



SEBC and SEBC Subcommittee Meetings (March 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, 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 are the final health plan premium (rate) increases that were voted on and approved by the SEBC for implementation for employees and non-Medicare retirees in Fiscal Year 2025 and Medicare retirees in Calendar Year 2025?

A. The SEBC voted to approve health plan premium (rate) increases effective July 1, 2024 for active employees and non-Medicare retirees and January 1, 2025 for Medicare retirees at the March 25, 2024 SEBC meeting. Health plan premium (rate) increases are required to help cover significantly higher healthcare and pharmaceutical costs and to address the projected \$232.1 million deficit in the Group Health Insurance Fund. The approved [health plan premium \(rate\) increases](#) (refer to page 17) are listed below.

- For active employees and non-Medicare retirees, depending on the employee’s and pre-Medicare retiree’s plan and coverage tier, monthly premiums for Fiscal Year 2025 will increase between \$8.92 and \$87.46 (or between \$4.46 and \$43.73 per paycheck)*.
- For Medicare retirees who retired after July 1, 2012, depending on the Medicare retiree’s Special Medicfill plan with or without prescription, the increase for Calendar Year 2025 will range from \$3.70 to \$6.52 per month.
- **Medicare retirees who retired on or prior to July 1, 2012 and who currently pay \$0.00 a month for their health plan premiums will continue to pay \$0.00 a month for their health plan premiums.**

**Note, rates do not reflect any flex credits offered to school district employees to offset premiums (rates) or rates specific to participating groups.*

Q. What recommendations were approved by the SEBC related to the Diversity, Equity, and Inclusion Benefits Review for Fiscal Year 2025?

A. The SEBC voted to approve the recommendation for the enhancement of select women’s health benefits for the active employee/non-Medicare retiree health plans. The approved benefit enhancements are:

- Cooling Caps (Scalp Hypothermia) – Covered for members undergoing chemotherapy treatment at a \$1,000 maximum benefit per plan year.
- Mastectomy Bras – Coverage of up to 6 bras in first 12 months following mastectomy, then up to 4 bras every 12 months afterwards*.
- Wig/Hair Piece Allowance – Covered for any illness or injury resulting in hair loss at a \$1,000 maximum benefit per plan year.

These health plan design changes will go into effect for the Fiscal Year 2025 plan year, beginning July 1, 2024.

**This coverage is currently provided by the Aetna HMO and Aetna CDH Gold plans. This would extend the coverage to the Highmark First State Basic and Comprehensive PPO plans.*

Q. What recommendations were approved by the SEBC related to COVID-19 related benefit enhancements for Fiscal Year 2025?

A. The SEBC voted to discontinue the COVID-19 benefit enhancements for the following non-Medicare health plan items effective July 1, 2024:

- Employee Assistance Program (EAP) to all State of Delaware employees and non-Medicare pensioners beyond those enrolled in the GHIP;
- No member cost share for telehealth visits (Refer to the [Health Plan Comparison Chart](#) for details);
- No member cost share for in-network inpatient services related to the treatment of COVID-19 or associated health complications; and
- No member cost share for office visits that resulted in either the order or administration of a COVID-19 test, the treatment of COVID-19, or the treatment of associated health complications.

Q. What recommendations were approved by the SEBC related to the Mental Health Parity and Addiction Equity Act (MHPAEA) for Fiscal Year 2025?

A. The SEBC voted to make the following non-Medicare health plan benefit changes, effective July 1, 2024, related to the Mental Health Parity and Addiction Equity Act (MHPAEA):

- *Aetna HMO Plan* – For physical therapy, occupational therapy, and speech therapy services related to a mental health or substance use disorder diagnosis, the current 20% coinsurance will be replaced with a copay of *lesser than* \$15 a visit, or 20% coinsurance per visit, whichever amount is equal to or less than 25% of the provider fee*.
- *Aetna CDH Gold Plan* – For physical therapy, occupational therapy, and speech therapy services related to a mental health or substance use disorder diagnosis, there will no longer be a visit maximum.
- *Highmark Comprehensive PPO Plan* – Air ambulance services, both in-network and out-of-network, will have a \$50 copay. Additionally, in-network physical therapy, occupational therapy, speech therapy, chiropractic care, basic and high-tech imaging, lab work, and nutritional counseling services related to a mental health disorder or substance use diagnosis will no longer have a participant copay or coinsurance attached.
- *Highmark First State Basic Plan* – No changes made.

**This change aligns with the current chiropractic care benefit.*

Q. Will there be changes or premium (rate) increases in the State dental and vision plans for employees and retirees in Fiscal Year 2025?

A. There will be **no changes** in the current plan designs or premiums (rates) in Fiscal Year 2025 for the State dental coverage offered through Dominion National or Delta Dental and State vision coverage offered through EyeMed.* Dominion National will be expanding the dental network effective July 1, 2024 while providing the same DHMO dental benefits that State of Delaware members currently enjoy. Additional information on these plans can be found on the [SBO website](#) and will be communicated in 2024 Open Enrollment materials.

**Note, plan options/premiums (rates) may vary for school district employees and participating groups. Contact your organization's Human Resources/Benefits Office for details.*

Q. With the increase to health plan premiums (rates) and design changes being made to the non-Medicare health plans, how will I know which non-Medicare health plan is right for me?

A. Information on health plan premium (rate) increases and benefit design changes will be included in 2024 Open Enrollment materials. Open Enrollment will take place from May 1 – May 17, 2024. Multiple communications will be sent to benefit-eligible employees and non-Medicare retirees to make them aware of all benefit changes that will apply in the upcoming plan year and

the steps to complete Open Enrollment. Online courses will be available to employees and non-Medicare retirees to ensure they have all the knowledge and support needed to make the best decisions regarding health care for them and their families. In addition to these communications and trainings, benefit-eligible State employees, Delaware Transit Corporation employees, and State non-Medicare retirees will have access to the myBenefitsMentor online tool, which provides a personalized enrollment recommendation based on their use of healthcare benefits and the ability to compare estimated costs by health plan. To learn more about 2024 Open Enrollment, visit the [SBO website](#) and select the “Open Enrollment” banner.

Q. What recommendation was approved by the SEBC for the Medicare Supplement Plan request for proposal (RFP)?

A. At the March 25, 2024 meeting, the SEBC voted to approve the [recommendation](#) from the Medicare Supplement Plan request for proposal (RFP) Proposal Review Committee (PRC) to invite Highmark Delaware to negotiate for an upcoming Medicare Supplement Plan contract. If successful, the contract will result in an award for an initial two-year term effective January 1, 2025 through December 31, 2026, with an optional one-year period extension. **This plan will be identical to the design of the current *Special Medicfill Medicare Supplement Plan*.** Additional plan information will be relayed to Medicare eligible retirees in Fall 2024 prior to the *Special Medicfill* Open Enrollment.