Meyer Administration for including them generously and fairly, morally in the 2027 budget address unlike those at the other end of the spectrum, those of us in the "twilight of Life", if not forgotten, abandoned and cast aside as a "liability" or "piece of unclaimed property."

As we used to tell our students. "No worry." "We know the next time you will do better. So can the Delaware State Executive Branch do now. Anyway, we hope so.

So to conclude, remember that the path you take at this pivotal moment will define Delaware and what the State stands for. To be honest, I don't expect good news on Monday. Still hope, however, that the SEBC State SEBC members fool me and follows their wise predecessors advise by moving forward not backward. By this I mean the words that were written in the 2023 motion: "duplicates without deviation" be engraved in the 2026 RFP motion. The words that meet the moral test of Government.

Thank you for listening,

Barbara Philbin

Public
Comment by
Anne Marie
Higley

Anne Marie Higley

Dear Members of the SEBC Committee,

I am writing to you as Anne Marie Higley, a proud retired employee of the State of Delaware, and a concerned stakeholder regarding our retiree healthcare benefits. I intend to join the upcoming virtual meeting scheduled for April 20, 2026, to actively follow the discussions and decisions that will impact my fellow retirees and myself.

A pivotal point of concern, and the primary reason for my engagement, is to respectfully request definitive confirmation from this committee. It is paramount that the Request for Proposal (RFP) for the Medicare supplemental plan explicitly stipulates the provision of a plan that offers an identical, comprehensive duplication of our existing Medicare benefits and coverage, without any modification, reduction, or deviation from the current provisions. This assurance is crucial for the financial well-being and peace of mind of thousands of Delaware's retired public servants who depend on these established benefits.

I wish to commend the committee for the extensive dedication and meticulous effort invested in developing this vital RFP. Your diligent work in navigating such a complex and significant issue on behalf of all State of Delaware retirees is genuinely recognized and deeply appreciated. We trust that this commitment will translate into a final supplemental plan that steadfastly preserves our earned benefits.

Sincerely,

Anne Marie Higley