



SEBC and SEBC Subcommittee Meetings (December 2025 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:

Financial Updates

Q. What is the status of the Group Health Insurance Plan (GHIP) Health Fund?

A. As of November 2025, the GHIP Health Fund had a projected cash balance of approximately \$129.0 million after accounting for October Fund experience. The SEBC projects that the Health Fund will end Fiscal Year 2026 with an ending cash balance of \$143.9 million and will continue to build toward an adequate surplus and minimum cash reserve of 4% to cover future health care costs.

Q. What GHIP savings opportunities did the SEBC discuss?

A. At the November 25, 2025 meeting, the Committee discussed two GHIP savings opportunities: adjustments to some of the Lantern Surgeons of Excellence benefit incentives and coverage options of GLP-1 medications for weight loss. The Committee received an overview of the Lantern program and recommended updates to incentives based on Lantern’s book of business and best practices. The recommended changes include reducing the incentive for joint and spine procedures from \$4,000 to \$3,000, reducing the incentive for gynecologic procedures from \$2,000 to \$1,000, and increasing the incentive for cardiac procedures from \$2,000 to \$3,000. These changes are recommended due to either the procedures being high-volume, aligning with other procedures in the same incentive tier, or because of the high potential savings for each procedure.

The Committee also discussed the coverage of GLP-1 medications for weight loss, including updates on other state employee health plans’ weight loss coverage and actions, federal updates, additional GLP-1 management options, and financial projections and impacts. The SEBC originally voted to cover weight loss medications subject to utilization management on March 6, 2023. At that time, CVS Caremark estimated the incremental cost to the GHIP for FY2024 would be \$1.8 million. However, the FY2024 actual spend was \$14.2 million and FY2025 was \$53.3 million. The GLP-1 weight loss medication spend is projected to be \$94.4 million in FY2026.

The Committee did not take action on either the Lantern incentive structure or coverage of GLP-1 medications for weight loss at the November meeting. Discussion will continue at future meetings. SEBC meetings are open to the public and provide an opportunity for public comment. Visit the [SEBC page](#) for meeting information and more. Members who would like to make public comment are encouraged to review the [SEBC Public Comment Protocol](#).

Planning Updates

Q. What are the recommended goals under the draft FY2026-FY2029 GHIP Strategic Framework?

A. The State Employee Benefits Committee reviewed an updated draft Group Health Insurance Plan (GHIP) Strategic Framework to outline GHIP goals and guiding principles for FY2026-FY2029 at the November 25, 2025 meeting. The purpose of the Framework is to provide the SBO with guiding principles that support evaluating benefit coverages and design against innovations in the employer sponsored healthcare benefits space, measurement of program goals against established benchmarks, and development of thoughtful Requests for Proposals (RFPs) and recommendations that encourage progress towards agreed upon priorities. The Framework includes the mission statement, goals, strategies, and tactics. The draft Framework being considered is made up of four overarching goals:

- Improve the **health** of GHIP members
- Ensure members receive **high-quality** and safe care that is cost effective and improves outcomes
- Manage **healthcare costs** for GHIP and members
- Ensure **transparency and continuous improvement** toward achieving goals by monitoring, measuring and reporting progress.

To review the draft Strategic Framework as well as the strategies and tactics for each goal, please visit [Proposed GHIP Strategic Framework FY2026 – FY2029](#).

Meeting Updates

Q. What changes have been made to the SEBC schedule for calendar year 2026?

A. Beginning in January 2026, SEBC meetings will now be moved to Mondays and take place from 10:00 am – 12:00 pm. For most months, these meetings will take place on the last Monday of the month, though there are a few exceptions due to State holidays and meeting conflicts. The full 2026 schedule is also posted on the [SEBC website](#), as well as the [public meetings calendar](#). Meetings will continue to be held in a hybrid format.

Request for Proposals (RFP) Updates

Q. What new RFPs will go to procurement in calendar year 2026?

A. In calendar year 2026, the SEBC will review and go out to bid for the Medical Third-Party Administrator (TPA) RFP, the Pharmacy Benefit Management (PBM) RFP, the Dental Benefit RFP, and Consulting and Actuarial Services RFP.

Q. What is the status of the calendar year 2025 Request for Proposals (RFPs)?

A. The SEBC is managing six RFPs at various stages throughout calendar year 2025. The chart below details each RFPs' status, upcoming actions involving SBO, SEBC, or Proposal Review Committees (PRCs), as well as the anticipated contract effective dates.

| Request for Proposals (RFPs) | Audit Services | Life Insurance | Vision Insurance | Pharmacy Benefit Management (PBM) Services | Health Data Warehouse | Medical Third-Party Administrator (TPA) |
|--|--|--|--|--|--|--|
| Current Stage | Per approval at the May 30, 2025 meeting, SBO has begun contract negotiations with the recommended vendor for retrospective medical and prescription plan audit services. Contract negotiations are ongoing. | The PRC has concluded its review of the proposals and made its recommendation to the SEBC at the October 28, 2025 meeting. The SEBC voted in favor of the recommendation and instructed that the SBO begin negotiations with the recommended vendor. | The PRC continues to evaluate the proposals from the 3 finalists: EyeMed, Metropolitan Life Insurance Company (MetLife), and VSP Vision Care. Interviews were completed in early November. | The initial PBM RFP, as approved by the SEBC earlier this year, has been cancelled as decided at the October 10, 2025 SEBC meeting. Notice has been sent to the vendors, and a cancellation notice has been posted to the GSS procurement website. The current contract with CVS was extended for one additional year. | After reviewing the proposals against the minimum requirements established by the SEBC, it was determined that all 5 vendors who submitted bids meet the minimum requirements and will be moved forward for evaluation by the PRC and finalist interview. Those vendors include Artemis Health Inc., Certilytics Inc., Merative US L.P., Onpoint Health Data, and UPMC Workpartners. | The SEBC began reviewing the Medical TPA RFP Scope of Services at the November 25, 2025 meeting. |
| Next Steps | Upon completion of successful contract negotiations, SBO will implement the new contract. | The SBO will begin contract negotiations. | The final PRC meeting is scheduled for December 11, 2025 and the PRC recommendation is anticipated to be shared with the Committee for review at the January 26, 2026 SEBC meeting. | The SEBC will begin discussions on a new PBM procurement. | PRC meetings are scheduled for December 8, 2025 and December 10, 2025. | The SBO will incorporate feedback from the SEBC into the RFP as it is developed. The Committee will continue to discuss the RFP, and it is anticipated that the SEBC will vote on the Medical TPA RFP for approval at the April 20, 2026 SEBC meeting. |
| Anticipated Contract Effective Date | July 1, 2025 | July 1, 2026 | July 1, 2026 | July 1, 2027 | July 1, 2026 | July 1, 2027 |