



U.S. Office of  
Personnel Management

# **2023 Federal Employee Benefits Survey Results Report**

## Introduction

The Federal Employee Benefits Survey (FEBS) gathers employee feedback on the importance, adequacy (extent to which the benefit meets their needs), and perceived value (benefits received for amount of money paid) of the benefits available to Federal employees. The FEBS is a powerful platform for Federal employees to provide input on the benefits available to them. The insights gained from the FEBS help to shape benefit program design, as well as program and policy development. Since 2013, the U.S. Office of Personnel Management (OPM) has administered the survey every other year, adding new questions to explore emerging “spotlight” topics of interest and Administration priorities.

## Survey content

The 2023 FEBS included a total of 84 individual items, plus 11 demographic items. Respondents were able to skip past items that did not apply to them (that is, if not enrolled in a benefit program, respondents were not asked to rate it). The survey maintained much of the core benefit program content from previous FEBS administrations, focusing on the following benefit programs:

- Thrift Savings Plan (TSP)
- Federal Employees Health Benefits (FEHB) Program
- Federal Employees’ Group Life Insurance (FEGLI)
- Federal Employees Dental and Vision Insurance Program (FEDVIP) - Dental
- Federal Employees Dental and Vision Insurance Program (FEDVIP) - Vision
- Health Care Flexible Spending Account (HCFSA) through FSAFEDS
- Dependent Care Flexible Spending Account (DCFSA) through FSAFEDS
- Federal Long Term Care Insurance Program (FLTCIP)
- Paid Parental Leave (PPL)

Spotlight topics in the 2023 survey included access to behavioral and mental health care, long-term impact of COVID-19 infections, fertility benefits, gender affirming care, obesity treatment, and FEHB affordability.

## Survey administration and reporting

OPM administered the survey from October 17, 2023, through November 17, 2023. The 2023 FEBS sample was approximately 100,000, which is significantly larger than the 2021 sample size of approximately 50,000 employees. OPM sent a link to the web survey in an email invitation. (Read [past FEBS reports](#).)

## Response rates

The 2023 FEBS had an overall response rate of 21%, which decreased from a response rate of 27% in 2021 but aligns with the response rate for the 2019 FEBS. Invitations were successfully sent to 97,361 employees<sup>1</sup> and 20,598 completed a survey. The data were weighted to ensure the feedback from survey respondents is representative of the overall Federal workforce.

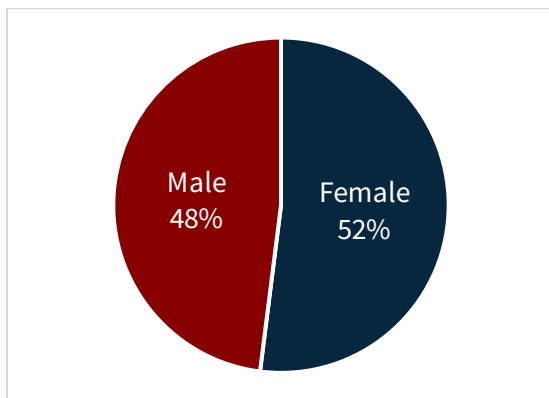
The table below shows the governmentwide response rates for 2023, along with the response rates from the past 2 FEBS.

Trended Response Rates	2019	2021	2023
	21%	27%	21%

## Respondent overview<sup>2</sup>

Key characteristics of the 2023 FEBS respondents on selected demographic categories are highlighted below.

**Figure 1: Percent male and female**

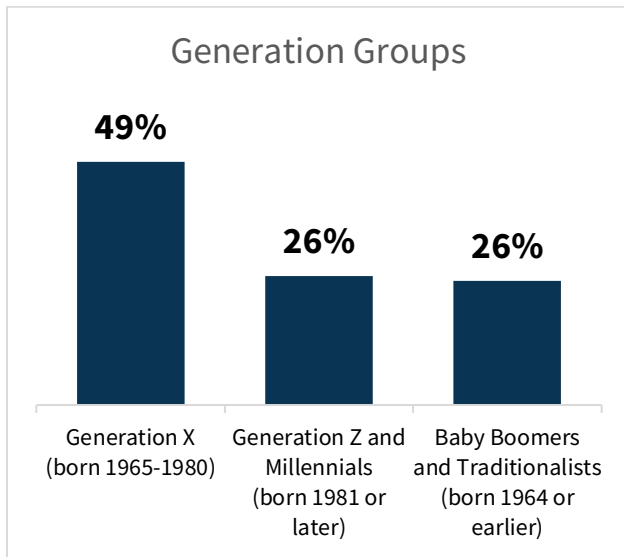


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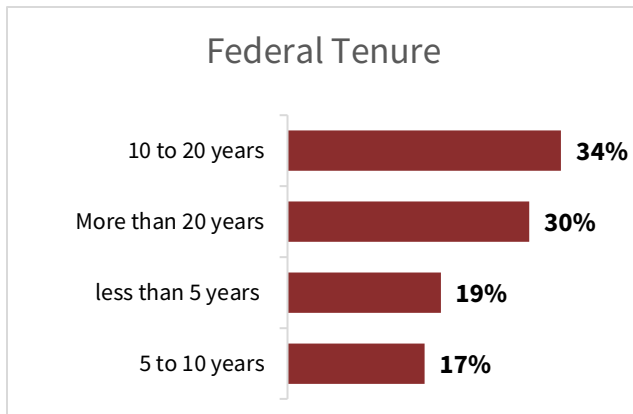
<sup>1</sup> Originally, 100,000 employees were selected to participate in the survey. When the survey invitations were emailed, 2,639 invitations resulted in undeliverable e-mail bounce backs.

<sup>2</sup> Governmentwide demographic comparisons for the employee population can be found on [FedScope](#).

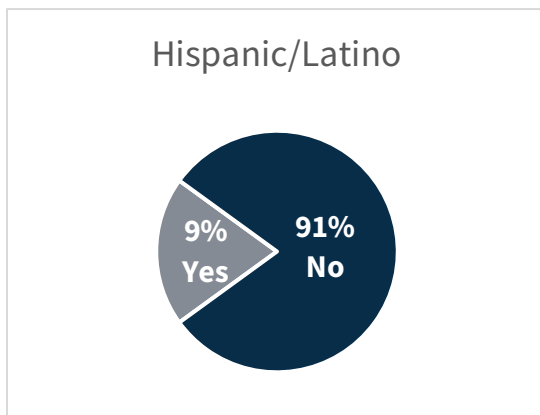
**Figure 2: Percent by generation group**



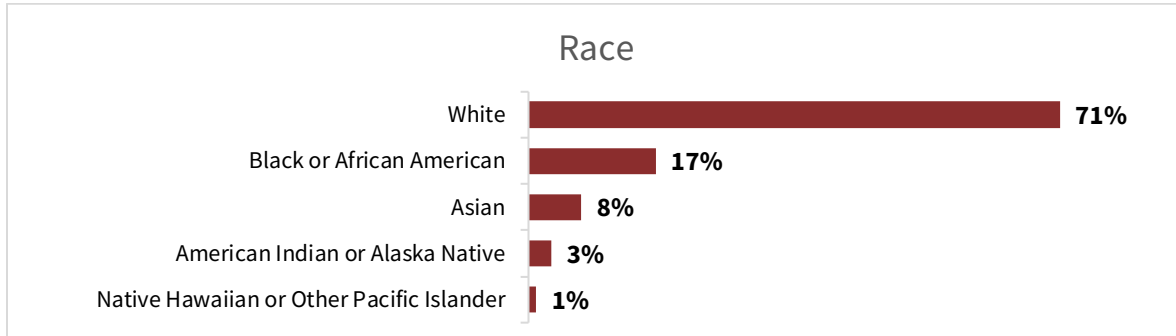
**Figure 3: Percent by Federal tenure**



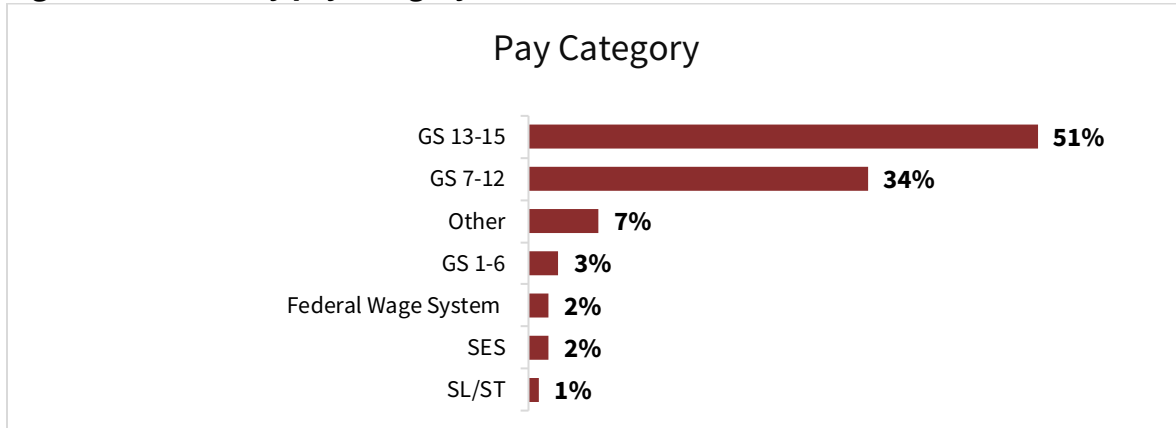
**Figure 4: Percent Hispanic/Latino**



**Figure 5: Percent by race**



**Figure 6: Percent by pay category**



## Core benefit ratings

### Benefit program enrollment

As in prior administrations of the survey, the 2023 FEBS asked respondents to identify which benefit programs they were enrolled in.

- Enrollment findings were generally consistent with results from the 2021 survey. The TSP (98%) and FEHB (81%) had the highest self-reported enrollment.
- DCFSA and FLTCIP had the lowest self-reported enrollment, with 9% of respondents enrolled in each. DCFSA enrollment is expected to be lower than others because the program applies only to those in need of dependent care, and FLTCIP enrollment was paused in December 2022.
- Interestingly, a relatively high number of respondents indicated they “do not know” if they are enrolled in FLTCIP (21%), a higher percentage than those who reported “yes,” they are enrolled. This finding may signal a lack of awareness of what the program is and how enrollment works.

Enrollment results for all programs from the 2023 FEBS are displayed in the table below, including trends between 2021 and 2023.

<b>Benefit Program<sup>3</sup></b>	<b>2021</b>	<b>2023</b>	<b>Change from 2021-2023</b>
TSP	98%	98%	--
FEHB	84%	81%	-3
FEGLI	79%	78%	-1
FEDVIP Dental	73%	75%	+2
FEDVIP Vision	61%	63%	+2
HCFSAs	30%	30%	--
FLTCIP	13%	9%	-4
DCFSAs	9%	9%	--

### **Additional analyses**

- Across programs focused on health coverage (FEHB, FEDVIP Dental and Vision), females had higher enrollment percentages than males. For example, 33% of females were enrolled in HCFSAs, compared to 28% of males.
- Enrollment data across various tenure categories showed that employees who have spent more time in the Federal Government were more likely to be enrolled in the various benefit programs. For example, 78% of employees who have been in government between 5 and 10 years were enrolled in FEDVIP Dental, while 71% of employees who have recently entered government (less than 5 years) were enrolled.
- Enrollment across the racial categories varied by program. Regarding FEHB, Asians had the highest enrollment percentage (86%), while Native Hawaiian or Other Pacific Islanders had the lowest enrollment (78%). However, enrollment data for FEGLI showed American Indians or Alaska Natives with the highest enrollment percentage (82%), and Asians with the least (73%).

### **Reasons for not enrolling in benefit programs**

Respondents who reported they were not enrolled in a benefit program were asked to select the primary reason they did not enroll, which can be helpful in identifying factors that drive decision making when selecting employee benefits. This feedback builds OPM’s understanding of potential barriers to enrollment, so we can improve benefits education offerings and identify potential challenges with current benefits.

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<sup>3</sup> Enrollment results are weighted. In previous reports, enrollment results were reported as unweighted data but both 2021 and 2023 have been weighted in this table.

Understanding why employees decline to participate is particularly useful when looking at the programs with lowest enrollment: DCFSA, FLTCIP, and HCFSA, which all had less than 50% enrollment.

- The most frequently reported primary reason for not enrolling in the DCFSA was not having a need for dependent care.
- The most frequently selected primary reason for not enrolling in FLTCIP was a lack of awareness or information about the program.<sup>4</sup> HCFSA also had less than 50% reported enrollment, and the most frequently selected primary reason for not enrolling was respondents’ concern that they might not spend the money during the benefit period and would have to forfeit remaining funds. This finding suggests an opportunity to broaden employees’ understanding of how to use HCFSA funds and how to roll remaining funds into the next benefit period.

The most frequently selected primary reasons for not enrolling in each benefit program are listed in the table below, along with the overall percentage of the population not enrolled in each program.

<b>Benefit Program</b>	<b>Percent <i>not</i> enrolled in each program</b>	<b>Most frequently reported reason for <i>not</i> enrolling in each program</b>
DCFSA	91%	This program is not applicable to me (do not have an eligible dependent (34%))
FLTCIP	70%	I do not have enough information about the program/not aware of the program (35%)
HCFSA	70%	I am concerned that I will not spend the money during the benefit period and will have to forfeit the remaining funds (19%)
FEDVIP Vision	37%	I do not think it is a good value (20%); I am not currently in need of vision care (20%)
FEDVIP Dental	25%	I am enrolled in a dental insurance program outside of FEDVIP (33%)
FEGLI	23%	I have life insurance outside of FEGLI (33%)
FEHB	19%	I have other health insurance (81%)
TSP	2%	Other (33%)

<sup>4</sup>The response option “I was unable to after enrollment was suspended in December of 2022” was included in this question to account for those who were unable to enroll due to the suspension. [Americans’ Challenges with Health Care Costs](#)

## Importance of benefit program availability

All respondents, regardless of enrollment status, were asked to rate how important the availability of each benefit program is to them. The combined results from the top 2 rating categories, “extremely important” and “important,” are displayed in the table below, along with the ratings from the 2021 FEBS for comparison.

- Most of the benefit programs had an increase in importance rating in 2023. Two programs had noteworthy increases: FLTCIP increased by 10 percentage points and FEDVIP Vision increased by 7 percentage points.
- FEDVIP Dental and DCFSA had moderate increases in importance ratings, with both increasing by 5 percentage points. TSP, FEHB, Retiree Health Benefits, and Retirement Annuity continue to have the highest percentage (over 90% for each program) of respondents answering that the availability of the program is either important or extremely important.

Benefit Program	2021 Extremely Important/Important	2023 Extremely Important/Important	Change from 2021- 2023
TSP	96%	96%	--
Retirement annuity	95%	95%	--
Retiree Health Benefits	93%	93%	--
FEHB	90%	90%	--
FEDVIP Dental	81%	86%	+5
FEDVIP Vision	71%	78%	+7
FEGLI	70%	71%	+1
FLTCIP	41%	51%	+10
HCFSAs	43%	46%	+3
DCFSA	27%	32%	+5

## Additional analyses

- Across all programs females reported higher importance ratings than males.
- Younger generations (Generation Z and Millennials) reported higher importance ratings for FEHB (94%) than did older generations, Baby Boomers, and Traditionalists (84%).
- FLTCIP had the largest increase in importance ratings since 2021.

## Adequacy and value ratings for FEHB and TSP

Respondents enrolled in FEHB and TSP were asked about the adequacy (extent to which the benefit meets their needs) and value (benefits received for amount of money paid) of each benefit. The results are displayed in the tables below.



- Overall results for both adequacy and value were positive, with 90% or more of enrollees reporting FEHB and TSP meet their needs to a great or moderate extent.
- Value ratings results were slightly lower but still generally positive, with 66% of enrollees indicating FEHB was an excellent or good value and 85% reporting TSP was an excellent or good value. The adequacy rating for FEHB was found to be consistent over time, with results falling within one percentage point of the 2021 FEBS results.
- The TSP adequacy rating decreased slightly by 3 percentage points since 2021.
- Value ratings for both FEHB and TSP programs were notably lower in 2023. FEHB decreased 7 percentage points and TSP decreased 6 percentage points since 2021.

Adequacy Ratings	2021 meets needs to a great or moderate extent	2023 meets needs to a great or moderate extent
FEHB	95%	94%
TSP	93%	90%

Value Ratings	2021 excellent or good value	2023 excellent or good value
FEHB	73%	66%
TSP	87%	82%

### Additional analyses

- In general, enrollees in higher pay categories and with higher household incomes gave FEHB and TSP higher adequacy and value ratings.
- Older generations (Boomers and Traditionalists) were more likely to give FEHB and TSP higher adequacy and value ratings than younger generations (Gen Z and Millennials).

### Impact of FEHB, TSP and a retirement annuity on employee recruitment and retention

The 2023 survey included items addressing the potential impact of several benefit programs on employee recruitment and retention. Respondents were asked to indicate the extent to which the availability of FEHB, TSP, a retirement annuity, and paid parental leave influenced their decisions to take a job with the Federal Government and to remain in a job with the Federal Government. The PPL results are outlined later in the PPL section of this report, while this section focuses only on FEHB, TSP, and a retirement annuity.

Health and retirement benefits factored significantly into the decision to take a job, with over two-thirds of employees reporting that FEHB, TSP, and a retirement annuity influenced their

decision to take a job with the Federal Government to a great or moderate extent. These results remain consistent with 2021 results. Looking next at the impact of these benefit programs on retaining employees, the results are even more compelling with over three-quarters of employees reporting that all 3 benefit programs influenced their decision to stay with the Federal Government to a great or moderate extent. Again, these results are consistent with 2021 results, with any changes being within 1 or 2 percentage points. It is clear that these major benefit programs have an impact on both recruiting and retaining talent in the Federal Government, making it critical to continuously improve these benefits to meet employee needs. Results for FEHB, TSP, and retirement annuity are displayed in the table below, with trends back to 2021.

Benefit Program	Percent reported the availability of benefit influenced decision to <b>take a job</b> with the Federal Government to a great/ moderate extent		Percent reported the availability of benefit influenced decision to <b>remain in a job</b> with the Federal Government to a great/ moderate extent	
	2021	2023	2021	2023
FEHB	72%	69%	79%	78%
TSP	71%	67%	81%	80%
Retirement Annuity	78%	77%	88%	86%

## Paid parental leave

Paid parental leave became available as a benefit to employees on October 1, 2020, and provides for up to 12 weeks of paid time off for the birth of an employee’s child, or the placement of a child with an employee for adoption or foster care. To assess employee awareness of what was a newer benefit at the time, the 2021 FEBS asked respondents if they were aware of the benefit prior to reading about it on the survey. In 2021, 67% of employees reported knowing about the benefit, and this increased to 74% in 2023. This relatively large increase in awareness since 2021 is a promising finding and shows most employees are aware of the benefit, though there is continued opportunity to increase awareness.

In addition to gauging employee awareness of PPL, the FEBS asked about reasons for using the benefit, amount of the benefit used, and the impact of the benefit on employee recruitment and retention.

- Birth of a child was the most common qualifying event reported by respondents (4%), while only less than one percent reported taking in a child for foster care or adopting a child.
- The vast majority of those who had a qualifying event reported using/planning to use the PPL benefit (89%), and 96% of those who used/planned to use PPL reported using the benefit for the birth of their child. This finding is consistent with results from the [2022](#)

[Federal Employee Viewpoint Survey](#), showing most employees used PPL for the birth of a child.

- Of those employees who reported use or planned use of some amount of PPL based on a qualifying event, 91% indicated they had used or would use the full 12 weeks. In the case of those who reported not using all 12 weeks, some of the more common reasons cited were feelings of not being able to be away from job responsibilities and concerns about impact on career advancement.
- Looking at PPL's impact on recruiting new employees, 19% of employees reported that the availability of PPL influenced their decision to take a job with the Federal Government to a great or moderate extent. This percentage is quite high given that 52% indicated "not applicable" for this item, meaning they were already Federal employees when the benefit became available, or they had no reason to use the benefit.
- Looking at the impact of PPL on retaining Federal employees, 26% also reported it influences their decision to remain in a job with the Federal Government to a great or moderate extent. Again, in this case a large percentage of employees (37%) indicated they had no reason to use the benefit. The PPL benefit does appear to have an impact on both recruitment and retention for those who may need it.

### **Additional analyses**

- Over 10% of employees born 1981 or later reported experiencing the birth of a child in the last 12 months, making PPL a key addition to Federal employee benefits for the younger component of the Federal workforce.
- Of employees experiencing the birth of a child, a higher percentage of them were male (59%) than female (41%). Female employees were also much more likely to use the full 12 weeks of leave (99%) compared to male employees (87%).
- Of the employees who reported that the benefit influenced their decision to take a job with the Federal Government to a great extent, 68% were in the Millennial/Gen Z group.
- The PPL benefit appears to have an even greater influence on retaining these younger employees, as 70% of the employees who indicated the benefit influences their decision to stay in a job with the Federal Government to a great extent were in the Millennial/Gen Z group. It is clear the relatively new PPL benefit is having an impact on recruiting and retaining employees, particularly those in the Millennial/Gen Z age group.

## FEHB enrollment and plan choice

### Other health insurance enrollment

In addition to asking respondents about enrollment in FEHB, the 2023 FEBS asked for more information about health insurance coverage **in addition** to FEHB. The majority of respondents who indicated enrollment in both FEHB and another program had additional coverage through VA benefits. The majority of those **not** enrolled in FEHB indicated that they had coverage through TRICARE (57%) followed by VA benefits (40%).

### OPM’s Plan Comparison Tool and changing health plans

#### Changing FEHB plans

To better assess how many employees may be evaluating FEHB plans each year during Open Season, respondents enrolled in FEHB were asked if they had considered changing their plan within the past 5 years. Over one-third of respondents (40%) reported they had considered changing their plan.

To understand how employees make decisions related to health plan choice, those who had considered changing their plan were asked to identify the reasons why they consider changing plans. The results suggest cost is a major driver of considering a health plan change, with the top reasons all relating to wanting lower payments or premiums. The results are displayed in the table below.

Reason for Considering Changing Plan	Percent Selected
Wanted a plan with a lower monthly premium	56%
Wanted a plan with a lower copayment/coinsurance	41%
Wanted a plan with a lower deductible/no deductible	38%
Wanted a plan offering better quality health care	27%
Wanted specific benefit coverage that was not offered by my previous plan	23%
Had a qualifying life event (marriage, divorce, birth of a child, etc.)	15%
Preferred healthcare provider(s) was not covered by my previous plan	12%
Moved to a new location	7%
Other	7%

To better understand where employees go for information on FEHB plans, those who reported that they considered changing their plan were asked to identify which resources they used for information about plan options. FEHB plan brochures was the most frequently used resource, followed by OPM’s Plan Comparison Tool. OPM provides a Plan Comparison Tool on [opm.gov](https://www.opm.gov)

that allows employees to look at features such as premiums, deductibles, and pharmacy costs for plans available in their geographic region. The results are listed in the table below.

Resource	Percent Selected
FEHB plan brochures	60%
OPM’s Plan Comparison Tool	52%
OPM’s website	43%
Individual FEHB health insurance plan websites	39%
Word of mouth (friends, colleagues, etc.)	34%
Benefits fair	11%
Other	8%

Overall, 65% of those enrolled in FEHB agreed the last time they selected or switched health plans, they had enough information to choose the right plan for them. All employees (whether enrolled in FEHB or not) were also asked to identify the top 3 most important factors when selecting a health plan. Two of them related to cost. The results are displayed in the table below.

Factors	Percent Selected
Total out of pocket costs (deductibles, premiums, copays, etc.)	81%
The providers that participate in the plan network	48%
Prescription drug costs	40%
Cost of primary care doctor office visits	40%
Coverage for specific health conditions	24%
Quality ratings	16%
Hospital inpatient charges	16%
Catastrophic limits	11%
Coverage for specific services such as gender-affirming care, fertility benefits, wellness services, etc.	8%
Availability of mail order pharmacy benefits	3%

### OPM’s Plan Comparison Tool

Many resources, tools and services exist to help consumers select the best health plan to meet their needs. The 2023 FEBS included several items to better understand employees’ experience using OPM’s Plan Comparison Tool (PCT) as a resource for selecting an FEHB plan. Overall, 30% of respondents indicated they have used the PCT within the last 12 months, 5% were unsure if they had used it, and 65% reported they have not used it.

Of those who reported they used the PCT within the past 12 months:

- 80% agreed the tool was useful in selecting a health plan.
- 76% reported overall they were satisfied with the tool.

## Additional analyses

- By generation: Younger employees reported using the PCT more than older generations. Generation Z and Millennials reported using the PCT the most within the past 12 months (38%), followed by Generation X (28%) and Baby Boomers/Traditionalists (22%).
- By pay category: 40% of employees in the Senior Level (SL)/Scientific or Professional (ST) pay grade reported using the PCT within the past 12 months, which is higher than all other pay categories. SES employees reported using the PCT the least (16%).

## Spotlight health topics: Major takeaways

### Affordability

Ensuring quality and affordability are hallmark priorities of the FEHB Program, as OPM understands that health care costs can have a huge impact on the financial well-being of Federal employees. Health care costs often rank as a top financial worry for Americans and according to the Kaiser Family Foundation (KFF) approximately half of U.S. adults report that it is difficult to afford health care costs. Moreover, 1 in 4 U.S. adults say they or a family member in their household had problems paying for health care in the past 12 months. KFF also reports that 1 in 4 adults have skipped or postponed getting needed health care in the past 12 months due to cost concerns and approximately 1 in 5 adults say they have not filled a prescription because of the cost. Access to health insurance coverage does not completely mitigate concerns over costs – 4 in 10 insured adults worry about affording their monthly premium and 48% worry about affording their deductible before coverage is triggered.<sup>5</sup>

Comparing FEBS results to these U.S. general population findings, the results are slightly more positive, but generally track closely in terms of the percentage of people reporting that they've delayed health care because of the cost. The FEBS results showed 20% of employees delayed or decided not to get health care within the past 12 months because they could not afford the out-of-pocket costs of care. Looking closer at the employees who reported delaying health care, 86% of them also reported being enrolled in FEHB.

### Long COVID - 19

The National Academies of Science, Engineering, and Medicine define Long COVID (LC) as an infection-associated chronic condition (IACC) that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.<sup>6</sup> Long COVID can last weeks, months, or even

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<sup>5</sup> [Americans' Challenges with Health Care Costs](#)

<sup>6</sup> [A Long COVID Definition](#)

years, but there is no official way to test if someone has Long COVID. In July of 2021, Long COVID was recognized as a condition that could result in disability under the Americans with Disabilities Act if it substantially limits one or more major life activities. Research and understanding of Long COVID is lacking, especially when it comes to the number of Americans impacted by the condition. A recent study analyzing data collected from nearly half a million Americans in the period June 2022-December 2022 from the Census Bureau's Household Pulse Survey found that 14% of respondents reported experiencing Long COVID at some point.<sup>7</sup>

Because of the significant impact that Long COVID can have on one's quality of life, mental health, and ability to work, OPM wanted to determine what impact it may be having on the Federal workforce. The following are key takeaways from the questions related to COVID-19 and Long COVID<sup>8</sup> on the 2023 FEBS.

- 25% of employees who contracted COVID-19 had symptoms that lasted 3 months or longer that were not present prior to infection (9% did not know if they had symptoms lasting 3 months or longer after contracting COVID).
- 67% of individuals with 'long-COVID' symptoms reported that their symptoms reduce their ability to carry out day-to-day activities 'a lot' or 'somewhat'. This is lower than an estimate from the Kaiser Family Foundation that reports among people with Long COVID, 79% report having limitations to their day-to-day activities.<sup>9</sup>

## Fertility

Approximately 1 in 6 people of reproductive age<sup>10</sup> are impacted by infertility, which has been considered a disease by the American Medical Association since 2017.<sup>11</sup> In recent years, some employers have been expanding benefits to include coverage of the diagnosis and treatment of infertility, including procedures such as artificial insemination and in-vitro fertilization (IVF), and employees are increasingly looking to employers to cover these benefits.<sup>12</sup>

To position the Federal Government as a model employer, OPM required FEHB Carriers to cover a minimum of certain treatments for infertility starting in 2024. OPM asked Federal employees

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<sup>7</sup> [Long COVID in the United States](#)

<sup>8</sup> Long COVID was defined in the FEBS survey as having one of the following symptoms for 3 months or longer that was not present before a COVID-19 infection: tiredness or fatigue, difficulty thinking, concentrating, forgetfulness or memory problems (sometimes referred to as "brain fog"), difficulty breathing or shortness of breath, joint or muscle pain, fast-beating or pounding heart (also known as heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste/smell, or inability to exercise.

<sup>9</sup> [Long Covid: What do the Latest Data Show?](#)

<sup>10</sup> [Defined by the CDC](#) as women ages 15-44

<sup>11</sup> [Recognition of Infertility as a Disease](#)

<sup>12</sup> [Fertility Benefits Rapidly Rising as Employers Look to Attract and Support Talent](#)

about their interest in having access to treatments for infertility in the FEBS, which is summarized below.

- Approximately two-thirds of employees (66%) agreed that coverage for a variety of fertility treatments and procedures should be available through FEHB plans. When looking specifically at respondents in the age group most likely to be using fertility treatments and procedures (people born in 1981 or later)<sup>13</sup> the percentage increased, with 76% agreeing fertility treatments and procedures should be available through FEHB plans.
- A similar pattern was seen when employees were asked if additional benefits should be provided to employees through private companies at a discounted rate if their FEHB plan doesn't cover all the fertility benefits they might want. Overall, 63% of employees said yes, additional benefits should be provided. That percentage increased to 75% among employees in the "born 1981 or later" age category.
- 4% of employees indicated that they had **not** received fertility treatments despite having a need for a treatment/procedure. The reason most selected for why treatment was not received was related to cost (51%).

## Obesity

Obesity is a chronic condition that affects nearly 42% of the U.S. adult population and 20% of children and adolescents.<sup>14</sup> Various studies have linked obesity to high health care costs, increased risk for developing other chronic conditions, and lower quality of life. Although the American Medical Association defined obesity as a chronic condition in 2013, the idea that obesity is a "lifestyle disease" has persisted in health insurance and the medical field.<sup>15</sup>

Since 2022, OPM has been updating policies around the prevention and treatment of obesity within the FEHB. OPM's goal is to ensure that Federal employees have access to a full range of medications and services to prevent and treat obesity. Starting in January of 2023, all FEHB Carriers were required to cover anti-obesity medications, including at least one GLP-1 receptor agonist.<sup>16</sup> These medications have frequently made headlines for how effective they are at achieving weight loss, in addition to concerns about cost, access problems, and negative side effects.

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<sup>13</sup> This age range was chosen because the demographic question on age in the survey limited responses to generation groups. Other sources may define childbearing age differently.

<sup>14</sup> [Adult Obesity Facts](#)

<sup>15</sup> [Is Obesity a Disease?](#)

<sup>16</sup> GLP-1 receptor agonists are injectable medications that are used to control blood sugar or lose weight. Examples include but aren't limited to Ozempic, Wegovy, and Zepbound.



The 2023 FEBS included questions to measure how many Federal employees were aware of and had utilized anti-obesity treatments available through FEHB plans. The following are key takeaways from these questions:

- Over half of respondents (55%) indicated that they were **not** aware that FEHB plans cover services such as health coaching, nutrition counseling, and weight management treatments for obesity.
- 79% of all respondents indicated that they were **not** aware that FEHB plans now cover prescription medications to treat obesity.
- 62% of respondents indicated they or a family member had attempted to lose weight in the past 12 months.
  - The top treatments/services used to lose weight by these respondents include nutritional counseling (16%), online weight loss programs (15%), prescription medications (14%), and digital platforms or applications (13%).
  - The most frequently reported response to this item was that they had used no treatment/services in their attempt to lose weight (37%), which tracks with the overall low awareness of this coverage through FEHB.

## Mental health

The mental and emotional well-being of Federal employees remains a priority for both Federal agencies and the FEHB Program. Since 2001, FEHB has promoted mental health parity across the program, meaning mental health and substance use disorder services are covered in parity with medical care and services. OPM has continued to evaluate the availability of, and access to, mental health benefits and providers via the FEHB Program to support the overall well-being of the Federal workforce.

The Centers for Disease Control and Prevention (CDC) estimates that more than 1 in 5 adults live with mental illness.<sup>17</sup> Access to mental health services continues to be a challenge with the National Institute of Mental Health estimating that in 2021, of the 57.8 million Americans living with a mental illness, fewer than half (47.2%) received treatment within the prior year.<sup>18</sup>

- 24% of respondents indicated that within the last 12 months they or a family member received treatment for a condition that was emotional, mental, or behavioral in nature in person and 20% indicated that they received treatment virtually.<sup>19</sup>

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<sup>17</sup> [CDC: About Mental Health](#)

<sup>18</sup> [NIMH: Mental Illness Health Statistics](#)

<sup>19</sup> Respondents were able to select all that applied, so it's possible that they received care both in person and virtually.

- Of the 5% of respondents who indicated that they/a family member did not receive treatment, *but that there was a need*, nearly half (47%) said it was because they had difficulty finding a provider.

## Gender-affirming care

Gender affirming health care can include any single or combination of social, psychological, behavioral or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.<sup>20</sup> The availability of gender affirming health care can have a huge impact on individuals diagnosed with gender dysphoria, as research demonstrates that it can significantly improve the mental health and overall well-being of gender diverse individuals. Medical and psychosocial gender affirming healthcare practices have been demonstrated to yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life for transgender and gender diverse youth.<sup>21</sup> As a result, OPM has emphasized the importance of gender affirming health care to FEHB Carriers in recent years to ensure Federal employees, retirees, and their covered family members with a diagnosis of gender dysphoria have access to appropriate benefits and coverage, including, but not limited to, counseling, social supports, hormone therapy, genital surgeries, breast/chest surgeries, and facial surgeries. Of the employees who reported that they or a family member sought gender-affirming care or services, the majority (72%) said that they/their family member were able to get the needed care/services.

## 2023 FEBS top core benefit program takeaways

- Enrollment results were generally steady between 2021 and 2023, with the top enrollment in programs such as TSP and FEHB and the lowest enrollment in DCFSA, FLTCIP, and HCFSA.
- Employees **not** enrolled in FEDVIP Dental and FEGLI reported enrollment in alternative dental and life insurance programs as the primary reason for not enrolling.
- TSP, retirement benefits, and FEHB are the most important benefits to employees. 90% or more respondents rated the availability of TSP, retirement annuity, retiree health benefits, and FEHB as “extremely important” or “important,” regardless of whether they were enrolled.
- 94% of FEHB enrollees reported the benefit meets their needs and 66% said it was an excellent or good value.
- 90% of TSP enrollees reported the benefit meets their needs and 82% said it was an excellent or good value.

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<sup>20</sup> [Gender incongruence and transgender health in the ICD](#)

<sup>21</sup> [Gender Affirming Care and Young People](#)

- While adequacy rating for FEHB and TSP were relatively consistent with 2021 ratings, the value rating for both programs decreased by 7 and 5 percentage points respectively.
- FEHB, TSP, and a retirement annuity are all critical in recruiting and retaining talent, with a majority of employees reporting these benefits have an impact on their career decisions.
- Employee awareness of the PPL benefit has increased significantly since 2021.
- A majority of employees using PPL are using it for the birth of their child and are taking the full 12 weeks of leave available to them. Female employees are more likely than male employees to use the full 12 weeks of leave.
- The availability of PPL appears to have a notable impact on both recruitment and retention of employees born 1981 or later, the age group most likely to use the benefit.