



Federal Benefits Open Season Highlights

2027 Plan Year

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The Federal Employees Health Benefits (FEHB) Program, which includes the Postal Service Health Benefits (PSHB) Program, is the largest employer-sponsored health benefits program in the United States. It provides health insurance benefits to approximately 7.9 million Federal employees, U.S. Postal Service employees, certain Tribal employees, annuitants, and their eligible family members.

The Federal Benefits Open Season for the 2027 Plan Year will be held from **November 9 through December 14, 2026**.

During this time, eligible Federal employees can enroll in, change, or cancel coverage for the:

- Federal Employees Health Benefits (FEHB) Program;
- Postal Service Health Benefits (PSHB) Program;
- Federal Employees Dental and Vision Insurance Program (FEDVIP); and
- Federal Flexible Spending Account Program, or FSAFEDS (active employees only).

Health, dental, and vision enrollment will automatically continue from year to year unless a participant chooses to make a change during Open Season. However, FSAFEDS requires re-enrollment each year for eligible employees who wish to continue participation in the next Plan year.

New for 2027

- As in past years, Federal employees are encouraged to consider the tax savings available through 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. New for 2027 will be the addition of the FSAFEDS Visa FSA Card for HCFSAs and LEX HCFSAs accounts. Participants will have the choice of the debit card or paperless reimbursement.
- The FEHB Protection Act of 2025 (Sec. 90101, Public Law 119-21, 139 Stat. 362) requires OPM to strengthen family member eligibility verification and oversight within the FEHB Program, which includes the PSHB Program. Beginning with Open Season for Plan Year 2027, anyone that is adding a new family member to their FEHB or PSHB plan during Open Season must submit supporting documentation to allow verification of the family member's eligibility. Visit [OPM.gov](https://www.opm.gov) for more information or speak to your employing office benefits officer.

Rate and Cost Trends for 2027

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 Government contribution is calculated separately for the FEHB Program and the PSHB Program. For most employees and annuitants, the Government contribution equals the lesser of: (1) 72% of amounts OPM determines are the program-wide weighted average of premiums in effect each year, for Self Only, Self Plus One and Self and Family enrollments, respectively, or (2) 75% of the total premium for the particular plan an enrollee selects. For FEHB in Plan Year 2027:

- Overall average premium increase: 9.3% (down from 10.2% in 2026)
- Average enrollee share increase: 10.9% (down from 12.3% in 2026)
- Government contribution increase: 8.6% (down from 9.2% in 2026)

For PSHB in Plan Year 2027:

- Overall average premium increase: 6.7% (down from 9% in 2026)
- Average enrollee share increase: 8.2% (down from 11.3% in 2026)
- Government contribution increase: 6.0% (down from 8.0% in 2026)

FEHB and PSHB premium increases are being driven primarily by:

- Rising prices and utilization across inpatient, physician, outpatient, and surgical services;
- Continued growth in behavioral and mental health care; and
- Higher prescription drug spending—particularly on GLP-1s, specialty drugs, and other high-cost therapies

FEDVIP:

- Overall average dental premium increase: 1.0%
- Overall average vision premium increase: 1.6%

Rate charts showing the actual dollar premium adjustment for each FEHB Plan choice and enrollment type will be posted on OPM.gov. PSHB eligible members seeking Plan information are to use the [Postal Service Health Benefits System \(PSHBS\)](#) to research and compare available Plans. PSHB premiums are located on the opm.gov [premiums page](#) and in the [PSHBS](#).

All prospective and current enrollees are encouraged to carefully review Plan-specific premium changes. Premiums are just one factor to consider when choosing a Plan. Enrollees should also evaluate Plan quality and coverage information to make the best decision for themselves and their families.

PSHB Enrollees will notice two key changes:

The Postal Service Health Benefits System (PSHBS) has redesigned the Enrollee Portal, which is scheduled to launch during Open Season for the 2027 Plan year. The new portal will provide a more user-friendly and intuitive experience, making it easier for enrollees to navigate the system, find relevant information, and complete enrollment-related activities. These updates include:

- Updated navigation and screens: The redesigned experience will reduce clicks and make it easier for enrollees to enroll in coverage or update their enrollment.
- A more streamlined qualifying life event (QLE) submission process: Clear, distinct workflows will help enrollees understand whether they are making an Open Season election or reporting a QLE, such as marriage, birth, or loss of coverage – to request an immediate enrollment change.

Key 2027 Benefit Changes

FEHB and PSHB

For the 2027 Plan Year, OPM is pleased to continue to promote benefit offerings and services in the following areas across the FEHB and PSHB Programs:

Vaccines and Informed Consent

Vaccination coverage remains an important public health tool for protecting individuals and communities from preventable disease. In keeping with the Administration's position that vaccination decisions are grounded in individual medical judgment and informed consent, Carriers were directed to remove provider-based monetary incentives tied to pediatric and prenatal vaccine uptake and to ensure that Plan policies do not interfere with members' independent judgment. Carriers were further directed to require providers to comply with applicable informed-consent laws and should expect providers to use the most current Centers for Disease Control and Prevention (CDC) vaccine information statements when discussing benefits and risks with patients.

Plans must continue to fully cover vaccinations delivered by in-network providers and recommended by the Advisory Committee on Immunization Practices and issued by the CDC, including vaccines recommended for all children and those subject to shared clinical decision-making as identified on the immunization schedules.

Non-Pharmaceutical Interventions

Non-pharmaceutical interventions (NPIs) are treatments or interventions focused on prevention or that have a physical, nutritional, or psychosocial focus. Examples of NPIs that have been demonstrated to prevent or delay costly complications include nutrition and lifestyle counseling, intensive behavioral therapy, supervised exercise therapy, physical therapy, stress management or mental health support through cognitive behavioral therapy, and pain management.

Members can expect a coordinated medical-benefit approach to NPIs for diabetes, hypertension, obesity, and pain management to ensure improved health outcomes and efficiency of premium dollars. Prior authorizations or network barriers will be removed when doing so is cost-effective.

Reproductive Services and Maternal Health

FEHB and PSHB Carriers have been encouraged to include preconception screening and educational outreach for those seeking fertility care. Preconception wellness benefits are designed to help access treatment for conditions that may affect fertility, including obesity, prediabetes, hypertension, chronic reproductive conditions, and male-factor infertility. Certified professional midwives, certified midwives, and certified nurse midwives will be listed in the Plan's provider directory, consistent with network availability and local licensing regulations. All FEHB and PSHB enrollees will receive in-network coverage, without cost sharing, for United States Preventive Services Task Force (USPSTF) recommended perinatal depression preventive interventions.

Personal Health Incentives

Plans expanded participatory wellness incentives to all members and are structured to avoid member tax liability; cash-equivalent benefits must be limited to qualified medical expenses or de minimis incentives. Look for these offerings in Plan materials.

Digital Therapeutics

Plans may cover proven, cost-effective digital therapeutics, which are evidence-based software programs that deliver medical interventions to prevent, manage, or treat medical disorders or conditions. These must be FDA-approved or cleared, HIPAA-compliant, capable of integration with provider and clinical workflows, supported by peer-reviewed or real-world evidence, and scalable to the covered population. Coverage of digital therapeutics varies by Plan. Review your Plan brochure to find out whether your Plan covers digital therapeutics.

Prevention and Treatment of Obesity

Plans will continue to cover at least one GLP-1 anti-obesity medication and at least two oral anti-obesity medications. For 2027, all FEHB and PSHB Carriers will require documented participation in an evidence-based intensive behavioral therapy (IBT) program both prior to and during treatment with anti-obesity medications. Plans are expected to cover specified individual and group intensive behavioral therapy and medical nutrition therapy services, including between 12–22 intensive behavioral therapy sessions per year depending on progress. Carriers must further coordinate these services with any medication and metabolic-surgery criteria.

Plans are also required to cover qualifying IBT programs for children and adolescents ages six years and older with BMI above the 95th percentile. Qualifying IBT programs will provide 26 or more contact hours over 3–12 months and will also track and report participation, completion, weight change, and specified cardiometabolic outcomes.

Prescription Drug Price Education

Members interested in comparing prescription drug pricing can find information about the TrumpRx cash-pay initiative in their Plan materials.

Site of Care Optimization

Site of care programs seek to reduce total cost of health care services while maintaining timely access, clinical appropriateness, continuity of care, and member satisfaction. These strategies include directing appropriate services to ambulatory surgery centers or office-based surgery, urgent care or virtual-first care for low-acuity conditions, hospital-at-home programs, independent diagnostic facilities, and freestanding, physician-office, ambulatory, or home infusion settings instead of hospital outpatient departments. A majority of Plan options identified preferred sites in provider directories, including preferences for the use of urgent care, office-based infusion, and virtual-first care as part of their site-of-care strategies. Members are encouraged to check brochures for further details to ensure they are benefiting from their Plan's site of care policies.

FEDVIP (Dental and Vision)

The Compare Dental Service Costs Tool will be available for current and prospective FEDVIP dental enrollees with a FEDVIP account through BENEFEDS.gov. This tool increases cost transparency and allows users to compare estimated out-of-pocket costs for specific procedures across all 11 FEDVIP Dental Carriers. The comparison tool includes out-of-pocket cost range estimates for 75 of the most common dental services, enabling FEDVIP enrollees to make informed decisions when choosing their Dental Carrier and Plan option.

Several Dental Carriers chose to enhance their benefit options by covering additional procedures for preventive, restorative, and anesthesia services.

A Vision Carrier chose to increase their Standard and High Option maximums for contact lenses.

Resources and Tools to Help Enrollees Manage Their Benefits

Managing My Own Health

OPM's Managing My Own Health website is a single location for FEHB and PSHB resources where enrollees can [compare](#) benefit options and better understand their health benefits.

LTCFEDS Care Navigator

The [LTCFEDS Care Navigator](#) was created as part of the Federal Long Term Care Insurance Program (FLTCIP). It is a resource library designed to support caregivers and those who need care through the different stages of aging plus a cost of care tool to find the average cost of home health care services, assisted living facilities, and nursing homes in their area.

FSAFEDS Debit Card

Beginning with the upcoming Open Season, FSAFEDS will be offering the FSAFEDS Visa® FSA Card as a debit card option to pay for eligible health care, pharmacy, dental and vision expenses. Participants who select the debit card option will be able to pay eligible expenses directly at the point of service. Because the card pulls funds directly from the participant's Health Care FSA or Limited Expense Health Care FSA when used for eligible expenses, participants do not need to pay out of pocket and then wait to be reimbursed. Transactions and balances will be available through the FSAFEDS mobile app.

Plan Offerings for 2027

Under both the FEHB and PSHB Programs, participants can choose from a broad variety of Plan types including Fee-for-Service Plans, Health Maintenance Organizations, Consumer-Driven Health Plans, and High-Deductible Health Plans.

For 2027, OPM will offer:

- 45 Carriers and 118 Plan options in FEHB;
- 17 Carriers and 65 Plan options in PSHB; and
- 11 Dental and 5 Vision Carriers offering 31 plan options through FEDVIP.

The FEHB Plans listed below will not be available in 2027. Enrollees in these terminating Plans must select a new Plan during Open Season or they will be automatically enrolled in the designated default Plan, Compass Rose Standard:

- Independent Health Standard
- Independent Health HDHP
- Blue Care Network of Michigan – Southeast High
- UHC (Choice Primary West) High
- UHC (Choice Plus Primary West) High
- Health Net of California (Northern) High
- Health Net of California (Southern) Standard
- Health Net of California (Southern) Basic
- Health Net of California (Southern) High

The PSHB Plan listed below will not be available in 2027. Enrollees in this terminating Plan must select a new Plan during Open Season or they will be automatically enrolled in the designated default Plan, Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus:

- UnitedHealthcare Insurance Company, Inc. (Choice Plus Primary Postal East)
 - Plan Service Area: Alabama, Arkansas, District of Columbia, Florida, Georgia (Atlanta Metropolitan Area: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickens, Pike, Rockdale, Spalding and Walton), Illinois, Iowa, Kansas,

Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia.

For additional information on FEHB and PSHB Plan changes, please visit [OPM.gov](https://www.opm.gov) or [PSHBS](#) respectively. You can also call your Carrier or reach out to your employing agency benefits officer.

Tribal Employers

- The FEHB Program provides coverage to employees of certain Indian tribes, tribal organizations, urban Indian organizations, and tribal grant schools.
- Currently, 187 tribal employers representing tribes, tribal organizations, urban Indian organizations, and tribal grant schools have purchased FEHB coverage for approximately 47,033 of their tribal employees with a total of 93,513 covered lives (enrollees and family members).

Key Dates for FEHB, PSHB, FEDVIP and FSAFEDS

Early November:

- Full FEHB, PSHB, and FEDVIP Plan brochures are available on OPM.gov
- Benefits information is available on the Plan Comparison Tool on OPM.gov as well as [PSHBS](#)
- Individuals may download a [FEHB](#) or [PSHB](#) PDF version of the brochure for printing from OPM.gov.
- Individuals may request a printed copy of brochures from individual Carriers.
- Those interested in beginning preparations for the FEHB Open Season for Plan Year 2027 are encouraged to review [Open Season Manual](#) for additional information.

November 9, 2026: Open Season begins.

December 14, 2026: Open Season ends.

Federal Employees Health Benefits (FEHB) Program and Postal Service Health Benefits (PSHB) Program

Effective dates for Open Season enrollment changes are listed below.

Action	FEHB Non-U.S. Postal Service Employees	FEHB Compensationers (OWCP)	PSHB Enrollees	Annuitants
Enroll; change enrollment; or change premium conversion election	January 10, 2027	January 24, 2027	January 1, 2027	January 1, 2027
Cancellation of coverage	January 9, 2027	January 23, 2027	December 31, 2026	December 31, 2026

FEDVIP Effective Date for Plan Year 2027

For enrollment during Open Season, the effective date is January 1, 2027.

FSAFEDS Effective Date for Benefit Year 2027

Participation in FSAFEDS does not automatically continue from year to year. All current FSAFEDS participants who want to continue for Benefit Year 2027 must reenroll in the program. For a reenrollment, new enrollment, or an enrollment change during Open Season, the effective date is January 1, 2027.