



## SEBC and SEBC Subcommittee Meetings (March 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](mailto: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 January 2026, the GHIP Health Fund had a projected cash balance of approximately \$126.9 million after accounting for December Fund experience. The SEBC projects that the Health Fund will end Fiscal Year 2026 with an ending cash balance of \$157.3 million and will continue to build toward an adequate surplus and minimum cash reserve of 4% to cover future health care costs.

## Benefit Updates

### **Q. What is the new Migraine Relief and Prevention program announced at the February meeting?**

A. Hinge Health, the Virtual Exercise Therapy benefit available at no cost to non-Medicare Group Health Insurance Plan members, will be adding a new Migraine Relief and Prevention program beginning May 1, 2026. This program will provide GHIP members with access to free licensed physical therapists and dedicated health coaches who specialize in migraine care and prevention to provide services such as exercise therapy, care management, trigger tracking, and drug-free pain management, supporting effective migraine relief and prevention while reducing missed workdays and avoidable healthcare costs. Members will be able to access the Migraine Relief and Prevention program through the Hinge Health app.

### **Q. When will the 2026 Spring Open Enrollment take place?**

A. The 2026 Spring Open Enrollment will take place from Monday, May 4 to Friday, May 15, 2026. Unless a member experiences a qualifying event, Open Enrollment is the only time for members to enroll, cancel coverage, or change plans for themselves and their family members for benefits administered by the Statewide Benefits Office. This Open Enrollment period also includes enrollment in the Dental and Vision plans for Medicare retirees.

### **Q. What changes were approved for the Lantern Surgeons of Excellence program for the new plan year?**

A. At the February 13, 2026 SEBC meeting, the Committee voted to approve changes to the incentive structure for the Lantern Surgeons of Excellence program. The Lantern benefit is a comprehensive surgical program available to non-Medicare Group Health Insurance Plan members that provides a personalized concierge experience and access to a network of credentialed Surgeons of Excellence for planned, non-emergent surgeries. Some surgeries include a financial incentive and travel benefits, when applicable. The changes to the incentive structure, effective July 1, 2026, are:

Category	Incentive Change
Joint & Spine	Reduced from \$4,000 to \$3,000
Cardiac	Increased from \$2,000 to \$3,000
Gynecologic	Reduced from \$2,000 to \$1,000

**Q. What changes were discussed at the February meeting regarding the FSA Dependent Care maximum contribution?**

A. At the February 13, 2026 meeting, the Committee discussed the increase in the Dependent Care Flexible Spending Account (FSA) maximum from \$5,000 to \$7,500, effective January 1, 2026, as authorized under recent federal legislation. Employers may adopt the increased limit but must ensure compliance with applicable non-discrimination testing requirements. An increase would provide an opportunity for employees to save additional money, on a pre-tax basis, to be used for dependent care expenses. The SEBC is expected to vote on whether to adopt the \$7,500 maximum at the March 9, 2026 meeting.

**Q. What additional cost mitigating strategy did the SEBC discuss related to coverage of GLP-1 medications for weight loss?**

A. At the February 13, 2026 meeting, the Committee continued discussions on the options previously presented including elimination of coverage, implementation of a stand-alone copay of \$120 or \$200, implementation of an increased integrated copay of \$120 or \$200, and maintenance of current coverage. An additional cost mitigating option of removing prior authorization requirements and implementation of higher copays was reviewed. The projected three-year savings, anticipated rate impacts, and utilization assumptions were reviewed for each option. The Committee discussion focused on the financial sustainability of continued coverage, the potential burden of increased copays on lower-paid employees, clinical risks of discontinuation, the role of prior authorization in ensuring safe use, direct-to-consumer pricing comparisons, rebate negotiations, and legal considerations regarding subsidy or carve-out models.

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 \$89.9 million in FY2026.

The Committee did not take action on coverage of GLP-1 medications for weight loss at the February 13, 2026 meeting. A vote is expected at the March 9, 2026 meeting. 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](#).

**Q. Will there be State health plan premium (rate) increases for employees and retirees for Fiscal Year 2027?**

A. At the March 9, 2026 meeting, the SEBC will review and vote on health plan premium (rate) increase scenarios that would be effective July 1, 2026 for active employees and non-Medicare retirees and January 1, 2027 for Medicare retirees. The final decisions for FY27 will be communicated in 2026 Spring Open Enrollment materials.

## Request for Proposals (RFP) Updates

**Q. What is the status of the Audit Services Request for Proposals (RFPs)?**

A. Upon successful contract negotiations with the recommended vendor, Claims Technology, Inc., for retrospective medical and prescription plan audit services, a contract has been executed.

**Q. What changes did the Committee make to the proposal evaluation process?**

A. At the February 13, 2026 meeting, the SEBC voted to maintain the current proposal evaluation process for the Pharmacy Benefit Management (PBM) and Medical Third-Party Administrator (TPA) procurements and implement a revised evaluation process for the Dental Benefits and Consulting and Actuarial Services procurements. Under the revised evaluation process, the SEBC will continue to develop and approve the full RFP prior to posting. The SBO and an additional subject matter expert will review all submitted proposals, conduct vendor interviews, score as detailed in the RFP, and develop the award recommendation for the SEBC’s consideration and final decision.

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

A. The SBO is managing five RFPs at various stages. 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)	Life Insurance	Vision Insurance	Pharmacy Benefit Management (PBM) Services	Health Data Warehouse	Medical Third-Party Administrator (TPA)
<b>Current Stage</b>	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 recommendation was presented to the SEBC for review at the February 13, 2026 SEBC meeting. The SEBC voted in favor of the recommendation and instructed that the SBO begin negotiations with the recommended vendor.	The initial PBM RFP, as approved by the SEBC earlier this year, has been cancelled as decided at the October 10, 2025 SEBC meeting. The SEBC voted to extend the current contract with CVS for one additional year. The SEBC continued discussions on a new PBM RFP at the January 26 and February 13, 2026 meetings.	The PRC finalized the scoring of the proposals at the January 23, 2026 meeting.	The SEBC began reviewing the Medical TPA RFP Scope of Services at the November 25, 2025 meeting and has continued discussion through the February 13, 2026 meeting.
<b>Next Steps</b>	Contract negotiations are ongoing.	The SBO will begin contract negotiations.	The committee will vote on the new RFP at the March 9, 2026 meeting.	A recommendation will be presented to the SEBC at the March 9, 2026 meeting for a vote.	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 a spring 2026 SEBC meeting.

<b>Anticipated Contract Effective Date</b>	July 1, 2026	July 1, 2026	July 1, 2027	July 1, 2026	July 1, 2027
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