

Federal Benefits Open Season Highlights

2024 Plan Year



The Federal Benefits Open Season for the 2024 plan year for health insurance under the FEHB Program, dental and vision insurance under FEDVIP and flexible spending accounts under FSAFEDS will be held from November 13 through December 11, 2023.

Federal Benefits Open Season Highlights 2024 Plan Year

- The Federal Benefits Open Season for the 2024 plan year for health insurance under the FEHB Program, dental and vision insurance under FEDVIP and flexible spending accounts under FSAFEDS will be held **from November 13 through December 11, 2023**. Federal Benefits Open Season gives Federal employees and other eligible individuals the opportunity to review their plans, make changes, and enroll in one of 156 FEHB plan choices for 2024.
- The FEHB Program is market-based, centered on choice and competition. Major cost drivers of our Program generally align with those in the commercial market. The major drivers for 2024 are projected to include increases in cost and utilization of specialty and brand name prescription drugs, emergency care, and outpatient care.
- New for the 2024 plan year is an opportunity for eligible enrollees to receive additional savings and enhanced benefits through a Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP) offered by 10 FEHB plans. This is in addition to the 28 FEHB plans offering a Medicare Advantage Prescription Drug Plan (MA-PD) EGWP in 2024. This change is projected to reduce total FEHB costs by approximately 2.8%, resulting in a more moderate overall rate increase when compared to similarly sized employer groups.
- Postal employees and annuitants remain enrolled in FEHB for 2024. Next year's Open Season will bring changes to this group with the inaugural Open Season for the new Postal Service Health Benefits (PSHB) Program. More information about this new program, which will begin on January 1, 2025, is below.

FEHB Rates and Changes

FEHB Rates

Established in 1960, the FEHB Program is the largest employer-sponsored health benefits program in the United States. Today, the FEHB Program provides health insurance benefits to approximately 8.2 million Federal civilian employees, annuitants, and their families, as well as certain Tribal employees and their families.

The Government's share of premiums paid for the FEHB Program is set by law. Known as the "Fair Share" formula it is designed to maintain a consistent level of Government contributions, as a percentage of total program costs, regardless of which health plan or type of enrollment enrollees elect.

The overall average increase in rates for the FEHB Program for 2024 is 5.8%.

- For most Federal employees and annuitants: the average Government contribution will increase by 5.0%.
- The enrollee share will increase an average of 7.7%.

A rates chart is offered on [opm.gov](https://www.opm.gov) that provides the actual dollar premium change for each FEHB plan choice and enrollment type. All prospective and current enrollees are encouraged to review this carefully for specific changes to the enrollee share portion of the premium, with a reminder that premiums should just be one factor in the enrollee decision. Enrollees should evaluate all available information to include [plan quality](#) and [specific coverage information](#) to make the best decision for themselves and their families.

Similarly Sized Employers

To provide perspective on the annual FEHB premium changes, OPM routinely benchmarks itself against comparable large employers. The FEHB Program average 5.8% premium increase for 2024 is slightly less than reported increases by comparable large employers.

- On July 18, 2023, [CalPERS](#) Board of Administration announced rate and plan changes approved for 2024 at an overall average increase of 10.77%. CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. CalPERS serves more than 1.5 million members and their families in their health program and is similar in structure to the FEHB Program as both active employees and annuitants have access to the same plan options, benefits, and premiums.
- On August 22, 2023, the [Business Group on Health](#) (BGH) announced the results of their Large Employer Health Strategy Survey. The survey posed a series of questions to employers for their perspectives on topics such as the role that health and well-being play in the workforce and actions needed to advance the quality of health care. BGH surveyed 152 large employers representing 19 million lives and found that companies project a 6% increase on average in their 2024 health insurance plan premiums and costs.
- [PriceWaterhouseCoopers](#)' (PwC) Health Research Institute (HRI) is projecting a 7% medical cost trend in 2024, up from 6% in 2023, for both Individual and Group markets. HRI surveyed US health plans covering 100 million employer-sponsored large and small group members and 10 million ACA marketplace members. The higher medical cost trend in 2024 reflects health plans' modeling for inflationary unit cost impacts with their contracted healthcare providers, as well as persistent double-digit pharmacy trends.
- It is important to note that most employers do not offer coverage to their retirees and those that do generally include those retirees in a separate risk pool. The FEHB Program covers both annuitants and active employees in the same risk pool. Everyone enrolled in a plan pays the same premium, regardless of age, health, or preexisting conditions.

FEHB Cost Drivers Impacting 2024 Premiums

The largest contributor to the 2024 premium increase reported by FEHB carriers is increases in medical trend, which measures the change in costs and utilization of services. Carriers

specifically noted increases in cost and utilization to specialty and brand drugs, emergency room care, and outpatient care as primary drivers of increased trend.

FEHB Historical Annual Average Premium Increases Before Open Season Movement		
Year	Average Percent Increase	Average Enrollee Premium Increase for Most Federal and Annuitants
2024	5.8%	7.7%
2023	7.2%	8.7%
2022	2.4%	4.1%
2021	3.6%	4.9%
2020	4.0%	5.7%

Appendix D provides additional information on premium rates before and after changes in enrollment during Open Season.

FEHB Plan Options

Eligible persons enjoy a wide choice of plans from which to choose. At a minimum, every single FEHB enrollee has a choice of 17 nationwide fee-for-service plan options open to all and may have a choice of 5 additional nationwide fee-for-service options available to certain groups. The number of local or community-based HMOs varies by area. For example, for 2024, an enrollee living in Washington DC has 42 plan options, while an enrollee living in Sioux Falls, SD has 27 plan options. (Excludes Fee-for-Service (FFS) plans with availability limited to certain groups).

For 2024, the FEHB Program has 67 participating carriers offering a total of 157 plan choices (in 2023, there were 271). The reduction in health plan choices is attributed mainly to the exit of one carrier, Humana, from the FEHB Program which offered multiple plans with a total enrollment of less than 10,000 subscribers (see chart below). There are:

- 17 nation-wide FFS plan options open to all (including HDHPs and CDHPs; in 2023, there were 18)
- 5 FFS plan options with availability limited to certain groups (Compass Rose, Foreign Service Benefit Plan, Rural Carriers Benefit Plan, and Panama Canal Area Benefit Plan) (In 2023, there were 4)
- 135 Health Maintenance Organization (HMO) plan options (including HDHPs and CDHPs; in 2023, there were 215)

- In total, 15 High Deductible Health Plans and 8 Consumer Driven Health Plans are offered in 2024, 4 of which are nationwide.

In 2024, the Plans listed below will no longer be offered in the FEHB Program. Enrollees in these terminating plans **must** make a positive election into another FEHB plan choice during Open Season or be automatically enrolled in the lowest-cost nationwide plan option with no membership fees as determined by OPM. For Plan Year 2024, this will be the GEHA Indemnity Benefit Plan, Elevate Option (Plan Code 254):

Terminating Plan	Plan Service Area
Aetna Open Access	Kansas City Metropolitan Area (Kansas and Missouri)
AultCare Insurance Company	Stark, Carroll, Holmes, Tuscarawas and Wayne counties and the Canton Metropolitan area in Ohio
Humana* CoverageFirst CDHP/Value Plan	Phoenix and Tucson, Arizona; Daytona, Orlando, Tampa and South Florida, Florida; Atlanta, Columbus and Macon, Georgia; Chicago, Illinois; Central Illinois; Kansas City, Kansas/Missouri; Lexington and Louisville, Kentucky; Cincinnati, Ohio; Austin, Corpus Christi, Houston and San Antonio, Texas; Knoxville, Tennessee.
Humana High Deductible Health Plan	Phoenix and Tucson, Arizona; Daytona, Orlando, Tampa and South Florida, Florida; Atlanta, Columbus and Macon, Georgia; Chicago, Illinois; Central Illinois; Kansas City, Kansas/Missouri; Lexington and Louisville, Kentucky; Cincinnati, Ohio; Austin, Corpus Christi, Houston and San Antonio, Texas; Knoxville, Tennessee.
Humana Health Plan	Central and Northwestern Illinois, Chicago, IL metropolitan area, Denver and Colorado Springs, CO
Humana Health Plan	Kansas City, KS/MO metropolitan area, Knoxville, TN, Lexington, KY, Louisville, KY, Phoenix, AZ and Tucson, AZ.
Humana Health Plan of Texas	Austin, Corpus Christi, Houston and San Antonio areas
Humana Medical Plan	Daytona, Orlando, South Florida and Tampa Area
Humana Employers Health Plan of Georgia	Atlanta, Columbus and Macon, GA Area

Terminating Plan	Plan Service Area
Humana Health Benefit Plan of Louisiana	Baton Rouge and New Orleans Area
Humana Health Plan of Ohio	The Greater Cincinnati area including parts of Kentucky and Indiana
Humana Health Plans of Puerto Rico	The Commonwealth of Puerto Rico
Indiana University Health Plans Select	25 Indiana Counties: Blackford, Boone, Brown, Carroll, Clinton, Delaware, Fountain, Grant, Hamilton, Hendricks, Jay, Johnson, Lawrence, Marion, Monroe, Montgomery, Morgan, Orange, Owen, Putnam, Randolph, Shelby, Tippecanoe, Tipton, and White.
UnitedHealthcare Insurance Company, Inc.	Miami, Orlando and Tampa, FL and Atlanta, GA

*Humana is exiting the Employer Group Commercial Medical Products business, which includes all fully insured, self-funded and Federal Employee Health Benefits medical plans, over the next 18 to 24 months. For the FEHB Program, this will be for effective Plan Year 2024, impacting less than 10,000 of our FEHB subscribers.

There is one new plan choice with an existing FEHB Carrier for 2024.

New Plan Choice with Existing FEHB Carriers for 2024	
Plan Name	Option
Compass Rose (Nationwide closed plan)	Standard Option

FEHB Program enrollees have several plan options available to them regardless of where they reside. The chart below identifies examples of that.

Region	State	Approximate Number of Enrollees[†]	Number of Plan Options Offered for 2024
Northeast	Maine	24,176	27
Southeast	DC	156,310	42
Midwest	Illinois	115,620	31

Region	State	Approximate Number of Enrollees[†]	Number of Plan Options Offered for 2024
West	New Mexico	39,141	30

[†]Enrollee numbers are approximate since they are from 2022, as 2023 numbers are not available.

Tribes and Postal Service Health Benefits Program

Tribes

- The FEHB Program provides coverage to employees of certain Indian tribes, tribal organizations, and urban Indian organizations.
- Currently, 142 tribal employers¹ representing tribes, tribal organizations, urban Indian organizations, and tribal grant schools have purchased FEHB coverage for approximately 34,000 of their tribal employees with a total of 68,000 covered lives (enrollees and family members).

Postal Service Health Benefits Program

- The Postal Service Health Benefits (PSHB) Program is a new, separate program within the Federal Employees Health Benefits (FEHB) Program, administered by the Office of Personnel Management (OPM), which will provide health insurance to eligible Postal Service employees, Postal Service annuitants, and their eligible family members starting on January 1, 2025. The PSHB Program coverage will replace FEHB Program coverage for these groups.
- Postal Service employees, annuitants, and eligible family members may continue to participate in the FEHB Program through December 31, 2024. The first opportunity to select a PSHB plan will take place during Open Season in late 2024, and coverage under the PSHB health benefits program will begin January 1, 2025. Postal Service employees and Postal Service annuitants enrolled in FEHB plans on December 31, 2024, who did not enroll in a new PSHB plan during Open Season in 2024 will automatically be enrolled in a PSHB plan.

Benefits Overview

FEHB

For the 2024 Plan Year, OPM is pleased to deliver enhanced benefit offerings in the following areas across the FEHB Program: Fertility Benefits, FEHB and Medicare Coordination, Pharmacy Benefit Design, Gender Affirming Care and Services, Maternal Health, Prevention

¹Section 409 of the Indian Health Care Improvement Act authorizes certain Indian tribes, tribal organizations and urban Indian organizations that carry out specific programs to purchase coverage, rights and benefits under the FEHB program.

and Treatment of Obesity, Mental Health and Substance Use Disorders, Telehealth, and Antibiotic Stewardship. Enhancements and highlights of several of these benefits are detailed below:

Fertility Benefits

OPM has made significant enhancements for 2024 in the provision of benefits to support Federal employees in growing their families.

For Plan Year 2024, all Carriers will cover artificial insemination (AI) procedures (intrauterine insemination (IUI), intracervical insemination (ICI), and intravaginal insemination (IVI)) and specific AI drugs listed on the plan's formulary. These AI drugs and the associated member cost share will vary by plan.

Also in Plan Year 2024, all Carriers will cover specific IVF drugs listed on the plan's formulary for three cycles annually. Additionally, 24 health plan options, including national plan options, will offer broader coverage of in-vitro fertilization (IVF) related services and benefits. Benefits and member cost share will vary by plan and specific plan information can be found in Section 5 of the benefits plan brochure. Appendix A provides a list of the 24 health plan options providing broader IVF services and benefits.

2024 will see six plans offering members access to discounted or negotiated rates for non-covered assisted reproductive technology procedures. These are known as Affinity Benefits and can be found in the "Non-FEHB Benefits Available to Plan Members" section of the plan brochures. Again, this emphasizes the importance of carefully reviewing all available information when selecting a plan during Open Season that will best meet enrollees needs throughout the next plan year.

Information on medical policies, definition of infertility and treatment qualifications for fertility benefits will be easily located on every FEHB Carrier website and brochure.

FEHB and Medicare Coordination

FEHB and Medicare Part B

Almost half of FEHB Carriers offer plan options that provide additional benefits and other incentives to eligible members who enroll in Medicare Part B. The Medicare Part B incentives are generally of two types: either copay, coinsurance or deductible waivers; or Part B premium reimbursement. The FEHB [Plan Comparison Tool](#) (PCT) makes this information available to enrollees and identifies plan options with Part B incentives. The PCT includes a display that allows individuals to see exactly what they are expected to pay if they are enrolled in both Medicare Parts A and B, and FEHB.

Plans offer full Medicare Part B reimbursement for individuals who also enroll in the Carrier's Medicare Advantage Plan. Enrollees should check their brochures for additional benefits and incentives that may also be offered. There is another plan offering this full reimbursement beginning in Plan Year 2024; see Appendix B for a listing of that plan.

Many plan options will continue to offer Medicare Part B reimbursement depending on the FEHB enrollees' participation in Medicare Part B or Medicare Advantage. For a list of plans offering reimbursement for members enrolled in the Plan's Medicare Advantage Plan and Medicare Part B, as well a list of plans that requires members to be enrolled in Medicare Parts A and B to be eligible for the Part B reimbursement, see Appendix B.

Medicare Coordination of Benefits (COB) information is found in Section 9 of each FEHB plan brochure.

FEHB and Employer Group Waiver Plans (EGWPs)

For Plan Year 2024, 39 FEHB plans will offer Medicare Advantage or Medicare Part D plans that automatically coordinate with FEHB through an Employer Group Waiver Plan (EGWP). EGWPs are offered either as a stand-alone Prescription Drug Plan (PDP) or a Medicare Advantage Prescription Drug (MAPD) plan. For a list of the Plans offering MAPD and/or PDP EGWPs, see Appendix C.

FEHB Carriers offering PDP EGWPs will auto-enroll eligible FEHB members. Members can then opt out of the PDP EGWP if they choose and continue to have prescription drug coverage only through their FEHB plan. For plans that are offering MAPDs, the FEHB member must contact the plan to enroll.

By enrolling in an EGWP, members will be able to take advantage of other enhancements provided under the Inflation Reduction Act² such as a \$35 per month cap on insulin products and coverage of substantially all CMS-defined Protected Class Drugs.³

Gender Affirming Care and Services

OPM has continued its commitment in expanding covered benefits and access to gender affirming care for transgender and gender diverse individuals. FEHB Carriers must cover medically necessary interventions deemed appropriate for individuals, based on medical necessity and a review of the individual's circumstances. With recent updates to gender affirming medical treatment from recognized entities such as the World Professional Association of Transgender Health (WPATH), the Endocrine Society, and the Fenway Institute, FEHB Carriers were asked to ensure that their medical policies on gender affirming care and services for Plan Year 2024 are updated accordingly. Examples of these recent updates include:

- Reduction in the number of required evaluation letters for initiation of treatment;
- Medical necessity of facial gender affirming surgery;
- Gender-affirming hormone therapy

² Inflation Reduction Act and Medicare: Part D Improvements. [Inflation Reduction Act and Medicare | CMS](#)

³ [Medicare Advantage and Part D Drug Pricing Final Rule \(CMS-4180-F\) | CMS](#) Protected classes include: "1) antidepressants; 2) antipsychotics; 3) anticonvulsants; 4) immunosuppressants for treatment of transplant rejection; 5) antiretrovirals; and 6) antineoplastics; except in limited circumstances."

Information on gender affirming care and services available through plans will be readily accessible to enrollees in Sections 5(b) and 5(f) of the plan brochures and on websites.

Maternal Health

OPM remains dedicated to addressing inequities in maternal health and asked FEHB Carriers to address strategies in coverage shown to improve maternal health outcomes.

Improvements to coverage were made in the following areas:

- The majority of FEHB Carriers have adopted the [Hear Her Campaign](#) in 2024 for patients and healthcare providers or are using other options to provide information and raise awareness of potentially life-threatening warning signs during and after pregnancy.
- Several Carriers continue to offer coverage for certified nurse midwives and perinatal support services such as doulas, to provide a much-varied expertise of care and expansion of the maternal health provider network.
- Carriers continue to have partnerships with hospitals whose standards align with the [“Birthing-Friendly” designation](#) aimed at improving perinatal health outcomes and maternal health equity.

Prevention and Treatment of Obesity

The FEHB Program offers comprehensive benefits in the prevention and treatment of obesity. FEHB Carriers cover the full extent of Preventive Services recommended by the United States Preventive Services Task Force (USPSTF) with an A or a B rating. Included in these recommendations are obesity screening and prevention efforts for adults, children and adolescents, and pregnant women. If screening indicates, then provider referral to an intensive behavioral intervention that includes counseling in nutrition and a physical activity regimen is expected to be covered as part of the benefit.

All FEHB Carriers also cover a variety of FDA approved anti-obesity medications on their formularies and reinforce FDA indications that nutrition and physical activity regimens should accompany drug treatment of obesity. Finally, FEHB Carriers adjusted their criteria for metabolic surgery to reflect the most current guidelines such as those from the American Diabetes Association, the American Academy of Pediatrics, and the American Society for Metabolic and Bariatric Surgery. Refer to [Carrier Letter 2023-01](#) for details.

Mental Health and Substance Use Disorder

To further support OPM’s ongoing efforts to improve access to Mental Health (MH) and Substance Use Disorder (SUD) services, FEHB Carriers incorporated updated guidelines/tools for better management of SUD.

96 percent of FEHB Carriers include primary care providers as part of their mental health strategy and more Carriers are covering out-of-network providers at in-network rates. Carriers also continue to implement [network adequacy](#) improvement strategies, such as augmenting geographical-based provider networks with telehealth providers.

For youth, all FEHB Carriers cover the United States Preventive Services Task Force (USPSTF) recommendations to screen for major depressive disorder (MDD) in adolescents aged 12 to 18 years and to screen for anxiety in children and adolescents aged 8 to 18 years. Dependent on the diagnosis, options for treatment include psychotherapy, pharmacotherapy, a combination of both, psychosocial support interventions, and complementary or alternative medicine approaches.

FEDVIP

OPM is adding some important new features to the FEDVIP program for Plan Year 2024 while minimizing changes in enrollee premiums.

The 2024 average premium increase from plan year 2023 is 1.4% for dental plans.

- The increase is weighted by plan size based upon enrollment as of March 2023.
- The 2024 average premium increased from plan year 2023 by 1.1% for vision plans.
 - The increase is weighted by plan size based upon enrollment as of March 2023.
- For the 2024 Plan Year, FEDVIP Carriers have made changes advantageous to enrollee health to their plan offerings. For example:
 - Seven dental carriers added coverage for the use of nitrous oxide when medically necessary.
 - Two vision carriers increased the frame allowance dollar amount.
 - One vision carrier reduced copays for materials in their high option to \$0 and reduced their exam copay to \$0 in their standard option.
- Carriers continue to improve member communications to ensure the use of inclusive language in communications.
- Carriers remain committed to ongoing training of their customer service employees to facilitate the use of member's preferred name and pronouns.
- Twelve dental carriers provide 23 dental plan options available across the Program. Seven dental carriers offer fourteen nationwide dental plan options available to all potential enrollees.
- Five vision carriers provide 10 nationwide vision plan options available to all potential enrollees.

2024 FEDVIP Dental Carriers	
Nationwide/International	Regional
Aetna Dental Blue Cross Blue Shield Dental Delta Dental’s Federal Employees Dental Program GEHA Connection Dental Federal The MetLife Federal Dental Plan United Concordia Dental UnitedHealthcare Dental Plan	Dominion National Emblem Health Dental Health Partners Dental Plan Humana Dental Triple-S Salud

2024 FEDVIP Vision Carriers
Nationwide/ International
Aetna Vision Preferred Blue Cross Blue Shield Vision The MetLife Federal Vision Plan UnitedHealthcare Vision Plan VSP Vision Care

In total, FEDVIP provides dental and vision benefits to a total of over 7.5 million Federal employees, uniformed service members, annuitants, and their family members. It provides comprehensive dental and vision insurance at competitive group rates with leading dental and vision Carriers. FEDVIP enrollees give the program high marks for quality and value.

FSAFEDS

OPM is excited to announce a major expansion of the Dependent Care Flexible Spending Accounts (DCFSAs) to active-duty service members.

- In collaboration with the United States Department of Defense (DoD), OPM is expanding eligibility to eligible military personnel (active-duty service members and members of the Active Guard Reserve on Title 10 orders) effective January 1, 2024.
- The DoD estimates that approximately 400,000 service members have eligible dependents and thus may be eligible for this benefit. By this collaboration, OPM and DoD will be fulfilling a directive in [Executive Order 14100](#) “Advancing Economic Security for Military and Veteran Spouses, Military Caregivers, and Survivors” (June 9, 2023) to establish these flexible spending accounts.
- In addition to an extensive DoD educational campaign launched to ensure awareness and understanding of this new benefit, FSAFEDS has created a special [service member landing page](#) giving additional information directed to these newly eligible service members.

As in past years, Federal employees are encouraged to consider the tax savings available through the Federal Flexible Spending Account Program (FSAFEDS). Setting aside the annual amount they are projected to spend in out-of-pocket health, dependent care, dental and vision expenses in a flexible spending account (FSA), saves Federal employees money.

Participants may carry over up to \$610 of unused funds remaining in their health care flexible spending account (HCFSAs) and limited expense (dental and/or vision) flexible spending account (LEX HCFSAs) at the end of 2023 into 2024, if they re-enroll for the 2024 plan year.

Carryover is not available under the dependent care flexible spending account (DCFSA). However, employees who choose a DCFSA enjoy an additional 2 ½ months grace period, through March 15, 2024, to incur eligible expenses.

April 30, 2024 is the deadline to submit all 2023 DCFSA, HCFSAs, and LEX HCFSAs claims.

Key Dates for FEHB, FEDVIP and FSAFEDS

Early November:

- Full FEHB and FEDVIP plan brochures are available on the OPM website in a Section 508-compliant format.
- Benefits information available on the Plan Comparison Tool
- Individuals may download a PDF version of the brochure for printing, if desired.
- Individuals may request a printed copy of brochures from individual carriers.

November 13: Open Season begins.

December 11: Open Season ends.

FEHB Effective Dates for Plan Year 2024

Action	Most Non-Postal Employees	Postal Employees	Compensationers (OWCP)
Enroll, change enrollment, premium conversion change in election	January 14, 2024	January 13, 2024	January 28, 2024
Cancellation	January 13, 2024	January 12, 2024	January 27, 2024

FEDVIP Effective Date for Plan Year 2024

- For enrollment during Open Season, the effective date is January 1, 2024.

FSAFEDS Effective Date for Benefit Year 2024

- For a new enrollment or an enrollment change, the effective date is January 1, 2024.
- For cancellation, the effective date is December 31, 2023.

Appendix A

Coverage of IVF Services and Drugs

In 2024, the following 14 FEHB plans, offering a total of 24 options, will provide broader coverage of IVF:

- Blue Cross Blue Shield Service Benefit Plan (Standard Option only)
- Baylor Scott and White Health Plan (all options)
- Calvo's SelectCare (all options)
- Foreign Service Benefit Plan
- Geisinger Health Plan (all options)
- Health Alliance HMO
- HMSA Plan (all options)
- Kaiser Permanente - Hawaii (all options)
- Sentara Health Plan (formerly known as Optima Health Plan) (all options)
- Presbyterian Health Plan (all options)
- Priority Health (all options)
- Rural Carrier Benefit Plan (all options)
- Sentara Health Plan, Northern VA (New Plan for 2024)
- UPMC Health Plan (all options)

Appendix B

FEHB and Medicare Part B

Beginning in Plan Year 2024 there is one FEHB plan newly offering full reimbursement of the Medicare Part B premium to persons also enrolling/enrolled in their Medicare Advantage Plan:

- CDPHP Universal Benefits Inc. (Standard Option)
Serving: Upstate, Hudson Valley, and Central New York

There are 29 FEHB plans offering a total of 38 options that continue to reimburse some or all of the Part B premium for members enrolled in the Plan's Medicare Advantage Plan and Medicare Part B:

- Aetna Advantage (Advantage Option)
- Aetna Direct (Consumer Option)
- APWU (High Option)
- Compass Rose (High Option)
- Foreign Service Benefit Plan (High Option)
- Health Alliance HMO (Standard Option)
- HealthPartners (High Option)
- Kaiser Permanente - Colorado (High & Standard Options)
- Kaiser Permanente - Georgia (High & Standard Options)
- Kaiser Permanente - Hawaii (High Option)
- Kaiser Permanente - Mid-Atlantic States (High & Standard Options)
- Kaiser Permanente - Fresno, California (High & Standard Options)
- Kaiser Permanente - Northern California (High & Standard Options)
- Kaiser Permanente - Southern California (High & Standard Options)
- Kaiser Permanente - Northwest (High & Standard Options)
- Kaiser Permanente - Washington Core (High & Standard Options)
- MHBP (Standard Option)
- MD I.P.A. (High Option)
- NALC Health Benefit Plan (High Option)
- Rural Carrier Benefit Plan (High Option)
- SAMBA Health Benefit Plan (High and Standard Options)
- UnitedHealthcare Choice Open Access HMO (High Option)
- UnitedHealthcare Choice Plus Advanced (Tampa, Orlando, Miami, and Atlanta) (Value Option)
- UnitedHealthcare Choice Plus Advanced (Chicago, San Antonio, DC, Northern Virginia, and Maryland) (Value Option)
- UnitedHealthcare Choice Plus Primary - East Region (High Option)
- UnitedHealthcare Choice Plus Primary - West Region (High Option)
- UnitedHealthcare Choice Primary - East Region (High Option)
- UnitedHealthcare Choice Primary - West Region (High Option)

- UPMC Health Plan (Standard Option)

The following six FEHB plans offering a total of seven options continue to provide Part B reimbursement if you are enrolled in Parts A and B:

- Blue Cross Blue Shield Service Benefit Plan (Basic Option)
- Health Alliance Plan (High & Standard Options)
- Medical Mutual of Ohio Southwest (Standard Option)
- Medical Mutual of Ohio Northeast (Standard Option)
- UPMC Health Plan (Standard Option)
- GEHA Benefit Plan (High Option)

Appendix C

FEHB and Employer Group Waiver Plans (EGWPs)

There are 28 FEHB plans offering a total of 40 options with a Medicare Advantage Prescription Drug Plan Employer Group Waiver Plan (MA-PD EGWP)

- GEHA Health Benefits Plan (*New for 2024*) (High & Standard Options)
- NALC Health Benefits Plan (High Option)
- Mail Handlers Health Benefit Plan (MHBP) (Standard Option)
- APWU Health Plan (High Option)
- Rural Carrier Benefit Plan (High Option)
- Foreign Service Benefit Plan (High Option)
- SAMBA Health Benefit Plan (High & Standard Option)
- Compass Rose Benefit Plan (High Option)
- CDPHP (*New for 2024*) (Standard Option)
- Health Alliance HMO (*New for 2024*) (Standard Option)
- HealthNet of California – Northern CA (High & Basic Options)
- HealthNet of California - Southern CA (High, Basic, Standard Options)
- Aetna Advantage (High Option)
- Kaiser Permanente – Colorado (High & Standard Options)
- Kaiser Permanente – Hawaii (High Option)
- Kaiser Permanente – Georgia (High & Standard Options)
- Kaiser Permanente - Northern California (High & Standard Options)
- Kaiser Permanente - Fresno California (High & Standard Options)
- Kaiser Permanente - Southern California (High & Standard Options)
- Kaiser Permanente - Mid-Atlantic States, Inc. (High & Standard Options)
- Kaiser Permanente - Northwest (High & Standard Options)
- MD Individual Practice Association (High Option)
- UHC Choice Plus Primary (East Region) (High Option)
- UHC Choice Plus Primary (West Region) (High Option)
- UHC Choice Primary (East Region) (High Option)
- UHC Choice Primary (West Region) (High Option)
- United Healthcare Insurance Choice Open Access – Health Maintenance Organization (High Option)
- United Healthcare Insurance Company Choice Plus Advanced – An Open Access Value Option (High Option)

One FEHB plan with a total of two (2) options will continue to offer a Medicare Advantage Employer Group Waiver Plan (MA EGWP)

- Kaiser Permanente - Washington Core (High & Standard Options)

In 2024, 10 FEHB plans with a total of 17 options will offer a Prescription Drug Plan Employer Group Waiver Plan (PDP EGWP)

- BCBS Service Benefit Plan FEP (Standard, Basic, Blue Focus Options)
- NALC Health Benefits Plan (High Option)
- Mail Handlers Health Benefit Plan (MHBP) (Standard, Value Plan, Consumer Options)
- APWU Health Plan (High Option)
- Rural Carrier Benefit Plan (High Option)
- Foreign Service Benefit Plan (High Option)
- SAMBA Health Benefit Plan (High& Standard Options)
- HealthPartners (High & Standard Options)
- Aetna Direct – (Consumer Option)
- Aetna Open Access (High & Basic Options)

Six FEHB plans with a total of nine (9) options will offer both a Medicare Advantage Prescription Drug Plan Employer Group Waiver Plan (MA-PD EGWP) and Prescription Drug Plan Employer Group Waiver Plan (PDP EGWP)

- NALC Health Benefits Plan (High Option)
- Mail Handlers Health Benefit Plan (MHBP) (Standard, Value Plan, Consumer Options)
- APWU Health Plan (High Option)
- Rural Carrier Benefit Plan (High Option)
- Foreign Service Benefit Plan (High Options)
- SAMBA Health Benefit Plan (High & Standard Options)

Appendix D

Pre and Post Open Season Premium Rates

The two columns on the left show the average increase should no one change options during Open Season. The two columns on the right show the actual premium increases for the past four years. This highlights the importance of enrollees shopping during the Open Season. There are high quality options available, potentially at lower premium rates and every FEHB enrollee should be sure to evaluate during Open Season.

Year	Average Premium Increase Before Open Season Movement		Average Premium Increase After Open Season Movement	
	Average Total Premium Increase	Average Enrollee Premium Increase for Most Federal Employees and Annuitants	Average Total Premium Increase	Average Enrollee Premium Increase for Most Federal Employees and Annuitants
2024/2023	5.8%	7.7%	Not available	Not available
2023/2022	7.2%	8.7%	6.0%	6.8%
2022/2021	2.4%	4.1%	1.5%	2.4%
2021/2020	3.6%	4.9%	2.6%	3.0%
2020/2019	4.0%	5.7%	2.9%	3.5%



U.S. Office of Personnel Management

Healthcare and Insurance

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