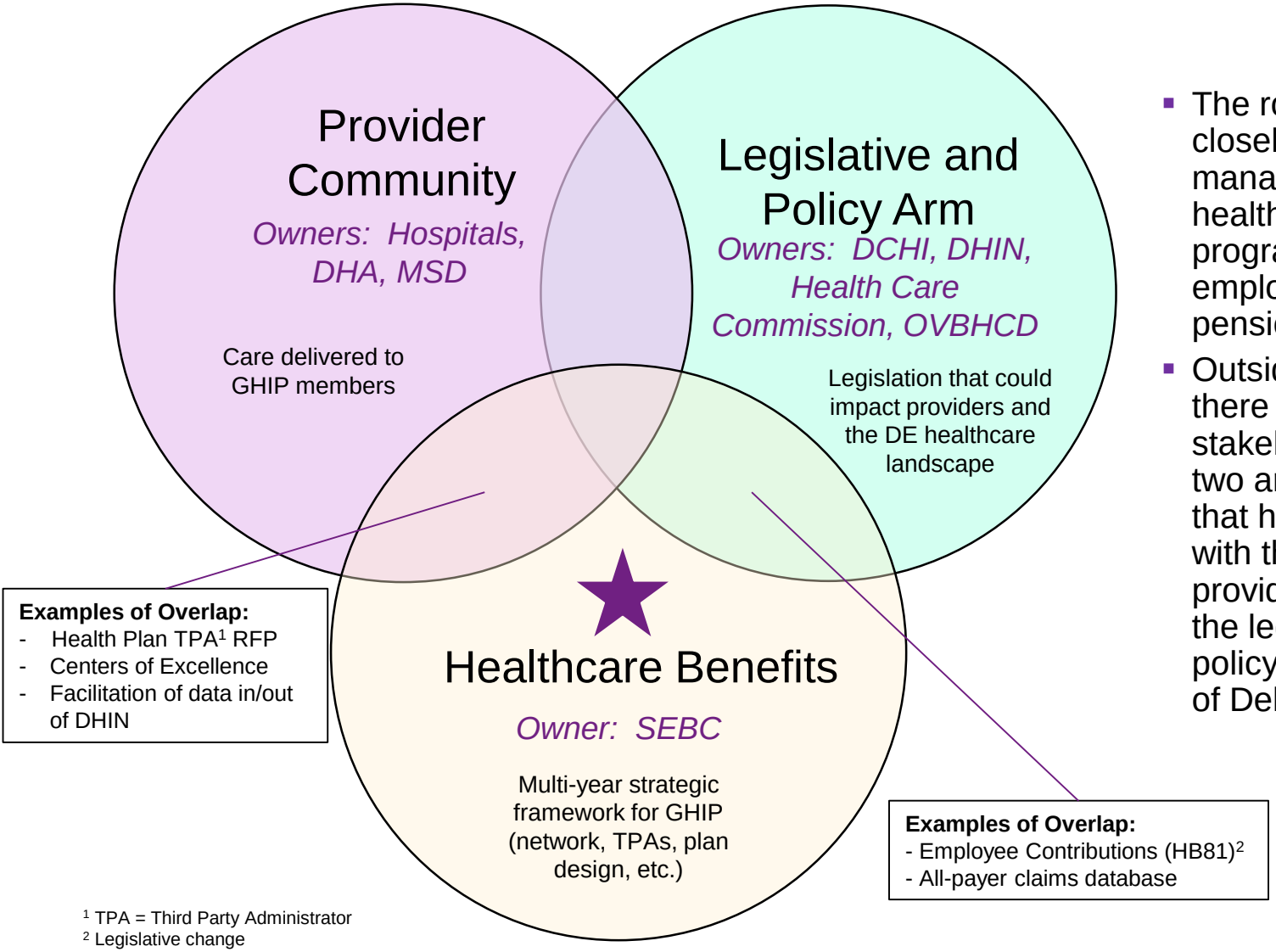
# Key influencers on Group Health Insurance Program (GHIP)

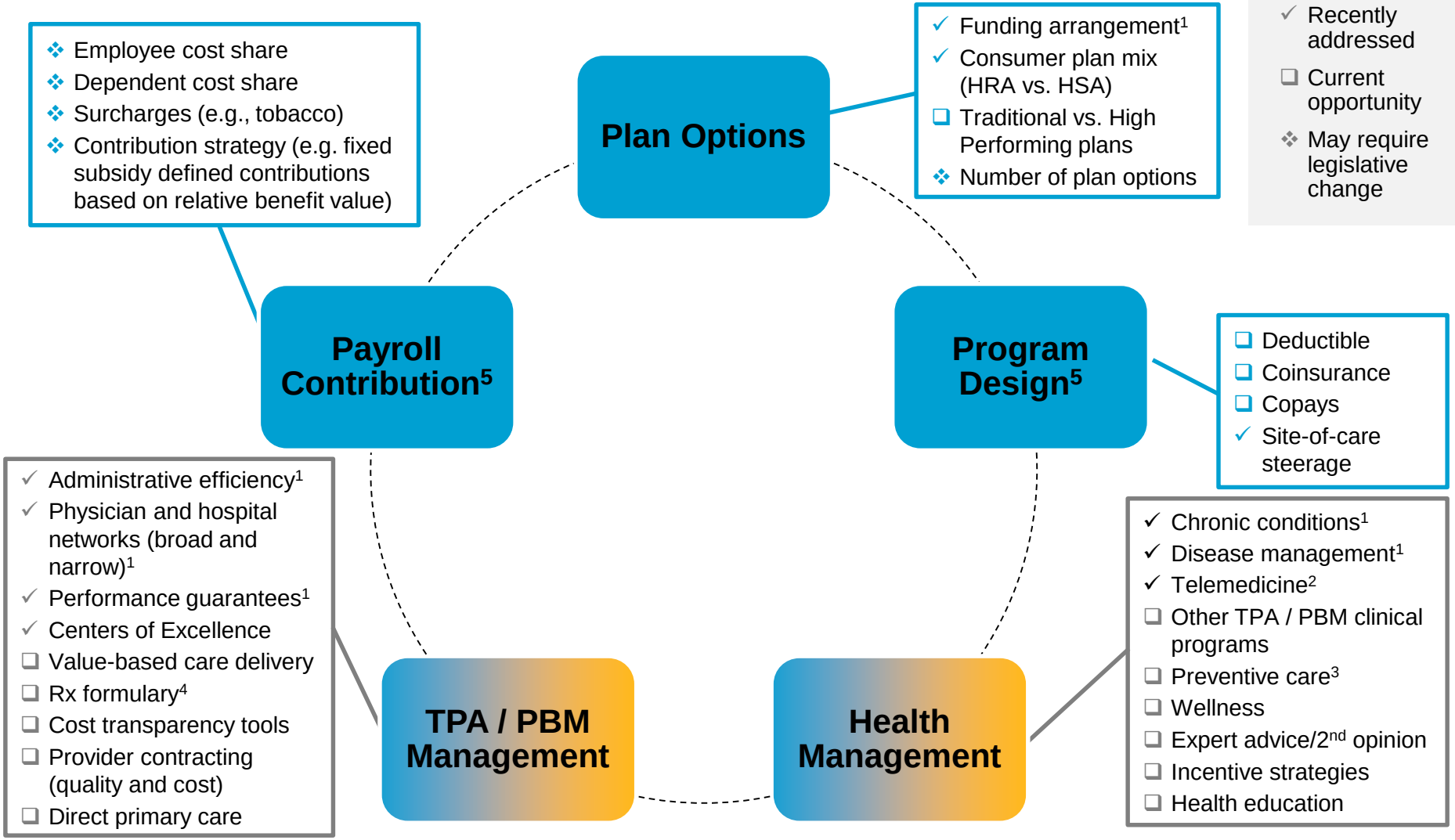



- The role of the SEBC is closely aligned with managing the healthcare benefits programs offered to employees and pensioners
- Outside of the SEBC, there are many stakeholders, of which, two are identified here, that have partial overlap with the committee: the provider community and the legislative and policy arm of the State of Delaware

[1] TPA = Third Party Administrator
[2] Legislative change

# GHIP influencing levers

Tactics for affecting change including some that “shrink the pie”








[1] Medical TPA RFP conducted in FY17.
[2] For acute care and behavioral health.
[3] Covered at 100% plan paid in-network.
[4] Updated quarterly by PBM; under review via PBM RFP.
[5] Tactics for affecting change in these categories may increase employee/pensioner share, with the goal of shrinking the pie overall

# Confines of the GHIP strategic development process

| Potential tactic to address strategy | Illustrative example(s) | Requires legislative change? |
|---|---|---|
| **Traditional plan design changes** | Increase deductible by $100 | No |
| **Non-traditional plan design changes** | Implement reference-based pricing<br>Add a third coverage tier for a narrow network | No |
| **Adding a new medical plan** | Adding CDHP/HSA or adding a PPO option that has a narrow network | Possibly* |
| **Removing a plan option specified by the Delaware Code** | Removing the First State Basic plan | Yes** |
| **Freezing enrollment in a medical plan** | 1. Freeze to new entrants<br>2. Freeze to new hires | Yes |
| **Adding a vendor** | Wellness vendor or engagement vendor | No* |
| **Adjustments in employee cost share** | Increasing the payroll contribution for an employee from 12% to 15% | Yes |
| **Adjustments in dependent cost share** | Increasing the dependent cost sharing by 10% | Yes |
| **Addition of surcharges** | 1. Add a tobacco and/or spousal surcharge<br>2. Wellness “dis-incentive” for non-participation | Possibly |
| **Addition of an incentive program or a percentage of savings achieved by using a COE** | 1. Paying an employee $100 to get their biometric screening from their PCP<br>2. Paying an employee $100 for using an COE | No |
| **Modify and/or implement a more aggressive medical or Rx utilization management program** | 1. Implement high cost radiology management program<br>2. Discontinue coverage of certain high cost specialty drugs and/or compound drugs | No |

*Procurement would be involved in reviewing any amendments to vendor contracts for the new plan(s). Additionally, cost share would have to fit within one of the existing plans to avoid legislative change. Any plans to implement a narrower network within an existing medical plan may require legislative change.
**May require legal input regarding Delaware Code.