



SEBC and SEBC Subcommittee Meetings (June 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 data was presented to the SEBC about how much the GHIP pays for hospital inpatient stays?

A. At the May 11, 2026 meeting, the Committee reviewed a presentation about how much the GHIP pays hospitals and doctors for inpatient stays compared to regional market benchmarks. The benchmarks were derived from Merative’s MarketScan commercial database of over 350 large, self-insured employers across the United States. The analysis found that Delaware is often paying significantly more than similar plans in the Philadelphia-Wilmington region, particularly for facility charges. The biggest drivers of cost are maternity and newborn care, neonatal intensive care (NICU), severe infections like sepsis, and certain major surgeries. While doctor payments were generally close to market averages, hospital facility payments showed much larger differences and represent the main opportunity for savings. Overall, the analysis estimated that the State of Delaware could have saved approximately \$54 million if its payments had been aligned with regional benchmark rates, with the most savings stemming from hospital charges rather than physician fees. Recommendations to the Committee included focusing on renegotiating contracts, improving care management for high-cost conditions, tracking performance more closely, and concentrating resources on the areas with the greatest financial impact.

Q. What did the Committee review as it relates to Reference-Based Pricing (RBP)?

A. At the May 11, 2026 meeting, the Committee received an overview by Bailit Health of RBP, a strategy used by states and health plans to control rising hospital costs. Under this approach, hospitals are paid based on a set benchmark – usually a percentage of what Medicare would pay for the same service – instead of the price a hospital negotiates with an insurer. The presentation also showed that several Delaware hospitals have some of the highest commercial insurance prices in the country when compared to Medicare rates. It highlighted examples from other states, where versions of RBP have already been implemented or approved, noting that some states have reported savings for public employee health plans after adopting these payment limits.

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:

- That the Committee consider striking the current subcommittee resolution for the previous subcommittee structure
- That the Committee consider establishing two new subcommittees:
 - The Financial and Vendor Strategy Subcommittee (FVSS)
 - The Health Outcomes and Data Insights Subcommittee (HODIS)

It is proposed that each subcommittee have clearly defined topic areas tied to specific goals and strategies, along with specific tasks and reporting deadlines. Membership would include representation from key stakeholder groups on the Committee. The subcommittees would support deeper exploration of key issues impacting the GHIP, while the SEBC would retain all decision-making authority. The committee will continue discussing the proposed updated subcommittee structure at future meetings.

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 would Senate Substitute 1 for Senate Bill 289 make to the SEBC, if passed?

A. [Senate Substitute 1 for Senate Bill 289](#), filed on April 21, 2026 would make the following changes to the SEBC:

- Make the Director of the Office of Management and Budget a regular voting member instead of Chair
- Make the Controller General a voting member of the Committee
- Make the Secretary of the Department of Human Resources a nonvoting member
- Add the Chair of the Delaware Health Care Commission to the Committee
- Designate the Chair of the Delaware Health Care Commission as Chair of the Committee
- Allow appointed members of the SEBC to select designees to attend Committee and subcommittee meetings, subject to approval by the appointing authority
- Clarify 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 was passed by the Senate on May 14, 2026 and was assigned to the House Administration Committee.

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 will be revised based on Committee feedback and is expected to be approved at the July 27, 2026 meeting. To review the draft SJR7 report, please visit: [Report of the State Employee Benefits Committee August 1, 2026](#).

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, Proposal Review Committees (PRCs) or Proposal Evaluation Teams (PETs), as well as the anticipated contract effective dates.

Request for Proposals (RFPs)	Vision Insurance	Pharmacy Benefit Management (PBM) Services	Health Data Warehouse	Medical Third-Party Administrator (TPA)	Dental Insurance
Current Stage	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 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 are currently being reviewed against the SEBC's approved minimum requirements.	The PRC recommendation was presented to the SEBC for review at the March 9, 2026 SEBC meeting. The SEBC voted in favor of the recommendation and instructed that the SBO begin negotiations with the recommended vendor.	The SEBC voted to approve the Medical TPA RFP at the April 20, 2026 meeting.	The SEBC began discussion of the Dental Benefit RFP at the March 23, 2026 meeting and continued discussion at the April 20, 2026 meeting. At the April 20, 2026 meeting, the Committee voted to procure for a DPPO High Plan and DPPO Low Plan. The SEBC voted to approve the Dental RFP at the May 11, 2026 meeting.
Next Steps	The SBO will continue contract negotiations.	The PBM Proposal Evaluation Team (PET), previously known as the Proposal Review Committee, will begin convening in August to review finalist proposals, conduct vendor interviews, score proposals, and develop a recommendation to the Committee.	A contract has been executed.	The RFP was released on May 13, 2026. The Intent to Submit Proposals deadline is May 27, 2026 at 11:00 am and the deadline for bid responses is June 30, 2026 at 1:00 pm.	The Dental RFP will be released on May 28, 2026, and the Intent to Submit Proposals deadline will be June 11, 2026 at 11:00 am. The deadline for bid responses is July 13, 2026 at 1:00 pm.

Anticipated Contract Effective Date	July 1, 2026	July 1, 2027	July 1, 2026	July 1, 2027	July 1, 2027
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