SEBC and SEBC Subcommittee Meetings (August 2026 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. The SEBC reported that the Health Fund ended Fiscal Year 2026 with a cash balance of $145.8 million and will continue to build toward an adequate surplus and minimum cash reserve of 4% to cover future health care costs.

Subcommittee Updates

Q. What is the status of the SEBC Subcommittees?

A. At the May 11, 2026 meeting, the Committee reviewed and discussed a proposed update to the SEBC subcommittee structure. The proposed subcommittee structure is designed to align directly with and help operationalize the FY26-FY29 GHIP Strategic Framework approved at the April 20, 2026 SEBC meeting. Two key changes were recommended for the Committee's consideration:

- Striking the resolution establishing the current subcommittee structure
- Establishing two new subcommittees:
    - Financial and Vendor Strategy Subcommittee (FVSS)
    - Health Outcomes and Data Insights Subcommittee (HODIS)

At the July 27, 2026 meeting, the Committee discussed the makeup of the subcommittees and opted to have a resolution developed for review at the August 24, 2026 meeting.

To review the Strategic Framework as well as the strategies and tactics for each goal, please visit: GHIP Strategic Framework FY2026 – FY2029.

Legislative Updates

Q What changes did Senate Substitute 1 for Senate Bill 289 make to the SEBC?

A. Senate Substitute 1 for Senate Bill 289, signed by the Governor on June 24, 2026 made the following changes to the SEBC:

- Makes the Director of the Office of Management and Budget a regular voting member instead of Chair
- Makes the Controller General a voting member of the Committee

- Makes the Secretary of the Department of Human Resources a nonvoting member
- Adds the Chair of the Delaware Health Care Commission to the Committee
- Designates the Chair of the Delaware Health Care Commission as Chair of the Committee
- Allows appointed members of the SEBC to select designees to attend Committee and subcommittee meetings, subject to approval by the appointing authority
- Clarifies that attendance at a subcommittee does not count toward quorum for a full Committee meeting
- Requires roll call votes for official subcommittee actions

The bill took effect immediately upon signature by the Governor.

Q. What is the status of the report that is required under Senate Substitute 1 for Senate Joint Resolution 7?

A. Senate Substitute 1 for Senate Joint Resolution 7 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. The Resolution also requires the SEBC to prepare a report by August 1, 2026, summarizing any challenges encountered in implementing these policies. The report must be submitted to the Governor; the President Pro Tempore of the Senate and Speaker of the House of Representatives, for distribution to all members of the General Assembly; the Director and the Librarian of the Division of Legislative Services; and the Public Archives. At the May 11, 2026 meeting, the Committee reviewed a draft of the report. The report was revised based on Committee feedback and reviewed and approved at the July 27, 2026 meeting. The report will be updated with approved revisions, submitted per the requirements, and posted to the SEBC web page.

Open Enrollment Update

Q. What were the results of 2026 Open Enrollment?

A. Open enrollment took place from May 4, 2026 – May 15, 2026. Results include:

- All health plan enrollments increased by 0.4% effective July 1, 2026.
- Highmark plan enrollments had an overall increase of 0.6% and Aetna had a slight decrease of 0.2%.
- Despite network expansion, the Dominion Dental HMO plan had a 5.7% decrease in enrollment compared to July 2025.
- The Delta Dental PPO plan enrollment had an increase of 2.0%.
- Vision plan enrollments had an overall increase of 2.0%.
- Accident Coverage grew 15.6% while Critical Illness coverage grew 14.7%.
- Group Universal Life coverage increased by 6.3%.
- FSA enrollments increased by 9.6%.

Benefits Update

Q. What changes are taking place with the assessments in the preventive care schedule?

A. Highmark will add, and Aetna has already implemented, the Bright Futures MEB (Mental, Emotional, Behavioral) Assessment to be completed during an annual preventive primary Care provider (PCP) office visit for the following:

- Babies at 6, 12 and 24 months
- Children through age 18
- Young adults from ages 19-21

Q. What changes are taking place with the weight management medication on the CVS formulary?

A. Effective August 15, 2026, CVS will add Zepbound® to the State's commercial template formularies. Effective June 1, 2026, CVS will remove the new-to-market block on Foundayo™, an oral GLP-1 therapy.

For members taking Zepbound, a $200 copay for weight management GLP-1 medications was made effective July 1, 2026, upon vote by the State Employee Benefits Committee (SEBC) following discussions during multiple public meetings. These discussions included consideration of program costs, clinical outcomes, and the potential impact on State employees and members. A Zepbound Savings Card is available through Lilly which provides savings of up to $100 per month at the pharmacy. Members can apply through the Lilly website using the enrollment questionnaire available here: Savings Card Forms. Individuals with a diabetes diagnosis who are prescribed a GLP-1 medication in the diabetes class (such as Mounjaro, Ozempic or Trulicity) will continue to pay the $32 copay for a 30-day supply.

Q. What are the GHIP fertility benefit changes under the Highmark plans that went into effect on January 1, 2026?

A. Effective January 1, 2026, Highmark updated its fertility medical policy to align with current standards from the American Society for Reproductive Medicine (ASRM) and to provide more equitable access to fertility benefits. Key changes include:

- Single individuals and same-sex couples are no longer required to demonstrate or document infertility before accessing covered fertility services.
- These members are now considered eligible for fertility treatment based on the recognized need for assisted reproductive technology (ART) to achieve pregnancy.
- Requirements that previously involved a waiting period, attempts at conception, or documentation of infertility have been removed for these populations.

Q. What proposed changes to the Coordination of Benefits policies were reviewed at the July meeting?

A. At the July meeting, the Committee reviewed proposed revisions to the State of Delaware Spousal Coordination of Benefits (SCOB) policy and a new Pensioner Coordination of Benefits (PCOB) policy. The SBO solicited feedback on the proposed revisions from SBO staff, including the customer service and the coordination of benefits teams and the Office of Pensions staff, including the benefits team. In addition, the proposed revisions were reviewed by the SBO's Deputy Attorney General (DAG). The intention of both policies is to ensure fiscal responsibility for the State of Delaware GHIP when other employers are offering healthcare benefits to their employees and retirees.

The SCOB policy became effective with the State of Delaware on January 1, 1993 for a spouse who is eligible for health care coverage through the spouse's own employer. The proposed SCOB policy revisions include updating the policy format to align with state regulations and/or Medicare COB rules, replacing terms to align with language used in the Delaware Code, adding definitions and clarification language, adding language to align potential benefit offerings with market changes, and removing language that is no longer relevant. The effective date of the updated SCOB policy will be January 1, 2027.

If adopted, the new PCOB policy would become effective with the State of Delaware on July 1, 2027. The policy would apply to all eligible pensioners enrolled under the State plan who were first employed on or after January 1, 2015 and will be used to determine a pensioner's eligibility for primary coverage under the State plan. The proposed new PCOB policy includes the definition of a pensioner, administration of the policy, coordination and coverage, determination of full-time employment, determination of contribution requirement, payment of benefits, and eligibility determination.

The Committee is expected to vote on these policies at the August 24, 2026 meeting.

Audit Updates

Q. What update was provided at the July SEBC meeting regarding a Centers for Medicare & Medicaid Services (CMS) Audit?

A. The SBO received formal notification from CMS on June 29, 2026 of their intent to conduct three MHPAEA (Mental Health Parity and Addiction Equity Act) NQTL (Non Quantitative Treatment Limit) comparative analysis reviews of the Highmark Comprehensive PPO plan. The purpose of these reviews is to assess compliance with the requirements under Title XXVII of the Public Health Service Act (PHS Act) and its implementing regulations. The SBO worked with Highmark and submitted a response on July 21, 2026.

Request for Proposals (RFP) Updates

Q. What is the status of the Vision Benefit Request for Proposals (RFPs)?

A. Upon successful contract negotiations with the recommended vendor, EyeMed, for vision insurance, a contract has been executed with an effective date of July 1, 2026.

Q. What is the status of the Health Data Warehouse Request for Proposals (RFPs)?

A. Upon successful contract negotiations with the recommended vendor, Merative, for health data warehouse services, a contract has been executed with an effective date of July 1, 2026.

Q. What is the status of the calendar year 2026 Request for Proposals (RFPs)?

A. The SBO is managing three RFPs at various stages. The chart below details each RFPs' status, upcoming actions involving SBO, SEBC, Proposal Review Committees (PRCs) or Proposal Evaluation Teams (PETs), as well as the anticipated contract effective dates.

Request for Proposals (RFPs)	Pharmacy Benefit Management (PBM) Services	Medical Third-Party Administrator (TPA)	Dental Insurance
Current Stage	The PBM RFP was posted for solicitation on March 25, 2026 following SEBC approval. The Intent to Submit Proposals deadline was April 1, and proposals were received from the following 10 vendors: Capital Rx, CVS Caremark, Express Scripts, Highmark BCBSD, LucyRx Health Solutions, MedImpact Healthcare Systems, Optum Rx, Rightway Healthcare, SmithRx, and Vivid Clear Rx. The proposals have been reviewed against SEBC's approved minimum requirements and the following five vendors were determined to have met the minimum qualifications and will move forward in the process: CVS Caremark, Lucy Rx Health Solutions, MedImpact Healthcare	The SEBC voted to approve the Medical TPA RFP at the April 20, 2026 meeting. The RFP was released on May 13, 2026 and the Intent to Submit Proposals deadline was May 27, 2026 at 11:00 am. The deadline for bid responses was June 30, 2026 at 1:00 pm and proposals were received from Aetna and Highmark. The proposals are being reviewed against SEBC's approved minimum requirements.	The Dental RFP was posted for solicitation on May 28, 2026 following SEBC approval. The Intent to Submit Proposals deadline was June 11, 2026 at 11:00 am. The deadline for bid responses was July 13, 2026 at 1:00 pm and proposals were received from the following vendors: Delta Dental of Delaware, Dominion National, Humana Insurance Company, Metropolitan Life Insurance Company, Sun Life Assurance Company of Canada, and United Concordia. Proposals are being reviewed against SEBC's approved minimum requirements.

	Systems, Optum Rx, And VividClear Rx.		
Next Steps	The PBM Proposal Review Committee will begin convening in August to review finalist proposals, conduct vendor interviews, score proposals, and develop a recommendation to the Committee.	Upon determination of meeting the minimum requirements, vendors will move forward in the process. The Medical TPA Proposal Review Committee will begin convening in September to review finalist proposals, conduct vendor interviews, score proposals, and develop a recommendation to the Committee.	Upon determination of meeting the minimum requirements, vendors will move forward in the process. The Dental Benefit Proposal Evaluation Team will begin convening in October to review finalist proposals, conduct vendor interviews, score proposals, and develop a recommendation to the Committee.
Anticipated Contract Effective Date	July 1, 2027	July 1, 2027	July 1, 2027