



## SEBC and SEBC Subcommittee Meetings (June 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](mailto:sebc@delaware.gov).

### **Frequently Asked Questions:**

***Q. What decision did the SEBC make related to U.S. Digestive Health practices for Highmark non-Medicare health plan members?***

A. In May 2024, the SBO was notified by Highmark Delaware officials that they were in negotiations with U.S. Digestive Health, a large gastroenterology practice offering specialized gastrointestinal care with more than 40 locations in Pennsylvania and Delaware, regarding their contract beyond June 30, 2024. Highmark has been negotiating on behalf of the State of Delaware Group Health Insurance Plan (GHIP) to limit cost increases for GHIP members and the State of Delaware; however, Highmark and U.S. Digestive Health have not been able to reach an agreement on a new contract to date.

On Monday, June 24, 2024, the SEBC authorized a one-time special enrollment opportunity beginning July 1, 2024, and ending on the close of business on July 15, 2024, if an agreement is not reached between Highmark Blue Cross Blue Shield and U.S. Digestive Health effective July 1, 2024. The one-time special enrollment allows only Highmark Delaware non-Medicare GHIP contract holders with covered family members identified as having received services at one of the [terminating locations](#) within the last 12 months, to make an irrevocable plan change to either the Aetna CDH Gold or Aetna HMO plan for the plan year that begins July 1, 2024. Please note that changes to dental, vision, or other benefit elections will not be permitted even if the employee or non-Medicare pensioner includes such changes on the required enrollment/change form.

Impacted GHIP Highmark Delaware members have been notified directly regarding the one-time special enrollment opportunity.

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

A. On August 16, 2022, President Biden signed the [Inflation Reduction Act \(IRA\)](#) into law, which includes three major pharmaceutical pricing reforms:

1. For a subset of high-spend drugs that have no generic or biosimilar competition and have been on approval for a minimum number of years, the Department of Health and Human Services will negotiate prices with a defined ceiling. Implementation of this Maximum Fair Price (MFP) policy will begin in 2026.
2. For drugs covered under Part B and Part D, manufacturers will be required to pay rebates to the government when drug price growth exceeds the rate of inflation. The applicable period for inflation rebates has already begun.
3. The IRA restructured the Part D benefit to include a \$2,000 out-of-pocket spending cap, a new manufacturer discount program across coverage phases and an increase in plan liability. Implementation of this Part D redesign will occur 2024 – 2025.

As a part of the Part D redesign required by the IRA, the Statewide Benefits Office (SBO) and CVS Caremark have proposed that the SEBC consider reducing the plan year out-of-pocket maximum for the GHIP Medicare retiree population from the current

\$2,100 to \$2,000 annually. This would 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.\* The SEBC will vote on whether to approve this change at the July 22, 2024 SEBC meeting. Members of the public are welcome to [provide comment](#) on this item through writing to the [SEBC@delaware.gov](mailto:SEBC@delaware.gov) mailbox or in-person and virtually at the July 22 SEBC meeting.

*\* It is uncommon for a GHIP Medicare retiree to meet the current \$2,100 plan year out-of-pocket maximum as the GHIP's Part D drug plan does not have a deductible, meaning members are only paying set copays for their drugs.*

**Q. Which Request for Proposals (RFPs) are the SEBC Financial and Health Policy and Planning Subcommittees reviewing and providing input on?**

A. The SEBC Financial and Health Policy and Planning Subcommittees will be holding combined meetings on July 15 and August 19 to review and recommend changes to the scope of work for the Group Universal Life insurance benefit and health and pharmaceutical plan audit services. Updates to the scope of work for either RFP will need to be reviewed and voted on by the SEBC prior to the RFP being posted. These RFPs are currently scheduled to be released in October 2024.\*

*\* RFP posting dates are subject to change.*

**Q. What updates were made to the Facts and Figures webpage on the Statewide Benefits Office (SBO) Website?**

A. As a part of the SBO and SEBC's ongoing effort to increase transparency and accessibility of materials and information to the public related to the Group Health Insurance Plan (GHIP), the SBO has made significant updates to the [Facts and Figures page](#) on the SBO website to reflect current reporting and strategic planning. Going forward, the quarterly reports and dashboards will be updated within 60 days of the close of a fiscal quarter. Annual reports will be updated in January of each year with data from the prior fiscal year. Additional reports and metrics will be posted to the website when available.

**Q. What update was provided to the SEBC regarding the MedExpress Urgent Care locations in Delaware?**

A. On June 21, 2024, the SBO was informed by health plan administrators that the following MedExpress Urgent Care locations listed below would be closed effective June 22, 2024.

- MedExpress, Inc.                      15 South Dupont Hwy, Dover                      Kent County
- MedExpress, Inc.                      129 North Dupont Hwy, New Castle                      New Castle County
- MedExpress, Inc.                      1C Chestnut Hill Plaza, Newark                      New Castle County
- MedExpress, Inc.                      3926 Kirkwood Hwy, Wilmington                      New Castle County
- MedExpress, Inc.                      2722 Concord Pike, Wilmington                      New Castle County

**With the exception of the 2722 Concord Pike, Wilmington location, the above sites will begin seeing patients on Monday, July 1, 2024 as ChristianaCare GoHealth Urgent Care.**

State of Delaware GHIP members enrolled in a Highmark Delaware plan and seeking urgent care should be reminded to review the list of [Urgent Care \(Medical Aid Unit\) Locations](#). GHIP Aetna members should review the list of [Walk-In Clinics and Urgent Care locations](#). Additional information will be shared with the SEBC and GHIP plan members when available.