



SEBC and SEBC Subcommittee Meetings (June 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 May 2025, the GHIP Health Fund had an ending cash balance of \$85.6 million. The SEBC projects that the Health Fund will end Fiscal Year 2025 with an ending cash balance of \$79.3 million and will continue to build toward an adequate surplus and cash reserve to cover future health care costs.

Benefit Updates

Q. Why will some members receive a credit on their upcoming premium bills from Securian Financial?

A. On June 3, 2025, the SBO was informed by Securian Financial (Securian) of a billing error identified on the State of Delaware’s Critical Illness plan, specifically on the child coverage component. Securian discovered that the child coverage rates on the State of Delaware’s Critical Illness plan were incorrectly loaded during the supplemental health product implementation on July 1, 2020. This resulted in employees with child coverage on the Critical Illness plan being charged an additional \$0.15 per month in error since the plan’s effective date of July 1, 2020. Securian will issue bill credits to all impacted active members on their next premium bills beginning in July 2025. These credits will continue until the full overpayment amount is offset, at which point normal billing amounts will resume. Impacted non-active members will receive a refund check by mail for their calculated amount. Securian will also mail a notification to impacted members with details about the error and the anticipated refund timeline.

Q. What benefits will go into effect on July 1, 2025?

A. At the December 2024 SEBC meeting, the Committee approved contract award recommendations for the Accident and Critical Illness Insurance, Employee Assistance Program (EAP), and FSA, Pre-Tax Commuter, and COBRA benefit programs, all with a contract effective date of July 1, 2025. The Group Accident and Critical Illness Supplemental Insurance contract was awarded to Securian Financial, the EAP contract was awarded to Health Advocate, and the FSA, Pre-Tax Commuter, and COBRA contract was awarded to ASI Flex. Implementation of these new contracts is complete, and the benefit programs went live on Tuesday, July 1, 2025, to align with the start of the plan year. Additionally, in fall 2024, the SEBC approved a new incentive-based diabetes prevention pilot program called TheraPay, offered through Reciprocity Health and Highmark Delaware, which also launched on July 1, 2025. Eligible state employees who are Highmark Delaware non-Medicare plan members and at risk for developing type 2 diabetes can [now enroll](#) and earn up to \$275 for participating in the free 12-month YMCA Diabetes Prevention Program, which also includes four months of a free YMCA family membership. This pilot is limited to the first 100 enrollees.

Legislative Updates

Q. What legislation passed this session that would impact the Group Health Insurance Plan (GHIP)?

- A. The SBO has been actively monitoring and providing input on legislation that may impact the GHIP. The following bills have passed both the House and Senate and await action by the Governor.
- [Senate Bill 12 with Senate Amendment 1](#), known as the Delaware Pre-Authorization Reform Act of 2025, strengthens consumer protections by reforming how insurers manage pre-authorization for healthcare services. It shortens decision timelines for pre-authorization requests, clarifies who can make determinations, and standardizes how they are submitted, amongst other pre-authorization changes.
 - [House Bill 56](#), which mandates that all individual, group, blanket, and state-regulated health insurance plans in Delaware cover the medically necessary removal of excess skin and subcutaneous tissue. The SEBC is already in compliance, as these procedures are currently covered when medically necessary under existing health plans.
 - [Senate Substitute 1 for Senate Joint Resolution 7 with House Amendment 1](#), which directs the SEBC to utilize specific strategies and policies when interacting and contracting with Pharmacy Benefit Managers (PBMs) to achieve lower cost pharmaceutical drug benefit plans for the State.
 - [Senate Substitute 1 for Senate Bill 134](#), which seeks to revise the definition of reverse auctions and permits the use of reverse auctions for the procurement of professional services for or related to pharmaceuticals or pharmacy benefits management services.

The SBO continues to monitor legislation that may impact the SEBC or employee benefits and will provide a full legislative update at the July 2025 SEBC meeting.

Request for Proposals (RFP) Updates

Q. What is the status of the Calendar Year 2025 Request for Proposals (RFPs)?

A. The SEBC is managing five 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
Current Stage	Per approval at the May 30, 2025 meeting, SBO has begun contract negotiations with Claims Technology, Inc. (CTI) for retrospective medical and prescription plan	Bids were due by May 16, 2025 at 1:00 pm. Bidders include Met Life, The Prudential Insurance Company of America, and Securian/Minnesota Life Insurance Company	At the June 27, 2025 meeting, the SEBC voted to approve the vision insurance RFP.	The SEBC held a second meeting in June 2025 to continue discussion on the PBM RFP. At the June 13, 2025 meeting, the SEBC reviewed and discussed the draft	At the June 27, 2025 meeting, the SEBC discussed the draft health data warehouse RFP, including the incorporation of Committee member feedback on the

	audit services. Contract negotiations are ongoing.	(incumbent). The SBO notified The Prudential that they were disqualified from the procurement, pursuant to Title 29 Chapter 69 of Delaware Code and failure to meet the Minimum Requirements of the RFP.		PBM RFP, including the incorporation of Committee member feedback on the RFP minimum requirements and provided input on the scoring criteria. At the June 27, 2025 meeting, the SEBC voted to approve the PBM RFP.	proposed Scope of Services.
Next Steps	Upon completion of successful contract negotiations, SBO will implement the new contract.	The Proposal Review Committee (PRC) for the Life Insurance RFP will convene on Wednesday, July 9 and will begin reviewing proposals.	The RFP will be released on Friday, August 8, 2025.	The RFP will be released on Tuesday, July 15, 2025.	Additional feedback from the Committee will be incorporated into the final draft of the RFP, which will be voted on at the July 2025 SEBC meeting.
Anticipated Contract Effective Date	July 1, 2025	July 1, 2026	July 1, 2026	July 1, 2026	July 1, 2026