

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

2016 Federal Annuitant Benefits Survey Report



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Executive summary

Each Federal Employees Health Benefits (FEHB) Program plan is required to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey annually to a sample of their membership drawn according to a defined statistical protocol. CAHPS surveys ask consumers and patients to report on and evaluate their experiences with their health care. Beginning in 2015, Medicare enrollees were excluded from CAHPS samples reported to OPM to conform to standardized sampling rules for commercial plans.

The Federal Annuitant Benefits Survey (FABS) was designed to collect feedback from the retiree subgroup that is not represented in the CAHPS sample. The goal of the FABS was to gather feedback about ease and timeliness of health care, prescription drug coverage, the Federal Employees Health Benefits (FEHB) Program, tobacco use, and health and wellness. The survey was available online from October 24, 2016, through December 2, 2016, and there were more than 40,000 eligible responses.

The results from the 2016 FABS demonstrate satisfaction across a variety of measures among the members of the Federal annuitant population who voluntarily completed OPM's web survey. Specific takeaways with comparison data, where applicable, are outlined throughout the report.

Survey methods

The FABS was administered for the first time in 2016 as an open participation web survey accessible by a link posted in several locations within the Office of Personnel Management's (OPM) website. This method of administration allowed any interested participants to access the survey.

To maximize awareness and participation, the link was posted in locations likely to be seen by annuitants accessing OPM's Retirement Services website. Additional communications and advertisements were also used to promote the availability of the survey to the target population.¹

Response

There were a total of 44,184 (eligible) responses to the survey. Eligible responses included all partial and completed surveys from participants who met the eligibility criteria established at the beginning of the survey.

¹ Additional communications included an e-mail blast to retirees via a Retirement Services listserv and a print ad in the National Active and Retired Federal Employees Association (NARFE) quarterly magazine.

Target population & determining eligibility

Due to the open participation method of survey administration, participants were asked to respond to several mandatory questions to determine eligibility before continuing to the survey. The target population for the FABS was Federal annuitants and spouses of Federal annuitants 65 years of age or older who were enrolled in both FEHB and Medicare. If respondents did not meet all criteria, they were branched to a new page letting them know that they did not meet the criteria to participate. The specific screening questions are listed below:²

- Are you a retired Federal employee or the spouse of a retired Federal employee?
- Are you enrolled in the Federal Employees Health Benefits (FEHB) Program?
- Are you 65 years or older?
- Are you enrolled in Medicare?

Field period

The survey was available online from October 24, 2016, through December 2, 2016.

Respondent characteristics

Table 1 shows a breakdown of some of the 2016 respondent characteristics.

Table 1. FABS Respondent Overview³

64.9% Males 35.1% Females	65.1% covered by CSRS 33.8% covered by FERS
33.5% Retired 11-20 years ago 29.1% Retired 5-10 years ago 23% Retired less than 5 years ago 14.4% Retired more than 20 years ago	White: 86.8% Black or African American: 6.6% Asian: 2.2% American Indian or Alaska Native: 1.5% Native Hawaiian or Other Pacific Islander: .5% Hispanic or Latino: 3.2%

CAHPS benchmark data

CAHPS surveys ask consumers and patients to report on and evaluate various aspects of their health care experiences. Various versions of CAHPS surveys are available, including one that assesses the experiences of beneficiaries in Medicare Advantage and Prescription Drug Plans

² The target population for the FABS was established through self-reported answers to the filter questions. None of the factors, including enrollment in FEHB and/or Medicare, were verified beyond the data input by the participant.

³ Age information was collected from participants; however, it was not reported due to inconsistent responses.

(the MA-PD CAHPS). The FABS included some questions similar to those in the MA-PD CAHPS survey in order to allow for general comparisons. The 2016 MA-PD CAHPS survey was conducted in the first half of 2016 and OPM obtained a results report directly from the Centers for Medicare & Medicaid Services (CMS). Throughout the report, any CAHPS comparison data listed refer to only the national distribution results and were pulled directly from the CMS report.

Survey limitations

OPM acknowledges that the survey results are not intended to be representative of the opinions of the Federal annuitant population. All results presented in this report should be interpreted bearing in mind the following:

- Participants were limited to those who were aware of the FABS, had access to the internet and chose to complete the survey. Responses are unweighted and self-reported.
- Consider the variations in survey methodology when making comparisons to the external data sources listed throughout the report. The FABS was administered as an open participation web survey, whereas other data cited may come from a survey that was administered to a random sample of the population. External data sources are meant only as points of reference to assist in the interpretation of these survey results.
- When considering the comparisons between FABS results and CAHPS national distributions, it is important to keep in mind that the CAHPS results reflect members who were enrolled in a Medicare Advantage plan. FABS results may contain responses from enrollees in fee-for-service plans, which must be considered when interpreting the comparison data.
- Respondents indicated enrollment in both Medicare and FEHB in order to participate in the FABS, with Medicare as primary payer. The nature of dual coverage suggests that responses may reflect the net impact of both plans, not just their FEHB plan.

Ease and timeliness of care

Since the health care needs of older adults can often be more urgent and complex than those of the general adult population, survey participants were asked to provide feedback about the timeliness of various health care services within the year prior to survey participation.

As displayed in Table 2, participants reported that both their immediate and routine health care needs are being met easily, as soon as the need for care arises. Successfully navigating the health care system, receiving timely care, and accessing care easily can be challenging for adults of all ages and are critical factors in the successful delivery of quality health care to the Federal annuitant population. These results comprise a critical feedback category from the Federal

annuitant population and will assist OPM in ensuring that the specialized health care needs of the older adult population are being met. MA-PD CAHPS national distributions are also included in the table for comparison.

Table 2. Ease and Timeliness of Care⁴

<i>In the last 12 months...</i>	Always⁵	Usually	CAHPS MA-PD National Distributions⁶⁻⁷	
How often was it <u>easy</u> to get the care, tests, or treatment you needed? <i>Note: 1.1% of respondents selected N/A for this question</i>	78.2%	17.6%	<u>Always</u> 64%	<u>Usually</u> 26%
When you needed care right away, how often did you get care as soon as you needed? <i>Note: 10.3% of respondents selected N/A for this question</i>	69.4%	17.2%	<u>Always</u> 70%	<u>Usually</u> 20%
How often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed? <i>Note: 1.4% of respondents selected N/A for this question</i>	69.1%	24.9%	<u>Always</u> 61%	<u>Usually</u> 26%

Timeliness of care takeaways

- **The overwhelming majority of participants reported that it was easy for them to access routine health services (care, tests and treatment).** More than 95 percent of survey participants indicated that it was “always” or “usually” easy for them to access the health care services they needed within the year prior to survey participation.
- **In urgent situations, the majority of participants reported receiving health care in a timely manner.** Over 86 percent of participants indicated that when they needed care right away, they “always” or “usually” received the care as soon as they needed it.

⁴ National distributions from the MA-PDP are presented as a reference point when interpreting results; however, accurate comparisons cannot be made due to differences in survey methodology and question structure.

⁵ The “always” and “usually” response options represent the top two favorable categories on a five point response scale: always, usually, sometimes, never, not applicable.

⁶ CAHPS national distributions were obtained from the “2016 Medicare Advantage Prescription Drug CAHPS Results” report, which OPM received from the Centers for Medicare & Medicaid Services.

⁷ The CAHPS Medicare Advantage survey question asked participants about their experience in the past 6 months.

- **The majority of participants reported being able to access routine health care services in a timely manner.** Nearly all (94%) participants reported that they were “always” or “usually” able to schedule an appointment for a check-up or routine care with their doctor’s office as soon as it became necessary.
- **A very small percentage of respondents indicated a delay in receiving necessary care within the past year.** Approximately three percent of respondents reported that it was “sometimes” or “never” easy to get the care, tests, or treatment that they needed within the past year. Similarly, only three percent of respondents reported they “sometimes” or “never” received urgent care as soon as they needed it within the past year. Finally, slightly less than five percent of respondents reported difficulty scheduling routine care within the past year.

Accessing FEHB plan information

Aside from gathering annuitant feedback about timeliness and ease of care, a primary goal of administering the FABS was to collect the annuitant feedback about their FEHB plan. For the purposes of the FABS, respondents had to be enrolled in Medicare and an FEHB plan (as the annuitant or spouse of an annuitant).

For the growing population of Americans aged 65 years or older—expected to reach more than 71 million by 2030—difficulties with health literacy can complicate already challenging health problems.⁸ An important component of health literacy is access to information, which is especially important among the older adult population as the shift from print materials to online resources continues. In an effort to meet the needs of annuitants and to better target communication about the FEHB program in the future, FABS participants were asked to report how they usually access information about their FEHB plan. The results are displayed in Table 3.

Table 3. Frequently Accessed FEHB Resources

Resource	Percent Selected ⁹
Internet (websites, emails, etc.)	75.3%
Mailings/plan brochures	45.7%
Phone	29.7%
Other (write in)	1.6%
Former agency	1.4%

⁸ <https://health.gov/communication/literacy/olderadults/literacy.htm>

⁹ Participants were able to select more than one resource, so percentages do not equal 100.

Accessing information takeaways

- **Reviewing the “Other (write in)” response options offered additional insight into how respondents access plan information.** Many participants wrote in information that could have been captured by one of the available answer choices; however, Consumers’ Checkbook,¹⁰ friends/family, health fairs, and the National Active and Retired Federal Employees Association (NARFE) were additional resources listed frequently by participants.

Health literacy

In addition to collecting information about access to care and gathering general satisfaction feedback about the FEHB Program, the FABS asked annuitants to provide feedback about health plan customer service and how easily they were able to access information from their plan.

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”¹¹ Lower levels of health literacy can be linked to health disparities, poor health outcomes, health safety issues, and an increase in the use of health care services. The older adult population faces higher levels of chronic illness and uses more health care services than other segments of the population, which, along with potential issues related to physical and cognitive functioning can increase the challenge of obtaining and digesting health information successfully.¹² As a result, it is important to understand the level of perceived health literacy among the annuitant population in order to ensure health information is readily available and easily accessed. The results displayed in Table 4 demonstrate participants’ reported ease of obtaining information about their health care.

¹⁰ <https://www.checkbook.org/newhig2/hig.cfm>

¹¹ <https://health.gov/communication/literacy/olderadults/literacy.htm>

¹² <https://www.cdc.gov/healthliteracy/pdf/olderadults.pdf>

Table 4. Obtaining Information from Health Plan¹³

	Always	Usually	CAHPS MA-PD National Distributions	
In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment? <i>Note: 28.2% of respondents selected N/A for this question</i>	37.4%	19.3%	N/A	N/A
In the last 6 months, how often did your FEHB health plan’s customer service give you the information or help you needed? <i>Note: 31.9% of respondents selected N/A for this question</i>	42%	16.4%	<u>Always</u> 55%	<u>Usually</u> 26%

Health literacy takeaways

- **The majority of participants reported being able to successfully obtain service and equipment cost information from their health plan, but there is room for improvement.** More than half (56.7%) of participants indicated that they were “always” or “usually” able to obtain cost information about a service or equipment from their health plan. Interpretation of these results should take into account that 28.2 percent of respondents indicated that they had not tried to obtain cost information about a service or equipment and had no basis to answer. However, 15.2 percent of respondents answered “sometimes” or “never,” which represents an area of opportunity for customer service improvement.
- **More than half of FABS participants reported receiving the necessary help or information from their FEHB plan’s customer service.** Nearly 60 percent of participants reported that their FEHB health plan’s customer service “always” or “usually” gave them the information or help they needed within the past year. These results indicate that if they sought information or help about their health care, the majority of participants were able to successfully obtain it from their health plan. It is also important to note that 31.9 percent of participants indicated that the question was not applicable to them, accounting for a large portion of the remaining responses to this

¹³ National distributions from the MA-PDP are presented as a reference point when interpreting results; however, accurate comparisons cannot be made due to differences in survey methodology and question structure.

question. However, a remaining 9.7 percent of respondents answered “sometimes” or “never,” which represents an area of opportunity for customer service improvement.

FEHB plan customer service

OPM monitors FEHB plan customer service through a variety of mechanisms, and the FABS asked annuitants to provide their perspective on their individual FEHB plan’s customer service. Table 5 displays the results for perceived timeliness and accuracy of claims processing within the past year.

Table 5. Timeliness and Accuracy of Claims Processing

<i>In the last 12 months...</i>	Always	Usually	Sometimes	Never	Don’t know	N/A
How often did your FEHB health plan handle your claims quickly?	54.8%	29.1%	5.2%	1.2%	4%	5.8%
How often did your FEHB health plan handle your claims correctly?	62.5%	24.3%	3%	.4%	4.7%	5.1%

Customer Service Takeaway

- **Respondents indicated FEHB claims processing is perceived to be timely and correct.** More than 80 percent of participants indicated that their health claims were “always” or “usually” handled quickly (83.9%) and correctly (86.8%) within the past year.

How satisfied are annuitants with their FEHB plan?

Looking beyond the ways annuitants access health information and feel about the customer service from their health plan, the FABS gathered information about how participants rate overall satisfaction with their FEHB plan. For the purposes of this survey, “satisfaction” is the umbrella term for what annuitants like best about their health plan and how they rate their plan across its importance, extent to which it meets user needs, and value measures. Table 6 displays the elements that respondents reported liking best about their FEHB plan.

Favorite FEHB plan elements

Table 6. What do you like best about your FEHB plan?¹⁴

Plan Element¹⁵	Percent Selected
Prescription coverage	43.9%
My insurance is accepted everywhere	38.5%
My out of pocket costs are minimal	31.7%
The services I need are covered	31.6%
Medical coverage	30%
My doctor is in the network	24.1%
Access to specialists	22.1%
Access to primary care physicians	20.6%
Hospital coverage	16.6%
Customer service	6.9%
Health and wellness programs/ discounts/incentives	5.5%
My plan is easy to understand	4%
Health reimbursement arrangement	2.7%

FEHB importance ratings

In addition to gathering feedback about specific plan elements, the FABS asked participants to rate the importance and value of their FEHB plan and the extent to which the plan meets their needs. These three measures were adapted from the Federal Employee Benefits Survey (FEBS), which is OPM's primary benefit program feedback mechanism for active employees.¹⁶

¹⁴ All respondents indicated that they were covered by both Medicare and FEHB, with Medicare as primary payer. Responses may reflect the net impact of both plans, not just their FEHB plan.

¹⁵ Participants were able to select more than one element (and up to three), so percentages do not equal 100. "Other: write in" was an available answer option, but no trends were found in the responses provided.

¹⁶ For the purposes of the FEBS, only employees who indicated that they were enrolled in FEHB answered the adequacy and value rating questions. All survey participants had the opportunity to rate the importance of FEHB, regardless of enrollment. Full results can be viewed at: <https://www.opm.gov/policy-data-oversight/data-analysis-documentation/employee-surveys/results/results-of-the-employee-benefits-survey/>

First, participants were asked to rate the importance of their FEHB health plan. Table 7 shows the percentage of respondents who indicated the availability of their plan was either “extremely important” or “important” to them. Importance ratings from the 2016 FEBS (active employees) are provided for comparison.

Table 7. Importance of FEHB Plan

	Extremely Important	Important
Annuitants	88.5%	10.3%
Active employees	78.3%	11.8%

FEHB meeting needs ratings

Going beyond the overall importance of FEHB health plans, the FABS asked participants to indicate whether or not their needs are being met by their plan. Participants were asked the question, “to what extent does your FEHB plan meet your needs?” Table 8 shows the percentage of respondents that indicated their FEHB plan meets their needs to a “great” or a “moderate” extent, again compared to active employees.

Table 8. Extent to which FEHB Plan is Meeting Needs

	To a Great Extent	To a Moderate Extent
Annuitants	82.7%	14.9%
Active employees	63.1%	33.2%

FEHB value ratings

Finally, after asking participants to rate the importance and the extent to which their FEHB plan is meeting their needs, they were asked to provide feedback on the perceived value (benefits they receive for the money they pay). Table 9 shows the percentage of respondents who reported that their FEHB program was an “excellent” or “good” value for the money compared to active employees.

Table 9. Value of FEHB Plan

	Excellent Value for the Money	Good Value for the Money
Annuitants	42.8%	41%
Active employees	25.8%	47.8%

FEHB satisfaction takeaways

- **Not surprisingly, prescription drug coverage was most commonly selected by participants as a top plan feature.** Across the health care industry, and especially among older adults, prescription drug cost and coverage continue to be issues of great importance. The ongoing worry about the cost of prescription drugs underscores the importance of the availability of health plans that offer comprehensive and competitive prescription drug coverage.
- **Insurance acceptance rate, low out of pocket costs, coverage of necessary services, and general medical coverage were also selected as top plan features by 30 percent or more of participants.** The FEHB plan features most frequently selected as the best by annuitants are in line with active employee trends. Results from the 2016 FEBS show that total out of pocket costs and a wide range of doctors/hospitals were the most commonly selected factors that participants considered when selecting a health plan. Results from both surveys help demonstrate that cost and the strength/breadth of a plan's network are consistently among the most important factors a health plan offers to a member.
- **Annuitant respondents gave their FEHB plan higher ratings than active employee respondents when rating the importance, value and extent to which their plan meets their needs.** When looking at the highest rating categories for these questions, there was at least a 10 point difference between active respondents from the FEBS population and annuitant respondents from the FABS population, suggesting annuitants may rate these aspects of their FEHB plan higher than active employees. A possible explanation for the higher scores among FABS participants is that their dual enrollment in Medicare and FEHB and the associated benefits lead to higher ratings and a more favorable view of health plan performance.

Prescription drugs

A critical aspect of health insurance, especially for older adults, is the coverage of prescription drugs and one's experience accessing and understanding medication coverage. Understanding prescription coverage for the senior population is particularly important, with a recent report from the Centers for Disease Control (CDC)¹⁷ suggesting 64.8 percent of people 65 and older have taken three or more prescription drugs in the past 30 days, compared to 34.7 percent of those 45-64, and only 9.6 percent of those 18-44.

¹⁷ <https://www.cdc.gov/nchs/data/abus/abus15.pdf#079>

The cost of prescriptions is also an important issue, with research finding four in 10 people age 50 or older are concerned about being able to afford their medications.¹⁸ The FABS collected information from annuitants focusing on ease of obtaining prescriptions and whether or not they were provided information about the cost and coverage of prescriptions from their health plan. In addition, participants were asked to provide feedback about any discussions they had with a health care provider about starting or stopping prescription medications in order to get a picture of medication adherence management. Table 10 displays the results focused on obtaining prescription information from FEHB plans as well as the CAHPS MA-PD national distributions for comparison.

Table 10. Obtaining Prescription Information from Health Plan¹⁹

<i>In the last 12 months...</i>	Always	Usually	CAHPS National Distributions	
<p>How often was it easy to use your prescription drug coverage to fill a prescription at your local pharmacy?</p> <p><i>Note: 7.2% of respondents selected N/A for this question</i></p>	73.1%	16.1%	<u>Always</u> 82%	<u>Usually</u> 15%
<p>How often did your health plan give you all the information you needed about which prescription medicines were covered?</p> <p><i>Note: 25.2% of respondents selected N/A for this question</i></p>	45%	18%	<u>Always</u> 63%	<u>Usually</u> 21%
<p>How often did your health plan give you all the information you needed about how much you would have to pay for your prescription medicines?</p> <p><i>Note: 20.7% of respondents selected N/A for this question</i></p>	45.9%	18.8%	<u>Always</u> 62%	<u>Usually</u> 21%

Prescription drugs takeaways

- Respondents reported easy access to prescriptions at their local pharmacy.** As Table 11 displays, most participants reported it was “always” or “usually” easy to fill a prescription at the pharmacy (89.2%). Respondents were also asked about the ease of filling a prescription by mail. However, nearly 50 percent reported that the question was not applicable, suggesting many annuitants may opt to fill prescriptions in person.

¹⁸ <http://blog.medicarerights.org/aarp-survey-highlights-prescription-drug-use-among-older-adults/>

¹⁹ National distributions from the MA-PDP are presented as a reference point when interpreting results; however, accurate comparisons cannot be made due to differences in survey methodology and question structure.

- **When trying to obtain information about prescriptions from their health plan, more than half of participants reported that they “always” or “usually” got information about coverage (63%) and cost (64.7%) of prescription medications.** It is also important to note that these survey questions included an N/A option, and in both cases a notable percentage of the respondents indicated they had not tried accessing information about the coverage (25.2%) or cost (20.7%) from their health plan in the past 12 months by selecting the N/A option. In other words, of those who did report trying to access this information in the last 12 months, the majority report that they “always” or “usually” were able to get the information from their health plan.
- **Discussions with health care providers seem to be informative when it comes to prescription medications.** Of the respondents who reported talking to a health provider about stopping or starting a medication in the past six months (63% of the respondent population), 69 percent said the provider talked “a lot” about the reasons they might want to take a medicine and 46.3 percent said the provider talked “a lot” about the reasons they might not want to take a medicine. These results suggest that providers are successfully engaging with annuitants about medication options and prescription adherence.

Tobacco use and cessation

Tobacco use and cessation questions from the 2016 FEBS were added to the FABS, providing an opportunity to compare results of active and retired Federal employee survey participants. Questions in this section collected information about the tobacco use rate, desire to quit using tobacco, and awareness of tobacco cessation resources available to annuitants through their FEHB plan. The FEBS²⁰ has found the tobacco use rate for the sample of active employees is generally lower than the U.S. adult population smoking rates from the CDC. To find out if the same pattern is present for the annuitant survey participants, tobacco use rates from the CDC for adults 65 years of age and older were also compared to the FABS results.

In addition to general tobacco use, frequency of use, awareness of the FEHB Tobacco Cessation Benefit,²¹ and information about any quit attempts and/or past use of tobacco were assessed. Table 11 displays the reported tobacco use rate for FABS participants.

²⁰ <https://www.opm.gov/policy-data-oversight/data-analysis-documentation/employee-surveys/results/results-of-the-employee-benefits-survey/> Unlike the FABS that was administered via an open participation web survey, the FEBS was administered to a random sample of approximately 40,000 permanent Federal employees across government. Variations in survey methodology should be kept in mind when making comparisons.

²¹ Beginning in plan year 2011, all FEHB plans began covering four counseling sessions of at least 30 minutes for two quit attempts per year and all Food and Drug Administration (FDA)-approved tobacco cessation medications (with a doctor’s prescription). <http://www.opm.gov/healthcare-insurance/special-initiatives/quit-smoking/>

Table 11. Use of Tobacco Products

Have you used any tobacco products (e.g., cigarettes, chewing tobacco, other tobacco products) within the past 30 days?		
Yes 6.1%	No, but I used tobacco in the past (more than 30 days ago) 40.3%	No, I have never used tobacco 53.6%

Tobacco use and cessation takeaways

- **The tobacco use rate for FABS participants was lower than the tobacco use rate for the general U.S. population of adults 65 or older.** The FABS found that 6.1 percent of respondents reported using tobacco products in the past 30 days, compared to the CDC’s 2015 findings estimating 8.4 percent of adults 65 years or older smoked cigarettes.²² These findings show a similar pattern to results from the 2016 FEBS, which found a lower tobacco use rate for active Federal employee participants (10.6%) compared to the general U.S. adult population smoking rate (15.1%).²³
- **The number of FABS participants who reported using tobacco in the past was double the number of former tobacco users in the active Federal employee respondent population.** Comparing results from the FABS and the 2016 FEBS, annuitants reported using tobacco in the past (more than 30 days ago) at a higher rate (40.3%) than active employees (20.2%). This difference could be due to multiple factors, such as a higher general population tobacco use rate in the past compared to today, or it could also indicate that some individuals are choosing to quit later in life, which can still bring a variety of health benefits such as lowered risk for cancer, heart disease, stroke, and respiratory problems.²⁴
- **Fewer FABS participants reported never using tobacco compared to the active employee participants from the 2016 FEBS.** A lower percentage of annuitants reported never using tobacco (53.6%) compared to active employees from the FEBS sample (69.1%).
- **More than half of current tobacco user participants reported smoking every day.** Of current tobacco users in the FABS respondent population, more than half reported smoking cigarettes every day (57.1%) and only 6.8 percent reported using other tobacco products (e.g., snuff, snus, etc.) on a daily basis.

²² https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/

²³ <https://www.opm.gov/policy-data-oversight/data-analysis-documentation/employee-surveys/2016-federal-employee-benefits-survey-results.pdf>

²⁴ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/

- **About one quarter of participants (25.3%) reported prior awareness of the FEHB Tobacco Cessation Benefit.**²⁵ To assess whether or not participants were aware of the availability of the FEHB Tobacco Cessation Benefit, all participants regardless of reported tobacco use were asked if they knew about the benefit prior to reading about it on the survey itself.
- **A higher percentage of annuitant participants reported awareness of the FEHB tobacco cessation benefit than active employee participants from the 2016 FEBS.** About one quarter of FABS participants (25.3%) reported knowing about the benefit prior to participation in the survey, which is higher than the active employee population findings from the FEBS, where only 16.3% of participants reported awareness of the benefit.
- **Most former tobacco user participants most likely did not use the FEHB Tobacco Cessation Benefit to help them stop using tobacco.** Most former tobacco users (40.3% of FABS participants) reported quitting more than two years ago (92.9%) and said they did not use the benefit to help them quit (96.2%). It is important to note that the benefit only became available in 2011, so it is likely that many of these participants quit using tobacco before the benefit was available.
- **Less than half of the annuitant tobacco user participants reported a desire to quit using tobacco.** When asked if they want to quit using tobacco, 38.3 percent said “yes,” 17 percent said “no,” and 31.8 percent said they were unsure. An additional 12.8 percent reported that the question did not apply to them because they consider themselves infrequent/social tobacco users. Despite a relatively low number of tobacco users reporting a desire to quit, about half reported a quit attempt in the past 12 months (47.5%). Most of those who tried to quit reported attempting to quit “1-2 times” (65.5%).
- **Annuitant respondents reported little use of tobacco cessation resources.** More than half (53.6%) of those who reported trying to quit in the past 12 months also reported that they did not use counseling, over the counter drugs, prescription drugs, a class/program, or a telephone quit line.
- **More than half of tobacco user participants reported being advised to quit.** When asked if a health professional had advised them to quit using tobacco, 59.6 percent of tobacco user participants reported that they had been advised to quit.

²⁵ Beginning in plan year 2011, all FEHB plans began covering four counseling sessions of at least 30 minutes for two quit attempts per year and all Food and Drug Administration (FDA)-approved tobacco cessation medications (with a doctor’s prescription). <http://www.opm.gov/healthcare-insurance/special-initiatives/quit-smoking/>

Health & wellness

To gain a more comprehensive picture of the overall health of the annuitant population, several questions addressing health and wellness topics were included in the FABS. As Americans live longer, growth in the number of older adults is unprecedented. In 2014, 14.5 percent (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5 percent (98 million) by 2060. Aging adults experience higher risk of chronic disease, and recent research found that 60 percent of older adults managed two or more chronic conditions.²⁶ Maintaining a healthy lifestyle is important at any age, but being vigilant about preventive care, routine care and disease management is even more critical for the rapidly growing older adult population.

In general, the older adult population maintains a positive outlook regarding their health status and quality of life. According to the 2014 United States of Aging Survey,²⁷ approximately 89 percent of adults over the age of 60 are “very” or “somewhat confident” in their ability to maintain a high quality of life throughout their senior years. Additionally, 76 percent of adults over the age of 60 reported that their health was normal or better than normal throughout the past year. A picture of the health status of annuitant respondents can be gathered from the health and wellness results displayed in Table 12.

Table 12. Health and Wellness Results

	Yes	No
In the past 12 months, did a doctor or health professional advise you to lose weight?	32.8%	66.3%
In the past 12 months, have you completed a health risk assessment (HRA)?	29.2%	31.1%
In the past 12 months, did you set one or more specific goals to manage your health?	64.6%	32.2%
Do you have access to a wellness program? ²⁸	51.7%	20.6%
Do you participate in a wellness program? ²⁹	39.6%	60.5%

²⁶ <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

²⁷ <https://www.ncoa.org/wp-content/uploads/USA14-Full-Results-Report.pdf>

²⁸ The survey included the following note as examples of wellness programs: *The program may include nutrition counseling, medication management, fitness classes, health coaching, etc.*

²⁹ These results are from a subset of respondents who reported that they have access to a wellness program in previous question.

Health & wellness takeaways

- **About a third (32.8%) of respondents reported being advised to lose weight by a doctor or health professional in the past 12 months.** The majority of respondents indicated that they had not been advised to lose weight in the past year and a small percentage of respondents (0.9%) reported that they did not know or had not seen a health professional within the specified timeframe.
- **Reported Health Risk Assessment completion was low in the FABS respondent population.** Only 29.2% of respondents reported completing a HRA, which is comparable to the active employee respondent results from the 2016 FEBS where approximately 27% reported completing a HRA within the past three years.
- **Many annuitant respondents reported a focus on improving or maintaining their health.** 64.6 percent of respondents reported setting one or more health goals in the past 12 months, which indicates a relatively high level of attention to personal health and wellness.
- **FABS participants reported that physical activity was important to them.** More than three-quarters of respondents (76.5%) reported that they “strongly agree” or “agree” that physical activity is an important part of their lifestyle.
- **A slight gap may exist between availability and utilization of wellness programs.** More than half of FABS respondents reported having access to a wellness program of some kind (51.7%); however, only about a third of those participants reported participation in a wellness program (39.6%).
- **Many FABS respondents are focused on a healthy diet.** 78.8 percent of respondents reported that they “strongly agree” or “agree” that they prioritize healthy, nutritious foods as part of their daily life.

Overall takeaways

- **Survey respondents reported high levels of satisfaction with their Federal Employees Health Benefits (FEHB) plan.** Nearly all survey participants indicated that their FEHB plan is “extremely important” or “important” (98.8%) to them and that their plan meets their needs to a great or moderate extent (97.6%). More than 80 percent of participants reported that their FEHB plan is a “good” or “excellent” value for the money.
- **Respondents reported that they are easily able to access the health care they needed and that they received necessary care in a timely manner.** More than 95 percent of survey participants indicated that it was “always” or “usually” easy for them to access the

health care services they needed within the year prior to completing the survey. Similarly, more than 94 percent of participants reported that they were “always” or “usually” able to schedule an appointment for a check-up or routine care with their doctor’s office as soon as it became necessary.

- **Most respondents reported that they were able to obtain information about prescriptions from their health plan and providers engaged in discussions about medication.** More than half of participants reported that they “always” or “usually” got information about coverage (63%) and cost (64.7%) of prescription medications. Of the respondents who reported talking to a health provider about stopping or starting a medication in the past six months (63% of the respondent population), 69 percent said the provider talked “a lot” about the reasons they might want to take a medicine and 46.3 percent said the provider talked “a lot” about the reasons they might not want to take a medicine.
- **Despite predominately favorable results, survey respondents indicated room for improvement with regard to health plan customer service and the communication of information to members.** For example, 15.2 percent of respondents said they were only “sometimes” or “never” able to find out from their health plan how much they would have to pay for a health care service or equipment and 9.2 percent of respondents said that they only “sometimes” or “never” received the information or help they needed from their health plan’s customer service.
- **Participants reported improving personal health and physical activity as priorities.** More than half (64.6%) reported setting one or more health goals in the past 12 months, and more than three-quarters (76.5%) reported that they “strongly agree” or “agree” that physical activity is an important part of their lifestyle.
- **FABS participants reported double the rate of past tobacco use when compared to the active Federal employee participants** (using comparison data collected from the 2016 FEBS). When assessing current tobacco use however, fewer annuitants reported currently using tobacco compared to active employees.
- **Reported Health Risk Assessment completion among the annuitant respondent population is comparable to the active employee survey respondent completion rate from the 2016 FEBS.** 29.2 percent of FABS respondents reported completing a HRA. According to the FEBS, approximately 27 percent of respondents had completed a HRA within the past three years.

Next steps and future research

The 2016 FABS administration demonstrated a high level of success in reaching a large number of annuitants. Given that the FABS was an open participation web survey and the burden was on the respondent to learn about it and provide feedback, participation far exceeded pilot year expectations.

Overall, FABS results demonstrate that participating annuitants report high levels of satisfaction with their FEHB health plans and overall health care experience. The positive feedback is reassuring that many aspects of health benefit administration are successful among annuitants; however, the results highlight potential opportunities for improvement. Additionally, since the 2016 FABS was the survey's pilot year, there are improvements that should be considered. A few opportunities for improvement and survey administration recommendations are outlined below.

- Despite the fact that many participants reported use of the internet to obtain information about their health care needs, it is important to keep in mind that it may not be the preferred method among all annuitants. Information should be made available in a variety of formats through different mediums in order to ensure the shift to digital health tools does not negatively impact the health status of some older adults.
- Communications from health plans and customer service tools should consider the unique needs of annuitants and challenges the population may face when accessing information about their health and care.
- Information about the FEHB tobacco cessation benefit and the value (and availability) of wellness programs should be communicated in a targeted manner to the annuitant population.
- FEHB plan enrollment was collected as part of the survey; however, the open participation method of survey administration limited the ability to conduct a comprehensive analysis of results by self-reported plan enrollment.

Appendix A. Federal Annuitant Benefits Survey

Introduction

- Q1. Are you a retired Federal employee or the spouse of a retired Federal employee?
- Yes
 - No (*Branch out of survey*)³⁰
- Q2. Are you enrolled in the Federal Employees Health Benefits (FEHB) Program? (*This is your health care coverage*)
- Yes
 - No (*Branch out of survey*)
- Q3. Are you currently covered by TRICARE?
- Yes
 - No
- Q4. Are you 65 years or older?
- Yes
 - No (*Branch out of survey*)
- Q5. Are you enrolled in Medicare? (*Select all that apply*)
- Yes, part A (hospital insurance)
 - Yes, part B (medical insurance)
 - Yes, part C (Medicare Advantage)
 - Yes, part D (prescription coverage)
 - No, I am not enrolled in any Medicare options (*Branch out of survey*)

Your Health Plan Experience

This section asks you to provide feedback about your experience with the health insurance plan you have through the Federal Employees Health Benefits Program (FEHB).

- Q6. Which Federal Employee Health Benefits plan are you currently enrolled in?

NOTE: The 20 FEHB plan options with the highest enrollment are listed in the drop down box below. If you are unsure of your plan name, please refer to your insurance card. Select "Other" if your plan is not listed.

- Blue Cross Blue Shield Service Benefit Plan – Basic Option
- Blue Cross Blue Shield Service Benefit Plan – Standard Option
- GEHA Benefit Plan – Standard Option
- NALC Health Benefit Plan – High Option
- Mail Handlers Benefit Plan – Standard Option

³⁰ Text in red indicates skip pattern logic.

- GEHA Benefit Plan – High Option
- APWU Health Plan – High Option
- Kaiser Foundation Health Plan of Southern California – High Option
- Kaiser Foundation Health Mid-Atlantic States – High Option
- Aetna Open Access – Basic Option
- Kaiser Foundation Health Plan of Northern California – High Option
- APWU Health Plan – Consumer-Driven Health Plan (CDHP)
- HMSA Plan – High Option
- Rural Carrier Benefit Plan – High Option
- M.D. IPA – High Option
- Foreign Service Benefit Plan – High Option
- Kaiser Foundation Health Plan Mid-Atlantic States – Standard Option
- Triple-S Salud – High Option
- Aetna HealthFund – High-Deductible Health Plan (HDHP)
- Compass Rose Health Plan – High Option
- Other

Q7. How do you usually access information about your FEHB plan? *(Select all that apply)*

- Internet (websites, emails, etc.)
- Phone
- Mailings/Plan Brochures
- From my former agency
- Other _____

Q8. In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?

- Always
- Usually
- Sometimes
- Never
- N/A

Q9. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?

- Always
- Usually
- Sometimes
- Never
- N/A

Q10. In the last 12 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

- Always
- Usually
- Sometimes
- Never
- N/A

Q11. What do you like best about your FEHB plan? *(Select up to 3 responses)*

- Customer service
- Prescription coverage
- Hospital coverage
- Medical coverage
- Health and wellness programs/discounts/incentives
- Health reimbursement arrangement
- My doctor is in the network
- Access to primary care physicians
- Access to specialists
- My plan is easy to understand
- The services I need are covered
- My out of pocket costs are minimal
- My insurance is accepted everywhere
- Other _____

Q12. In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?

- Always
- Usually
- Sometimes
- Never
- N/A

Q13. In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

- Always
- Usually
- Sometimes
- Never
- N/A

Q14. In the last 6 months, how often did your FEHB health plan's customer service give you the information or help you needed?

- Always
- Usually
- Sometimes
- Never
- N/A

Q15. In the last 12 months, how often did your FEHB health plan handle your claims **quickly**?

- Always
- Usually
- Sometimes
- Never
- Don't know
- N/A

Q16. In the last 12 months, how often did your FEHB health plan handle your claims **correctly**?

- Always
- Usually
- Sometimes
- Never
- Don't know
- N/A

Q17. To what extent does your FEHB plan meet your needs?

- To a great extent
- To a moderate extent
- To a slight extent
- Not at all adequate

Q18. Please tell us how important your FEHB plan is to you.

- Extremely important
- Important
- Neutral
- Slightly important
- Not at all important

Q19. Considering the amount you have to pay, how you would rate the value (benefits you receive for your money) of your FEHB plan?

- Excellent value for the money
- Good value for the money
- Fair value for the money
- Poor value for the money

Prescription Drug Coverage

This section asks you to provide feedback about your experience using your prescription drug coverage.

In the last 12 months ...	Always	Usually	Sometimes	Never	N/A
Q20. ...how often was it easy to use your prescription drug coverage to fill a prescription at your local pharmacy?					
Q21. ...how often was it easy to use your prescription drug coverage to fill a prescription by mail?					
Q22. ...how often did your health plan give you all the information you needed about which prescription medicines were covered?					
Q23. ...how often did your health plan give you all the information you needed about how much you would have to pay for your prescription medicines?					

Q24. In the last 6 months, have you talked to a doctor or other health provider about stopping or starting a prescription medicine?

- Yes (*branch to Q24a and Q24b*)
- No

Q24a. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?

- A lot
- A little
- Some
- Not at all

Q24b. When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want to take a medicine?

- A lot
- A little
- Some
- Not at all

Health and Wellness

This section contains general questions about your overall health, diet, exercise and tobacco use. Depending on your responses, you may skip past questions that do not apply to you.

Q25. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

Q26. How confident are you in your ability to maintain a high quality of life throughout your senior years?

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident

Q27. In 2011, FEHB plans began comprehensive coverage of up to two tobacco quit attempts per year, including all recommended drugs, up to 8 counseling sessions, and no enrollee cost sharing. Before you read this information, were you aware of this benefit?

- Yes
- No

Q28. Have you used any tobacco products (i.e. cigarettes, chewing tobacco, other tobacco products) within the past 30 days?

- Yes (*branch to Q32*)
- No, but I used tobacco in the past (more than 30 days ago).
- No, I have never used tobacco (*branch to Q40*)

Q29. When did you quit using tobacco?

- Within the past year
- 1-2 years ago
- Over two years ago
- N/A, I use tobacco on an infrequent/social basis (*branch to Q39*)

Q30. When you quit using tobacco, did you use the FEHB tobacco cessation benefit?

- Yes
- No (*branch to Q40*)
- Don't know/not sure (*branch to Q40*)

Q31. When you quit using tobacco, which elements of the FEHB tobacco cessation benefit did you use? *(Select all that apply)*

- Prescription medications (i.e., bupropion, varenicline, clonidine) at no cost to you *(branch to Q40)*
- Counseling sessions with a health professional at no cost to you. *(branch to Q40)*
- Other _____ *(branch to Q40)*

Q32. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

Q33. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

- Every day
- Some days
- Not at all

Q34. Do you want to quit using tobacco products permanently?

- Yes
- No
- Don't know/Not sure
- N/A- I use tobacco products infrequently, or on a social basis *(branch to Q39)*

Q35. How likely are you to try to quit using tobacco now that FEHB plans will pay for tobacco cessation counseling and medications?

- Extremely likely
- Likely
- Neither more or less likely
- Unlikely
- Extremely unlikely
- Not sure

Q36. During the past 12 months, have you stopped using tobacco for one day or longer because you were trying to quit?

- Yes
- No *(branch to Q39)*

Q37. During the past 12 months, how many times have you attempted to quit using tobacco?

- 1-2 times
- 3-5 times
- More than 5 times

Q38. The last time you tried to quit using tobacco products, did you... *(Select all that apply)*

- Call a telephone quit line?
- Use a class or program to help you quit?
- Use one-on-one counseling from a health professional to help you quit?
- Use over the counter medications (i.e., nicotine gum, patches, lozenges)
- Use prescription medications (i.e., bupropion, varenicline, clonidine)
- None of the above

Q39. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?

- Yes
- No
- Don't know/haven't seen a health professional

Q40. In the past 12 months, did a doctor or other health professional advise you to lose weight?

- Yes
- No
- Don't know/haven't seen a health professional

Q41. In the past 12 months, have you completed a health risk assessment (HRA)?

- Yes, a HRA was available through my health plan.
- No, but I knew a HRA was available through my health plan.
- No, a HRA was not made available to me.
- Don't know

Q42. In the past 12 months, did you set one or more specific goals to manage your health?

- Yes
- No
- Don't know

Q43. Physical activity (i.e., aerobic or muscle strengthening exercises) is an important part of my lifestyle.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- N/A, Physical illness/injury prevent me from participating in these types of physical activities

Q44. Do you have access to a wellness program?

(The program may include nutrition counseling, medication management, fitness classes, health coaching, etc.)

- Yes
- No *(branch to Q46)*
- Don't know/not sure

Q45. Do you participate in a wellness program?

- Yes, I participate in a program through my health plan.
- Yes, I participate in a program through my local community/senior center.
- No, I do not participate in a program

Q46. I prioritize eating healthy, nutritious foods as part of my daily life.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

About You

This section includes basic demographics and questions about how you access your personal health information.

Q47. How often do you use e-mail?

- Frequently
- Occasionally
- Never

Q48. How often do you use the internet to access health information online? *(This includes apps on phones or tablets)*

- Often
- Sometimes
- Rarely
- Never

Q49. What is your zip code? _____

Q50. Which retirement system are you (or your spouse) covered by?

- Federal Employees Retirement System (FERS)
- Civil Service Retirement System (CSRS)
- Other

Q51. Are you:

- Male
- Female

Q52. How old are you? _____

Q53. Please select the racial category or categories with which you most closely identify. (*Select all that apply*)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Q54. Are you Hispanic or Latino?

- Yes
- No

Q55. When did you (or your spouse) retire?

- Less than 5 years ago
- 5-10 years ago
- 11-20 years ago
- More than 20 years ago



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