



SEBC and SEBC Subcommittee Meetings (July 2024 Updates) *Get the Facts on What's Happening*

As the “administrative arm” of the State Employee Benefits Committee (SEBC), the Statewide Benefits Office (SBO), Department of Human Resources (DHR) is providing the following frequently asked questions document as a resource to employees and retirees, which includes facts on what’s being discussed related to the Group Health Insurance Plan (GHIP) at the SEBC and SEBC Subcommittee meetings and actions taken by the SEBC.

Learn more about the SEBC and SEBC Subcommittees, including committee members, meetings schedules, meeting recordings and meeting materials by visiting the [SEBC page](#) of SBO’s website. Each meeting is open to the public and provides an opportunity for public comment. In addition, suggestions, comments, and/or concerns can be sent to the SEBC at sebc@delaware.gov.

Frequently Asked Questions:

Q. What decision did the SEBC make related to the Employer Group Waiver Plan (EGWP) Medicare Part D Drug benefit for the Medicare retiree population?

A. At the June 24, 2024 SEBC meeting, the Statewide Benefits Office (SBO) and CVS Caremark proposed that the SEBC consider reducing the plan year annual out-of-pocket maximum for the GHIP Medicare retiree population from the current \$2,100 to \$2,000 to better align with changes being made by the Federal Government in accordance with the [Inflation Reduction Act \(IRA\)](#). At the July 22, 2024 SEBC meeting, the SEBC voted to approve this change, meaning that beginning January 1, 2025, the plan year annual out-of-pocket maximum for the GHIP Medicare retiree population will be \$2,000. This will result in more seamless member communications, additional savings to participants who have a high annual drug spend and a minimal cost increase to the GHIP. Additional communications will be made to GHIP Medicare retirees in fall 2024 during Open Enrollment and by CVS Caremark directly.

Q. What decision did the SEBC make related to the Securian Group Universal Life (GUL) Insurance contract?

A. At the July 22, 2024 SEBC meeting, the SEBC voted to approve a one-year contract extension with Securian Financial for the Group Universal Life (GUL) insurance benefit for the period of July 1, 2025 through June 30, 2026. As part of this extension, the SEBC voted to reduce the rates for coverage under the Active Group Universal Life by 10%, as well as reduce the rates for Supplemental Accidental Death and Dismemberment coverage by 9%. No plan participants will experience a rate increase under this contract extension.

The SEBC made the decision to negotiate this one-year contract extension with Securian Financial to allow additional time to initiate and complete a Request for Proposals (RFP) for life insurance benefits. The SEBC Financial and Health Policy and Planning Subcommittees are continuing to discuss potential changes to the Scope of Work for this RFP and are expected to make a recommendation at the August 19, 2024 combined Subcommittee meeting.

Q. Which Request for Proposals (RFPs) are currently being advertised by the Statewide Benefits Office (SBO) for contracts beginning in Fiscal Year 2025?

A. In July 2024, the SBO posted and advertised three RFPs for administration of the following benefits:

- Flexible Spending Account (FSA) Program, Pre-Tax Commuter Program, and COBRA Administration
- Employee Assistance Program (EAP)
- Group Accident and Critical Illness Supplemental Insurance

Bids for these RFPs are due to the SBO in August 2024 and the SEBC will publicly vote to award a vendor for each in December 2024 following recommendations provided by the Proposal Review Committees (PRCs) assigned to each RFP. Additional details

on the [timeline for these RFPs](#) can be found in the Meeting Materials section of the [SEBC website](#). The start date for the contracts resulting from these RFPs will be July 1, 2025.

Q. What recommendation did the SEBC Financial and Health Policy and Planning Subcommittees make regarding the CVS Health Virtual Care program?

A. On July 15, 2024, the SEBC Financial and Health Policy and Planning Subcommittees met for a combined meeting and reviewed previously discussed materials on Aetna’s proposal to move from their current telemedicine vendor, Teladoc Health, to a new telemedicine program, CVS Health Virtual Care, which was created by Aetna’s parent company, CVS Health. After reviewing the program in depth over the last three months, the Subcommittees did not recommend moving to the CVS Health Virtual Care telemedicine program at this time. GHIP Aetna plan members will continue to have access to Teladoc Health for virtual acute, behavioral health and dermatology services.

Q. What changes will be made to the structure and authority of the SEBC and SEBC Subcommittees beginning January 1, 2025?

A. In June 2024, the Delaware Senate and House of Representatives voted to override the Governor’s veto on [House Bill 282 with House Amendments 1, 2, and Senate Amendment 1](#). This bill, known as the “Delaware State Employee Benefits Committee (SEBC) Transparency and Accountability Act”, will take effect on January 1, 2025. Below are the changes the SEBC must follow starting in January 2025:

- The SEBC chair will be the Director of the Office of Management and Budget and the vice-chair will be elected annually by the members of the Committee.
 - The vice-chair must be a voting member of the Committee and may not be a cabinet secretary or hold a position of equivalent rank in the executive branch.
- The position of the Delaware retiree appointed by the Governor will be removed and two members who are Delaware residents eligible to receive health care insurance under [Chapter 52 of Title 29 of the Delaware Code](#) under a pension or retirement plan will be added.
 - The President Pro Tem of the Senate and the Speaker of the House of Representatives each appoint 1 of these members.
- The Controller General will no longer be a voting member on the SEBC and can delegate the Deputy Controller General to attend meetings of the Committee or a Subcommittee.
- Non-appointed SEBC members will be able to appoint a designee with voting ability by notifying the SEBC co-chairs in writing.
- The chair of a Subcommittee must be a voting member of the SEBC.
- If the SEBC or a Subcommittee holds a virtual meeting, the chair or vice-chair must attend at the anchor location.
- The SEBC must approve a Request for Proposals (RFP) to select a carrier or third-party administrator for the health care insurance plan for State employees or eligible pensioners during an open meeting and the draft RFP must be included with the meeting notice and agenda.
- The SEBC must provide meaningful opportunity for public comment before voting on whether to approve an RFP to select a carrier or third-party administrator for the health care insurance plan for State employees or eligible pensioners.

The SEBC will consist of the following voting members beginning January 2025: the Director of the Office of Management and Budget (OMB), the Secretary of the Department of Human Resources (DHR), the Secretary of the Department of Health and Social Services (DHSS), the Lieutenant Governor, the Insurance Commissioner, the State Treasurer, the Chief Justice of the Supreme Court, 2 Union Leaders or their designees and 2 eligible pensioners.