



Proposed Revisions to the State of Delaware Group Health Insurance Plan (GHIP) Eligibility and Enrollment Rules

April 20, 2026



Process for Revisions

- SBO solicited feedback on the proposed revisions from:
 - SBO Staff, including the Customer Service Team (CST) and the Accounting Team
 - Willis Towers Watson (WTW)
 - Legal review by SBO's DAG

Highlights of Proposed Revisions (1)

- **Section 2.0 Dependents Eligible to Participate:**
 - Added Domestic partnership for clarification in Rule 2.1.1.1
 - Clarified that the State does not recognize domestic partnerships in addition to common law marriage
 - Removed SCOB and DCOB policy language
 - SCOB/DCOB policy does not affect a dependent's eligibility. It only confirms the level of coverage approved.
 - Added “determined...” for clarification in Rules 2.1.1.5 and 2.1.1.6
 - Added language in Rule 2.3 for clarification as dependents can only be enrolled in one plan under the GHIP

Highlights of Proposed Revisions (2)

- Section 3.0 **Coverage:**
 - Added “...following termination from 29 **Del.-C.§55**” to clarify coverage start date for Pensioners returning to active state employment in Rule 3.1.2
 - Added reference to subsection 5.8 for clarification in Rule 3.1.4
 - Revised SCOB language in Rule 3.1.6 to align with revisions to the Delaware Code effective 7/1/25
 - Added “...must be tied to the qualifying event.” to clarify coverage start date in Rule 3.7
 - Added “...certain benefits...” to Rule 3.7.1 for clarification
 - Removed University of Delaware from Rule 3.10.1
 - Added new Rule 3.10.2 related to SCOB requirement for eligible retirees of non-state groups to align with current practice

Highlights of Proposed Revisions (3)

- **Section 4.0 Changes in Coverage**

- Added “...enrolling in a non-Medicare plan,” and “...nor domestic partnership...” to clarify Rule 4.1
- Added “...only,” and “if the employee’s cost charged for health coverage significantly increases or significantly decreases.” to clarify Rule 4.5
- Removed “annual” from Rule 4.6
- Added “...must be tied to the qualifying event” to clarify coverage start date in Rule 4.6, 4.6.6 and 4.6.7
- Removed Rule 4.6.3 as it references a waiting period that is no longer applicable
- Removed reference to ALS in 4.7.2 as members are covered by Medicare

Highlights of Proposed Revisions (4)

- Section 5 **Cost of Coverage**
 - Added “...on any day other than the first of the month...” to clarify Rule 5.7.2
 - Added Rules 5.12 and 5.12.1 to align with Family Caregiving Leave or Qualifying Exigency Leave per the Health Delaware Families Act, 19 **Del.C.** §3707(b)
 - Added “...for the...” to clarify Rule 5.13.7
 - Added “...following termination from 29 **Del.-C. §55 .**” to clarify coverage start date in Rule 5.24

Highlights of Proposed Revisions (5)

- **Section 8 Reinstatement of Coverage**
 - Removed language to make Rule 8.2 clearer
 - Added “... when coverage become effective. See subsection 5.23 of this regulation.” to clarify Rule 8.3

- **Section 10 Dental and Vision Plans**
 - Removed Rules 10.2.2 through 10.2.5 as they are duplicative of rules in earlier sections
 - Clarified language in Rule 10.2.6 to reference subsection 5.9 and advised unpaid premiums *may* result in claim reversal
 - Removed Rules 10.2.7 through 10.2.11 as they are duplicative of rules in earlier sections

Next Steps

- Today - SEBC is being asked to approve the proposed revisions to the GHIP Eligibility and Enrollment Rules as reflected in the Registrar of Regulations regulatory markup document
 - **Note:** Formatting (i.e., spacing, indents, etc.) will be correctly displayed in the final version after being uploaded into the Registrar of Regulations online system
- June 15, 2026 - The final due date to submit to the Registrar of Regulations for review and publication
- July 1, 2026 - The effective date of the updated GHIP Eligibility and Enrollment Rules

Thank You



Phone: 1-800-489-8933

Email: benefits@delaware.gov

Website: de.gov/statewidebenefits