

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:**

#### **Benefit Updates**

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

A. At the December 16, 2025 meeting, the Committee continued discussions on the coverage of GLP-1 medications for weight loss. The Committee reviewed cost-mitigating strategies, including eliminating coverage and the potential to implement a \$120 or \$200 monthly copay for this specific class of medications. For the copay scenario, the Committee is looking at whether this would be excluded from current annual out-of-pocket maximums. Depending on the scenario, projected savings over FY27 through FY29 ranged from approximately \$36.6 million to \$180.6 million. The Committee also reviewed estimated impacts to future GHIP rate actions. At the Committee’s request, consultant Willis Towers Watson (WTW) provided estimates related to extending weight-loss coverage to the Medicare population. Based on assumed utilization rates, WTW projected approximately \$23 million in additional GHIP costs over FY27 through FY29, with a modest impact to long-term premium rates.

WTW also reviewed approaches taken by other states regarding GLP-1 coverage, including discontinuing coverage or implementing utilization controls such as program participation requirements, higher cost sharing, or revised BMI eligibility thresholds. WTW noted that weight management programs could be paired with continued coverage but have associated program and administrative costs.

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 coverage of GLP-1 medications for weight loss at the December meeting. Discussions 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 is the status of the draft FY2026 – FY2029 GHIP Strategic Framework?***

A. The SEBC continued its discussion of the draft Group Health Insurance Plan (GHIP) Strategic Framework to outline GHIP goals and guiding principles for FY2026 – FY2029 at the December 16, 2025 meeting. The purpose of the Framework is to provide the

SBO with guiding principles that support evaluating benefit coverages and design in the employer-sponsored healthcare benefits space, measuring program goals against established benchmarks, and developing Requests for Proposals (RFPs) and recommendations that encourage progress towards agreed upon priorities. The Framework includes the mission statement, goals, strategies, and tactics. It is anticipated that the Committee will continue discussions and vote on the Strategic Framework at the March 9, 2026 SEBC meeting.

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 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 met for the final time on December 11, 2025 to begin to develop its recommendation to the SEBC.	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 December 16, 2025 meeting.	The PRC convened on December 8 and December 10, 2025 to begin review of Health Data Warehouse proposals and conduct vendor interviews with the 5 finalists: 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 and continued discussion at the December 16, 2025 meeting.

<b>Next Steps</b>	Contract negotiations are ongoing.	The PRC recommendation will be presented to the SEBC for review at the January 26, 2026 SEBC meeting.	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 PBM RFP for approval at the February 23, 2026 SEBC meeting.	The PRC will meet again on January 7, 2026 to continue the review of proposals.	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