



What's Changing Effective July 1, 2023 – Quick Reference Chart

The State Employee Benefits Committee (SEBC) and its Subcommittees reviewed and discussed strategies to solve for the projected Fiscal Year 2024 deficit. As the decision making body for employee and retiree benefit coverage, the [SEBC](#) is responsible for balancing the health fund budget despite rising healthcare costs, while also assuring State Group Health Insurance Plan (GHIP) members have access to high-quality, affordable benefit options now and in the future. The SEBC is committed to uphold the [mission](#) of the State GHIP which includes *helping employees and pensioners be engaged consumers*. **2023 Open Enrollment runs May 1 – 17, 2023**. This Quick Reference Chart provides a list of the SEBC's decisions and the reasons for them, as it relates to important benefit updates for the plan year beginning July 1, 2023.

SEBC and Subcommittee meetings are open to the public and provide an opportunity for public comment. You can learn more about the Committees, view past meeting materials, and access upcoming meeting dates on the [SEBC page](#) of the Statewide Benefits Office (SBO) website.

Who does this apply to?	What's changing effective July 1, 2023?	What's the reason for the change?	Where can I find more information?
Employees of State Agencies, K12 (School Districts and Charter Schools), DTCC and DSU, who are eligible to participate in the FSA plan <i>Note: Does not apply to Participating Groups, Non-Medicare Eligible Pensioners, or Medicare Eligible Pensioners</i>	The State will provide a one-time Flexible Spending Account (FSA) plan year contribution of \$125 for each Fiscal Year 2024 FSA participant. Employees enrolling in the FSA plan during 2023 Open Enrollment and through the first quarter of Fiscal Year 2024 will receive the full \$125. New FSA enrollments after September 30, 2023 would be prorated accordingly. The Fiscal Year 2024 plan year employee minimum for the health care and dependent care FSA plan year elections will increase to \$125 (currently \$50). <i>Note: The \$125 plan contribution may be added to either the Dependent Care FSA or the Health Care FSA, but not to both, if you enroll in both plans. If you select to use the \$125 for dependent care, your maximum contribution cannot exceed \$4,875 since \$5,000 is the federal limit for dependent care reimbursement. If you select to use the \$125 for health care, your maximum contribution cannot exceed \$3,050, and the \$125 will be added to your election for a maximum of \$3,175.</i>	During COVID, the balance in the FSA fund grew due to funds not being used. The IRS allows the state to make this one-time contribution to FSA participants to help reduce the balance in the FSA fund.	Visit the FSA page on SBO's website to learn more about the Health Care FSA and Dependent Care FSA.

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State of Delaware non-Medicare health plan members <i>Note: Does not apply to Medicare Eligible Pensioners</i>	All bariatric (weight loss) surgeries will be required to be completed through the SurgeryPlus benefit and performed by a surgeon in the SurgeryPlus network. Members will pay nothing out of pocket for bariatric surgery; however, financial incentives do not apply.	Provides State of Delaware non-Medicare health plan members access to surgeons and facilities that meet strict SurgeryPlus credentialing guidelines, leading to the highest quality care possible. With SurgeryPlus, members have no out-of-pocket costs, higher-quality outcomes, and concierge service with a Care Advocate.	Visit the SurgeryPlus page and Weight Management Resources page on SBO's website.
State of Delaware non-Medicare health plan members <i>Note: Does not apply to Medicare Eligible Pensioners</i>	Highmark Comprehensive PPO Plan and Aetna HMO Plan member copays will increase at in-network hospital-affiliated facilities to \$150 per visit for outpatient surgery (currently \$100 per visit) and \$100 per visit for outpatient high-tech imaging (currently \$75 per visit).	Promotes the use of preferred sites of care among members and generates savings for the State GHIP. Note, the copay for outpatient surgery at in-network non-hospital affiliated ambulatory surgery centers will remain \$50 per visit, and the copay for outpatient high-tech imaging services at in-network non-hospital-affiliated freestanding facilities will remain \$0 per visit. These facilities provide similar quality as hospital-affiliated locations and are often more convenient.	Visit SBO's website to learn more about health plan coverage and choosing the right care.* <i>*Additional information will be posted as it becomes available and before the July 1, 2023 effective date.</i>
State of Delaware non-Medicare health plan members <i>Note: Does not apply to Medicare Eligible Pensioners</i>	State non-Medicare health plan premiums (rates) will increase. Depending on the employee's and non-Medicare pensioner's plan and coverage tier, the increase will range from \$2.84 to \$27.88 per month. <i>*School District Employees and Participating Group Employees: Your plan premiums (rates) may vary. Contact your organization's Human Resources/Benefits Office for details.</i>	Smooths the rate increase projected in each of the next three fiscal years and assures there are sufficient funds to cover healthcare costs. The State of Delaware continues to contribute nearly 90% of the cost of health plan premiums.	Visit de.gov/planrates.
State of Delaware non-Medicare prescription plan participants <i>Note: Does not apply to Medicare Eligible Pensioners</i>	Participants enrolled in the CVS PrudentRx program will be able to obtain specialty medications on the CVS Preferred Specialty Drug List at \$0 out-of-pocket. This includes medications for rheumatoid arthritis, multiple sclerosis, and cancer.	Provides members access to medications at an affordable cost and helps the State manage specialty drug spending.	Visit the CVS Caremark page on SBO's website.* <i>*Additional information will be posted as it becomes available and before the July 1, 2023 effective date.</i>

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State of Delaware non-Medicare prescription plan participants <i>Note: Does not apply to Medicare Eligible Pensioners</i>	Weight loss medications will be covered under the State's pharmacy benefits through CVS Caremark. The coverage of these medications will come with Utilization Management (UM). UM programs review prescription drugs for medical necessity, appropriate use and safety, and include prior authorization, quantity limits and/or required use of lower-cost options before coverage of certain drugs. Members will be required to work with both CVS Caremark and their medical providers to obtain coverage under the plan.	Supports State of Delaware non-Medicare health plan members in their overall weight management efforts.	Visit the CVS Caremark page and Weight Management Resources page on SBO's website.* <i>*Additional information will be posted as it becomes available and before the July 1, 2023 effective date.</i>
State of Delaware non-Medicare prescription plan participants <i>Note: Does not apply to Medicare Eligible Pensioners</i>	Prescription copays will increase for all non-specialty medications as follows: • Up to 30-day supply: ○ Generic – The copay will be \$10 (currently \$8) ○ Formulary – The copay will be \$32 (currently \$28) ○ Non-Formulary – The copay will be \$60 (currently \$50) • Up to 90-day supply ○ Generic – The copay will be \$20 (currently \$16) ○ Formulary – The copay will be \$64 (currently \$56) ○ Non-Formulary – The copay will be \$120 (currently \$100)	Prescription copays have stayed the same for multiple years, and the increase is necessary to keep pace with the increase in costs.	Visit the CVS Caremark page on SBO's website.* <i>*Additional information will be posted as it becomes available and before the July 1, 2023 effective date.</i>

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Non-Medicare Eligible Pensioners and Employees of State Agencies, K12 (School Districts and Charter Schools), DTCC, DSU, and Participating Groups <i>Note: Does not apply to Medicare Eligible Pensioners</i>	COVID-19 benefit enhancements will continue through June 30, 2024: - Employee Assistance Program (EAP) coverage for all State and Participating Group employees and non-Medicare eligible pensioners, including temporary, casual seasonal, and benefit-eligible employees/non-Medicare pensioners who are not currently enrolled in a State of Delaware non-Medicare health plan; - No cost share to State of Delaware non-Medicare health plan members for office visits (e.g., primary care provider, urgent care, emergency room) that result in either the order or administration of a COVID-19 test or for treatment of COVID-19 or associated health complications; - No cost share to State of Delaware non-Medicare health plan members for in-network, inpatient services related to the treatment of COVID-19 or associated complications; and - No cost share to State of Delaware non-Medicare health plan members for telehealth visits.	Continues to support the health and well-being of employees and non-Medicare pensioners.	Visit SBO's website to learn more about the COVID-19 Benefit Updates, EAP, telehealth, etc.* <i>*Additional information will be posted as it becomes available and before the July 1, 2023 effective date.</i>