



SEBC and SEBC Subcommittee Meetings (October 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 did the SEBC discuss regarding Fiscal Year 2026 health plan premium rates and the actuarial values of the non-Medicare health plans?

A. At the October 28, 2024 SEBC meeting, the SEBC reviewed health plan cost projections by group (active employees, pre-Medicare retirees, and Medicare pensioners) for Fiscal Years (FY) 2025 – 2028. These projections inform potential considerations on whether the SEBC should evaluate experience and premium rate increases separately, rather than the current practice of combining groups and enacting the same premium rate increase regardless of individual group experience.

The SEBC also reviewed the current actuarial values of the four non-Medicare health plans being offered to active employees and pre-Medicare retirees. The SEBC’s consultant, Willis Towers Watson, advised that there is a misalignment between plan design values and premium equivalent rates for the non-Medicare plans. The SEBC discussed the impact of aligning plan values with premium equivalent rates, as well as the impact of creating more meaningful differentiation between these health care plan options. Some proposed realignment options would require legislative approval by the General Assembly. Discussions will continue at future meetings.

Q. What was reviewed with the SEBC regarding House Resolution 32 and programs and services related to diabetes prevention and management?

A. At the October 28, 2024 SEBC meeting, the SEBC reviewed [House Resolution 32 \(HR 32\)](#) which urges the Committee “to collaborate with a health system and technology partner to deliver focused and targeted care protocols to a measurable cohort of Group Health Insurance Plan (GHIP) plan participants to proactively address the growing problem of diabetes and metabolic syndrome* in the population.” The goals of this resolution are to improve the health of State employees, retirees, and other GHIP participants and result in better health outcomes, improved quality of life, decrease in missed workdays, and a reduction in plan costs for participants and the State.

In addition to reviewing HR 32, the Statewide Benefits Office (SBO) provided a [presentation](#) on the current comprehensive list of programs, services, and resources available to State employees, retirees, and other GHIP plan participants to assist with the management of chronic conditions such as diabetes, obesity, and metabolic syndrome. Many resources are available at no cost to members and focus directly on diabetes prevention and management. Other available resources target diabetes and metabolic syndrome through overall health and wellness promotion, focusing on a whole-person approach and consider mental health needs, social determinants of health, and a variety of outstanding factors that impact a member’s life and wellbeing.

The SEBC briefly discussed the impacts of this resolution and what would be required to adhere to the recommendations of collaborating with a health system and technology partner.

[The full report](#) detailing available diabetes management and prevention programs and resources is available on the [meeting materials section of the SEBC page](#) and provides readers the ability to search for available programs by health plan. All GHIP members are encouraged to review their benefits on the [SBO website](#) and take advantage of the programs and resources available to help them manage their health and prevent the development or worsening of chronic metabolic conditions.

** Metabolic syndrome is a group of conditions that together increase the risk of cardiovascular disease, type 2 diabetes, and stroke. A person is diagnosed with Metabolic syndrome if they have at least three of the following conditions: high blood pressure, elevated blood sugar/glucose, low levels of HDL (good) cholesterol, high triglyceride levels, or abdominal obesity.*

Q. What diabetes prevention program was proposed to the SEBC and the Health Policy and Planning Subcommittee?

A. At the October 2024 meetings, the SEBC and Health Policy and Planning Subcommittee reviewed a [pilot proposal](#) provided by Reciprocity Health, a partner of Highmark Delaware, for a new incentive-based diabetes prevention program called TheraPay. This pilot program would be available to Highmark non-Medicare members who are active employees of the State of Delaware and are considered prediabetic.

In this pilot program, an [eligible member](#) would receive financial incentives through a reloaded debit card for participating in the 12-month [YMCA Diabetes Prevention Program](#) (DPP) and completing a variety of activities that drive behavior change and help members reach their goals and improve overall health and wellbeing. Members enrolling in the YMCA DPP would simultaneously enroll in TheraPay to receive financial incentives for attending group meetings, completing food logs, surveys, and more.

The Health Policy and Planning Subcommittee and SEBC provided preliminary feedback on this pilot and the SEBC is expected to vote on this program at the November 25, 2024 meeting.

Q. What program enhancements are the Health Policy and Planning Subcommittee reviewing for the Highmark non-Medicare Well360 Virtual Health program?

A. At the October 21, 2024 meeting, the Health Policy and Planning Subcommittee continued reviewing [potential program enhancements](#) for the Highmark non-Medicare [Well360 Virtual Health program](#). The State of Delaware utilizes the Well360 Virtual Health program for telemedicine services for those members with a Highmark non-Medicare health plan and provides members the ability to access virtual care for urgent and acute conditions, behavioral health services, and psychiatry. There is now the ability for the State to consider offering virtual primary care, dermatology, women’s health, and lactation services through the Well360 program. The Subcommittee continued discussing the potential benefits, drawbacks, and costs related to adding these services and is expected to make a recommendation at the November 18, 2024 meeting once follow-ups are provided to their outstanding questions. This program and recommendation will then be presented to the SEBC at the November 25, 2024 meeting for review and consideration.

Q. What potential changes are being discussed regarding the Audit Services Request for Proposals (RFP)?

A. At the October 28, 2024 meeting, the Director of the Statewide Benefits Office (SBO) provided an update to the SEBC on the status of the Audit Services Request for Proposals (RFP). This RFP was originally scheduled to be released in October 2024, however, due to recent discussions with the State Auditor of Accounts, the release will be delayed until December 2024. The Auditor of Accounts is currently reviewing the draft RFP and may propose edits intended to improve alignment of the RFP Scope of Work to applicable Government Auditing Standards. Should any adjustments to the Scope of Work result from the review, the Scope will be re-distributed to the SEBC for review and approval prior to advertisement. The SBO is confident that the RFP process can still be completed and a contract awarded and negotiated no later than July 1, 2025. An update on this review will be provided at the November 25, 2024 SEBC meeting.