

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

2019 Federal Employee Benefits Survey Report



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Survey Background

The Federal Employee Benefits Survey (FEBS) is designed to measure the importance, adequacy and perceived value of the benefits available to Federal employees. The U.S. Office of Personnel Management (OPM) first administered the survey in 2004 and again in 2006. The next administration of the survey occurred in 2011, when OPM expanded the FEBS beyond traditional benefit program ratings to capture information about other health topics such as tobacco use and cessation and health status demographics. Since 2011, the survey has been conducted every other year with new content added each administration to explore emerging topics of interest, such as benefit program impact on recruitment and retention, retirement preparedness, and benefit program education. The 2019 survey continued to build on previous administrations and focused on several new content areas including mental/behavioral health, reproductive assistance, and surprise medical billing.

The benefit programs discussed in this report include the following:

- Federal Employees Health Benefits (FEHB) Program
- Thrift Savings Plan (TSP)
- Federal Employees' Group Life Insurance (FEGLI)
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Federal Long Term Care Insurance Program (FLTCIP)
- Civil Service Retirement System (CSRS)
- Federal Employees Retirement System (FERS)
- Federal Flexible Spending Account Program (FSAFEDS), including:
 - Health Care Flexible Spending Account (HCFSA)
 - Dependent Care Flexible Spending Account (DCFSA)

Additional topics discussed in this report include the following:

- FEHB enrollee engagement in health care
- Health topic spotlight:
 - Tobacco use
 - Mental/behavioral health
 - Assisted reproductive procedures
 - Surprise billing
- Benefit education and resources
- Retirement preparedness
- Interest in voluntary benefit programs (not currently available to most Federal employees)
- Generational comparisons that highlight key differences in the responses of Baby Boomers, Generation X and Millennial respondents

Survey Administration & Respondent Overview

Survey Administration

The 2019 FEBS was administered as a confidential web survey to approximately 50,000 randomly selected, permanent employees who were in pay status with the 87 Federal agencies in the October 2018 Enterprise Human Resources Integration (EHRI) file. The survey was administered from October 15, 2019 through November 22, 2019. Unique links were sent via email to each participant, with periodic reminder emails sent to non-respondents.

Response Rate

The final response rate was approximately 21¹ percent, with 9,839 completed questionnaires, which is consistent with previous administrations of the survey (22% in 2017). Table 1 displays some key characteristics of the 2019 FEBS respondents.

Sample Design and Weighting²

The FEBS sample used a weighting process to allow unbiased inferences from the perceptions of respondents to the perceptions of the full Federal employee population. Appendix A contains the 2019 FEBS methodology and Appendix B contains the list of sampled agencies.

Generation Groups

Generation comparisons were added to the FEBS in 2019, so the sample design took age into account to ensure representative sampling of three primary generations in the workforce: Baby Boomers, Generation X and Millennials. Baby Boomers were defined as those born between 1946 and 1964, Generation X was defined as those born between 1965 and 1980, and Millennials were defined as those born between 1981 and 1996. More details about this process are outlined in Appendix A.

¹ All results in the report are rounded to the nearest whole number.

² The 2017 FEBS report was produced using unweighted data. The 2019 FEBS results are the first administration of the survey to report weighted results.

Table 1. 2019 FEBS Respondent Overview³

<p>Male: 54% Female: 47%</p>	<p>Native Hawaiian or Other Pacific Islander: 2% Black or African American: 14% Asian: 6% American Indian or Alaska Native: 3% White: 76%</p>												
<p>Generation Groups</p> <table border="1"> <thead> <tr> <th>Generation Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Millennials</td> <td>17%</td> </tr> <tr> <td>Generation X</td> <td>41%</td> </tr> <tr> <td>Baby Boomers</td> <td>41%</td> </tr> </tbody> </table>		Generation Group	Percentage	Millennials	17%	Generation X	41%	Baby Boomers	41%				
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5-10 years	20%												
10-20 years	36%												
More than 20 years	28%												
<p>Field: 63% Headquarters: 37%</p>	<p>Hispanic or Latino: 9%</p>												

³ The demographic results were produced using unweighted data.

Benefit Program Enrollment

Each administration of the FEBS asks participants to indicate whether they are enrolled in the core benefit programs available to them as Federal employees. Table 2 displays the reported benefit program enrollment numbers for 2017 and 2019, as well as the change during the two years between survey administrations.

Table 2. Reported Benefit Program Enrollment⁴

Benefit Program	Enrolled 2019	Enrolled 2017	Change from 2017-2019
TSP	98%	97%	+1
FERS	93%	93%	--
FEHB	81%	84%	-3
FEGLI	80%	80%	--
FEDVIP: Dental	71%	65%	+6
FEDVIP: Vision	57%	52%	+5
HCFSA	30%	28%	+2
FLTCIP	9%	10%	-1
DCFSA	6%	6%	--
CSRS	4%	6%	-2

- The TSP, FERS and FEHB are consistently at the top when it comes to enrollment, which is not surprising given the global importance of retirement and health insurance benefits. Reported enrollment in each of the three programs also remained relatively consistent since the 2017 FEBS, as no program showed more than a three-percentage point change between survey administrations.
- Enrollment results across all programs were stable from 2017 to 2019, but it is worth noting that FEDVIP Dental and FEDVIP Vision had increases of at least five-percentage points between 2017 and 2019.

Reasons for not enrolling

FEBS participants who reported that they were not enrolled in a benefit program were asked to provide the primary reason they chose not to enroll. Table 3 displays the most frequently selected primary reason for not enrolling in each benefit program.

⁴ Enrollment results were produced using unweighted data.

Table 3. Reasons for Not Enrolling in Benefit Programs

Benefit Program	% not enrolled 2019	Most frequently selected <u>primary</u> reason for not enrolling
DCFSA	94%	This program is not applicable to me (37%)
FLTCIP	91%	I do not have enough information about the program/not aware of the program (43%)
HCFSA	70%	I am concerned that I will not spend the money during the benefit period and will have to forfeit the remaining funds (20%) ⁵
FEDVIP: Vision	43%	I do not think it is a good value (23%)
FEDVIP: Dental	29%	I am enrolled in a dental insurance program outside of FEDVIP (33%)
FEGLI	20%	I have life insurance outside of FEGLI (39%)
FEHB	19%	I am covered by TRICARE (69%)
TSP	3%	I cannot afford to contribute money to the TSP (29%)

- Taking a closer look at why participants did not enroll in benefit programs, it is important to note that of the 19 percent of participants who said they were not enrolled in FEHB, the majority (90%) indicated coverage through another program (e.g., TRICARE or a plan where someone else is the policy holder). Less than one percent of respondents said that they are not enrolled in FEHB and do not have health insurance because they do not think there is a need.
- Comparing the most frequently selected primary reason for not enrolling in FEDVIP Dental vs. FEDVIP Vision, it is interesting to note that approximately one-third of those not enrolled in FEDVIP Dental reported they have coverage elsewhere, whereas the most commonly reported reason for not enrolling in FEDVIP Vision was that respondents did not think it is a good value.
- A noteworthy takeaway when looking at why people choose not to enroll in certain benefit programs is the fact that approximately 43 percent of those not enrolled in FLTCIP indicated not enrolling because they did not have enough information about the program or were unaware of it. Lack of information/awareness about the program has been cited as the primary reason for not enrolling in past FEBS administrations, which presents an ongoing opportunity to better inform employees about the program.
- In 2017, the most frequently selected reason for not enrolling in a HCFSA was “I do not wish to participate”, but in 2019 the most commonly reported reason for not enrolling was concern about losing unused funds at the end of the benefit period. This represents an opportunity to better educate employees about estimating expenses and successfully planning enrollment allotments.
- Although enrollment in the DCFSA program is low and may not be applicable to most of the workforce, it is worth noting that approximately 11 percent of participants indicated that their primary reason for not enrolling was that they didn’t have enough information about the program. Additionally, nine percent of participants said their primary reason for not enrolling was that they

⁵ Nearly the same number of participants selected “I do not wish to participate” (19%).

did not know what a DCFS was. Both of these groups demonstrate a potential opportunity for program advertisement and education.

Benefit Program Ratings: Comparisons on Core Measures

As part of each survey administration, the FEBS asks participants to provide feedback about the importance, adequacy and value of each available benefit program. All participants, regardless of enrollment, were asked about the importance of the availability of each program to gather an overall sense of how all employees perceive each benefit. If a participant indicated that they were enrolled in a program, they were then asked to rate the value of the program and how well it is meeting their needs (adequacy). To allow for easy comparisons between all benefit programs, Tables 4, 5 and 6 display the importance, adequacy and value ratings for all programs, as well as how the ratings have changed since the 2017 survey. Following the comparison tables, the results for each specific benefit program are analyzed in more detail.

Table 4. Importance Ratings of Benefit Programs⁶

Benefit Program	2019 “Extremely Important”/”Important”	2017 “Extremely Important”/”Important”	Change from 2017-2019
TSP	96%	96%	--
Retirement Annuity (FERS or CSRS)	95%	94%	+1
Retiree Health Benefits	92%	92%	--
FEHB	90%	91%	-1
FEDVIP Dental	82%	77%	+5
FEDVIP Vision	70%	66%	+4
FEGLI	70%	70%	--
FLTCIP	42%	42%	--
HCFSAs	39%	41%	-2
DCFSAs	22%	20%	+2

- Importance ratings in the “extremely important” and “important” categories remained steady across programs from 2017 to 2019, with the biggest increases occurring in the FEDVIP Dental program (+5 points) and the FEDVIP Vision program (+4 points).
- The ranking of programs by highest importance ratings also remained consistent from 2017 to 2019, with the only change in order being FEDVIP Vision bumping up one spot ahead of FEGLI.

⁶ All participants were asked about the importance of the availability of each benefit program, regardless of whether they were enrolled.

- The TSP, Retirement Annuity, Retiree Health Benefits and FEHB all received “extremely important” or “important” ratings from 90 percent or more of FEBS participants in both 2017 and 2019.

Table 5. Adequacy Ratings of Benefit Programs⁷

Benefit Program	2019 “Meeting Needs to a Great/Moderate Extent”	2017 “Meeting Needs to a Great/Moderate Extent”	Change from 2017-2019
FEHB	96%	96%	--
TSP	93%	94%	-1
DCFSA	91%	91%	--
HCFSA	91%	92%	-1
FEDVIP Vision	87%	86%	+1
FEDVIP Dental	85%	82%	+3
FLTCIP	84%	84%	--
FEGLI	81%	82%	-1

- Participants who reported being enrolled in each program were asked to rate the adequacy of each program, or “the extent to which the program is meeting employee needs.” Table 5 above displays the results for the highest two ratings combined (“meeting needs to a great extent” and “meeting needs to a moderate extent”) for each benefit program.
- The adequacy rating results remained relatively steady from 2017 to 2019, with the largest change being an increase of approximately three percentage points in the FEDVIP Dental program.
- All programs in 2019 received high adequacy ratings from enrollees. FEHB, TSP, HCFSA and DCFSA all received high adequacy ratings from over 91 percent of enrolled participants, and FEDVIP Vision and Dental, FLTCIP and FEGLI were highly rated by over 81 percent of enrollees.

Generation Comparison: Do Baby Boomer, Generation X and Millennial enrollees rate FEHB similarly?

Baby Boomers tended to rate FEHB higher when asked how well FEHB is meeting their needs, with 70 percent reporting FEHB meets their needs to a great extent. In comparison, only 53 percent of Millennials and 63 percent of Generation X enrollees reported that FEHB meets their needs to a great extent. When considering the top two response categories (combining meeting needs to a “great extent” and meeting needs to a “moderate extent”), all three generation groups rated FEHB similarly, with a higher proportion of Baby Boomers selecting the highest rating category.

⁷ Only participants enrolled in each program were asked to provide adequacy ratings.

Table 6. Value Ratings of Benefit Programs⁸

Benefit Program ⁹	2019 “Excellent/Good Value”	2017 “Excellent/Good Value”	Change from 2017-2019
TSP	88%	89%	-1
FEHB	74%	73%	+1
FEDVIP Vision	74%	73%	+1
FEGLI	68%	69%	-1
FLTCIP	67%	61%	+6
FEDVIP Dental	66%	63%	+3

- Participants who reported being enrolled in each program listed in Table 6 above were asked to rate the value of the program, or “the benefits you receive for your money.” The table displays the results for the highest two ratings combined (“excellent value” and “good value”) for each benefit program.
- Value ratings were steady from 2017 to 2019, apart from a six-percentage point increase in the FLTCIP program. This represents a move in the right direction, as value ratings for FLTCIP had dropped 12 points between the 2015 and 2017 administrations of the survey.

The Federal Employees Health Benefits (FEHB) Program

The FEHB Program is often considered a key element of the benefits package available to Federal employees, and FEBS data continue to support the critical role played by the program. For example, since the 2013 survey, the availability of FEHB has consistently been rated as “extremely important” or “important” by most FEBS participants, regardless of whether or not they were enrolled in the program.

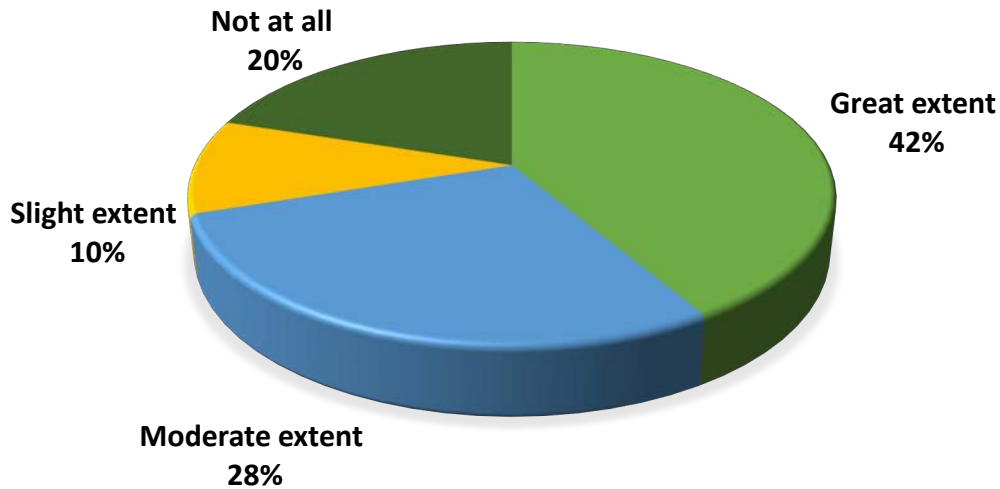
Impact on Recruitment and Retention

In addition to high importance ratings, FEBS results suggest FEHB may play a key role in recruiting and retaining Federal employees. In 2019, 70 percent of participants indicated that the availability of health insurance through FEHB influenced their decision to take a job with the Federal Government to a “great” or “moderate” extent. This is a very slight decrease since 2017 (71%), but a three-percentage point increase since 2015 (67%). Figure 1 displays the results for the FEHB recruitment item.

⁸ Only participants enrolled in each program were asked to provide value ratings.

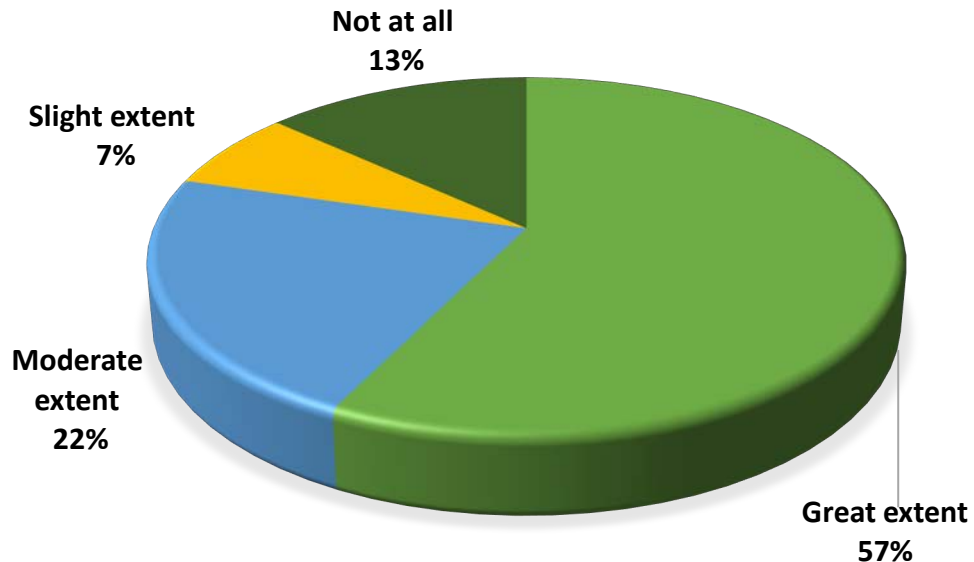
⁹ Participants were not asked to rate the value of the HCFSA or DCFSA.

Figure 1. To what extent did the availability of health insurance through FEHB influence your decision to take a job with the Federal Government?



The trend is the same when looking at how FEHB may impact retaining employees. In 2019, 80 percent of participants indicated that health insurance through the program influenced their decision to remain with the Federal Government to a “great” or “moderate” extent. This is a one-point decrease since 2017 (81%), but a two-point increase since 2015 (78%). Figure 2 displays the results for the FEHB retention item.

Figure 2. To what extent did the availability of health insurance through FEHB influence your decision to remain in a job with the Federal Government?¹⁰



¹⁰ Due to rounding, percentages may not add up to 100.

Adequacy and Value Ratings

Not only does FEHB play an essential role in recruiting and retaining employees, it is consistently highly rated by those who are enrolled. Nearly all FEHB enrollees (96%) indicated the program meets their needs to a “great” or “moderate” extent. In addition, nearly three-quarters (74%) of enrollees feel that FEHB is an “excellent” or “good” value, with value defined as the “benefits received for the money that they pay.”

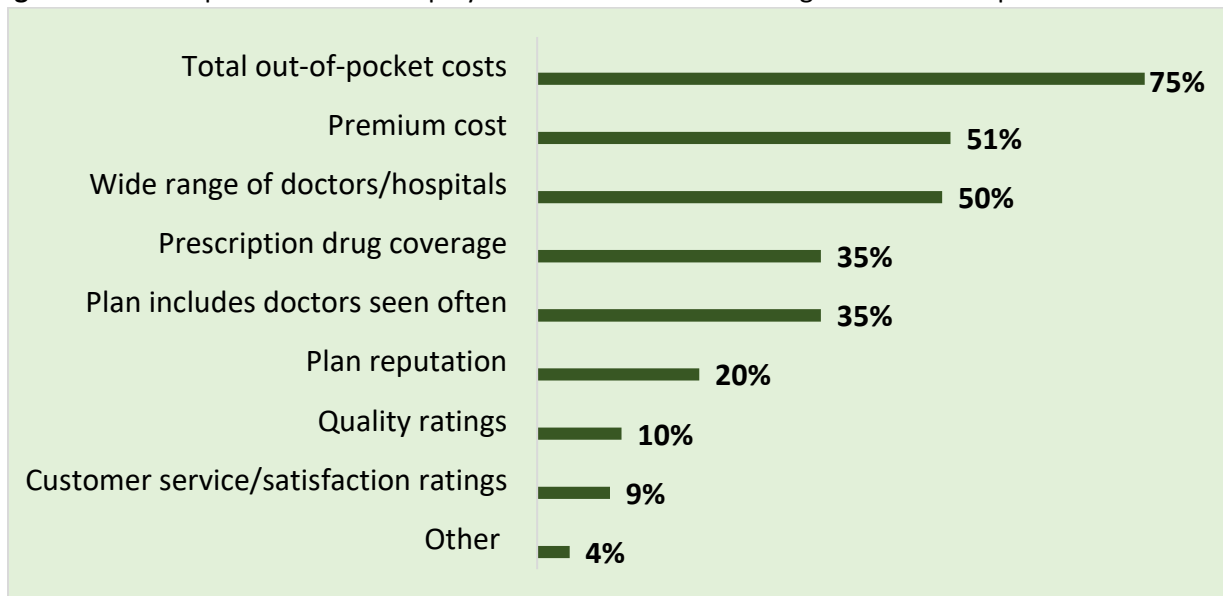
Enrollee Engagement in Healthcare

Understanding how employees rate FEHB is helpful information from a program administration perspective, but it is equally important to understand how employees interact with and make decisions about their healthcare. In both 2017 and 2019, the FEBS took a deeper look into how FEHB enrollees engage in their healthcare by asking how frequently employees changed health insurance plans and whether they use different types of technology to engage with both providers and health insurance plans. The 2019 survey also included questions about the resources and tools employees consult when making decisions about their health care.

What do employees consider when choosing a health plan, and where do they look for information?

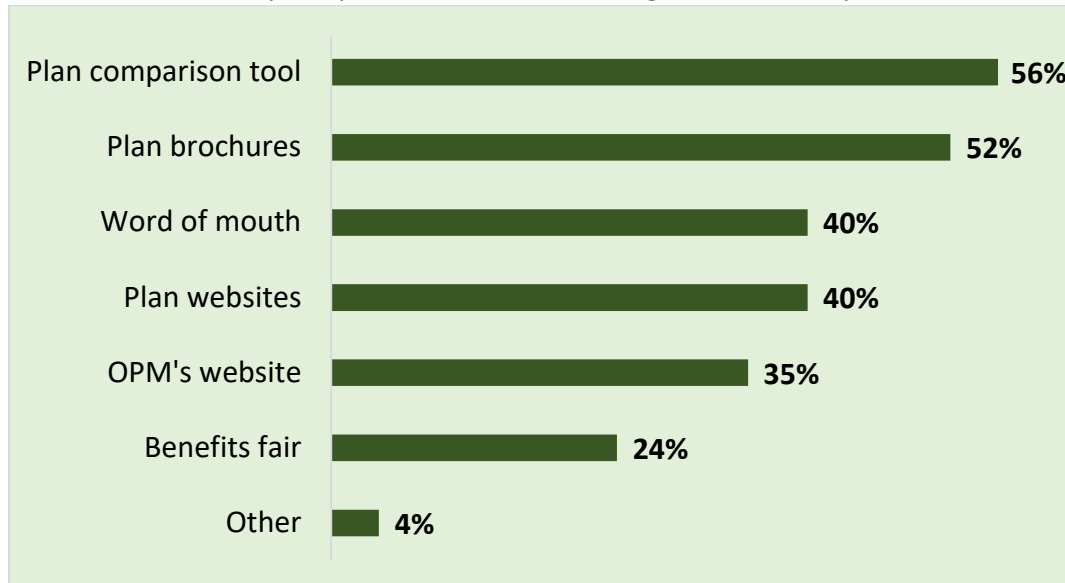
The 2019 FEBS gathered information about how employees select their health insurance plans by asking which factors were most important when they chose their current health plan, as well as where they went for information to help decide. Participants were able to select the three most important factors they considered when choosing their current plan, and the most commonly selected option was the total out-of-pocket costs (including premiums, copays, coinsurance, deductibles) (75%) associated with the plan. The next most frequently selected factors were premium cost alone (51%), closely followed by whether the plan included a wide range of doctors/hospitals (50%). The full distribution of results is shown below in Figure 3.

Figure 3. Most important factors employees consider when selecting current health plan¹¹



In addition to asking employees *what* they considered when deciding about their current health plan, they were also asked *where* they went to look for information during the decision-making process. The most commonly selected resource was OPM's Plan Comparison Tool (56%), closely followed by health insurance plan brochures (52%). The full distribution of results is shown in Figure 4 below.

Figure 4. Resources most frequently consulted when choosing current health plan¹²



¹¹ Participants could select up to three response options.

¹² Participants could select more than one response option.

Generation Comparison: Do Baby Boomers, Generation X and Millennials have different priorities when choosing a health plan?

A higher percentage of Millennial respondents reported cost as a top factor in choosing a health plan.

- Premium cost was selected as a top factor by 57 percent of Millennials, 53 percent of Generation X, and 46 percent of Baby Boomers.
- Total out of pocket cost selected as a top factor by 86 percent of Millennials, 77 percent of Generation X, and 69 percent of Baby Boomers.

For Baby Boomer respondents, priorities when choosing a health plan were more focused on prescription drug coverage and doctor availability.

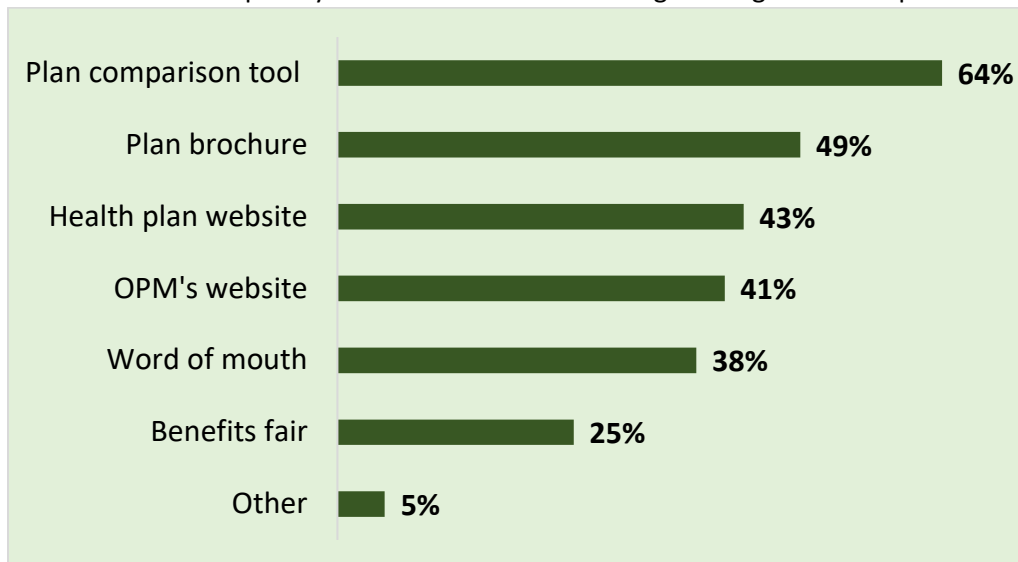
- Plan includes doctor(s) seen most frequently” was selected as a top factor by 39 percent of Baby Boomers, 34 percent of Generation X, and 30 percent of Millennials.
- “Prescription drug coverage” was selected as a top factor by 39 percent of Baby Boomers, 36 of percent of Generation X, and 26 percent of Millennials.

Generation X respondents’ results tended to fall in the middle of both generations.

Do FEHB enrollees consider changing health insurance plans frequently?

Considering plan choice is one of the hallmarks of the FEHB Program, it is interesting to consider whether or not many employees take the time to research plan options. In 2019, 47 percent of participants said that they have considered changing health plans within the past five years. If participants indicated that they had considered a change, they were asked a follow up question about where they looked for information about other plan options. The results are displayed in Figure 5 below.

Figure 5. Resources most frequently consulted when considering a change in health plan



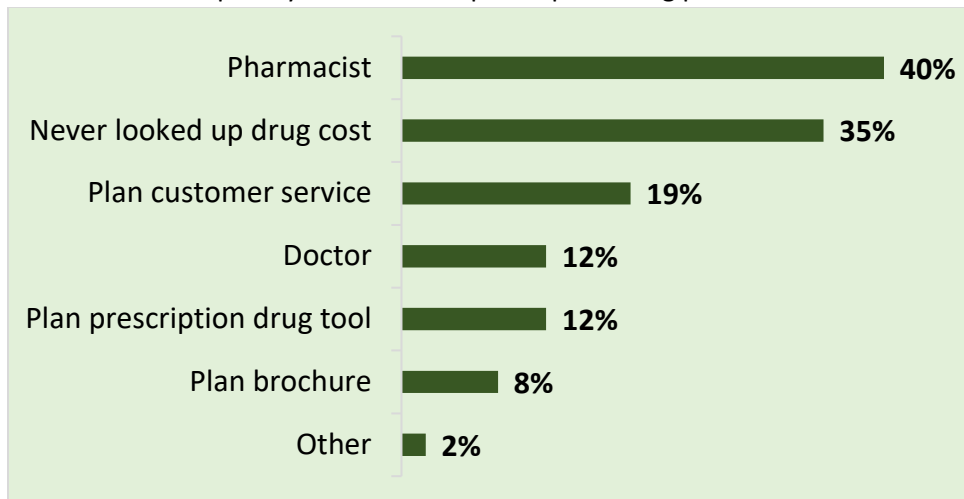
Generation Comparison: Are any generation groups more likely to change health plans?

Approximately 55 percent of Millennial respondents considered changing plans within the past five years, compared to only 42 percent of Baby Boomers and 49 percent of Generation X. The top two reported resources Millennials accessed when considering switching plans were OPM’s Plan Comparison Tool (69%) and OPM’s website (51%).

Are employees aware of and consulting online transparency tools?

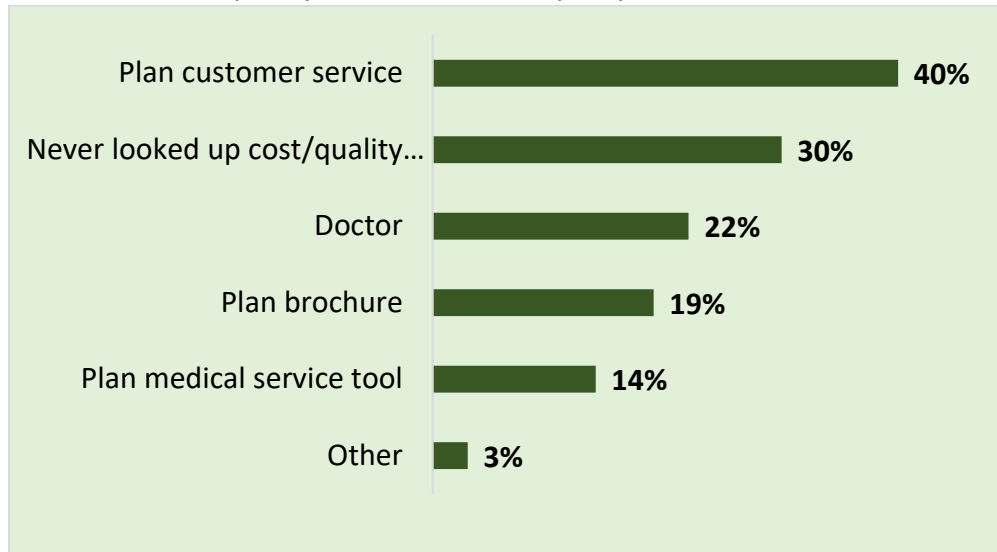
In recent years, OPM has encouraged FEHB plans to promote transparency to their members by making both medical and pharmacy cost and quality information readily available to enrollees. When asked if they were aware that there are prescription drug price tools available through their FEHB plans, only 28 percent of FEBS participants answered yes. Additionally, looking beyond awareness of pricing tools, participants were asked which resources they most frequently consult when they have questions about the price of their prescription drugs. The results are displayed in Figure 6 below.

Figure 6. Resources most frequently consulted for prescription drug price information



Participants were also asked if they were aware that there are tools available through their FEHB plans that offer cost and quality information about medical services. Just over one-third, 35 percent, reported awareness of these tools. The next question dug a bit deeper and asked where participants most frequently look for cost and quality information about medical services through their FEHB plan, and the results are displayed in Figure 7 below.

Figure 7. Resources most frequently consulted for cost/quality information



Participants who selected “other” for the resources they consult for cost/quality information had the opportunity to write-in answer options. Responses varied, but the “internet”, “other websites” and “Google” were frequently cited. This supports the result that awareness of the availability of transparency tools is low, as people seem to turn to the internet for information.

Are employees using technology to engage in their healthcare?

Technology provides consumers with many resources and enhanced services when it comes to healthcare and insurance, including new ways to communicate with providers and insurance companies. FEHB enrollees were asked to report if they used telehealth services to gauge whether or not employees are interested in using technology to connect with their providers. The percentage of participants reporting a lack of interest in using telehealth services significantly increased (14 points) since the 2017 survey with 42 percent of FEHB-enrolled participants reporting that they were not interested in using these types of services, and another 18 percent reporting that these services were not available to them. Those who did report using these services are displayed in Table 7, with participants having the option to select more than one service. Telephone appointments and online communications with providers were the most frequently selected services reported by FEHB enrollees, with only two percent of FEHB enrolled participants reporting use of live video appointments with providers.

Generation Comparison: How do Baby Boomers, Generation X and Millennials differ in their use of telehealth services or online tools to look up costs?

Baby Boomers were more likely to report using phone appointments (27%) than Millennials (15%) or Generation X (22%), whereas Millennials were more likely to use mobile health applications (17%) compared to Boomers (10%) and Gen X (12%).

In terms of similarities between generation groups and the use of telehealth services and online cost tools, all groups had similar awareness of the availability of medical services cost/quality tools, ranging from 32-36 percent awareness. The use of live video appointments was also only reported by two to three percent of each generation group, demonstrating very low reported utilization among all age groups.

Table 7. Telehealth services used by FEHB enrollees

Telephone appt with provider	Online communications with provider	Mobile health application	Live video appt with provider
22%	21%	12%	2%

Health Topics Spotlight

Each year, the FEBS includes questions about timely topics to gauge the employee experience around certain health, wellness and lifestyle issues. Past examples include nutrition, exercise, retirement preparedness, and tobacco use and cessation. The 2019 survey continued to include items about tobacco use and added additional questions about access to mental health care, surprise billing and assisted reproduction.

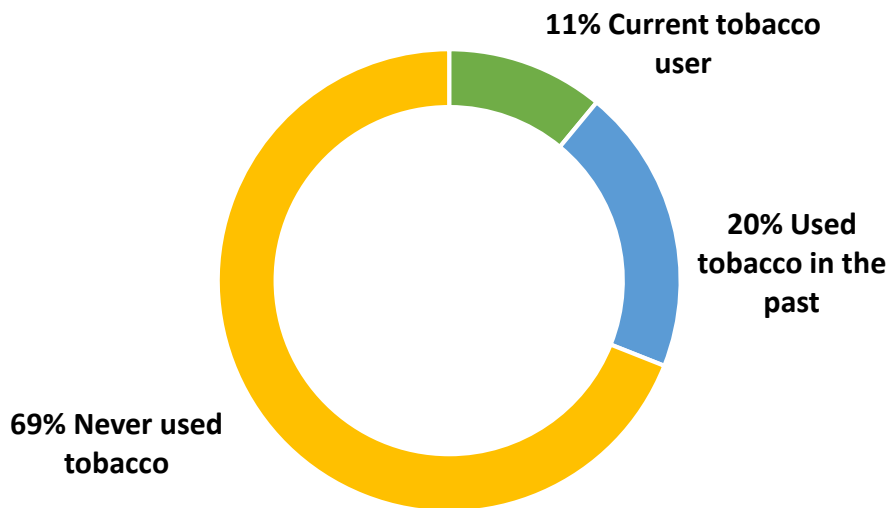
Tobacco

Tobacco use¹³ has remained steady since 2015 according to the FEBS results, with no significant change in the reported use rate between the 2017 and 2019 survey administrations. In 2017 and in 2019, just under 11 percent of participants said they had used tobacco within the last 30 days. Figure 8 below provides the breakdown of current, past and never tobacco users. These results are consistently lower than figures from the general U.S. adult population, with the Centers for Disease Control and Prevention (CDC) estimating that 19.3 percent of adults used tobacco products as of 2017¹⁴.

¹³ Questions that asked participants about the use of “tobacco products” defined them as: cigarettes, e-cigarettes, chewing tobacco, other tobacco products.

¹⁴ Most recent data available at <https://www.cdc.gov/mmwr/volumes/67/wr/mm6744a2.htm>.

Figure 8. Federal employee tobacco use¹⁵



- Of past users (reported using tobacco more than 30 days ago), the majority (74%) reported that they quit using tobacco more than two years ago. Five percent of past users quit within the past year, and just under four percent quit between one and two years ago. Additionally, 17 percent of past users identified as infrequent or “social” users.
- Most participants are not impacted by secondhand smoke or the use of tobacco products by members of their household, as 85 percent said that no one in their home had used tobacco within the 30 days prior to completing the survey.
- Overall FEHB Tobacco Cessation Benefit awareness remains low and stable over time. In 2017, just under 14 percent of participants reported awareness of the FEHB Tobacco Cessation Benefit, which is slightly lower than in 2015 (16%). The 2019 results fell right in the middle, with 15 percent of participants reporting awareness of the benefit. Splitting out these results by tobacco use showed a slightly higher awareness of the benefit, with 22 percent of the current tobacco users reporting knowledge of the benefit prior to participating in the survey. This figure represents an increase since 2017 (17%). Awareness of the benefit in 2019 was slightly lower among non-tobacco users (14%) and past tobacco users (18%).

¹⁵ Current user indicates tobacco use within the last 30 days and past user indicates tobacco use more than 30 days ago.

Generation Comparison: Do Baby Boomers, Generation X and Millennials differ in their tobacco use?

All three groups reported very similar tobacco use rates, ranging from 10-11 percent of each group. However, there was a much higher “social” use reported by Millennials, with 33 percent of millennials who had not used tobacco in the past 30 days reporting they use it only on a social basis. Only 16 percent of Generation X and 11 percent of Baby Boomers reported social use of tobacco.

Mental/Behavioral Health

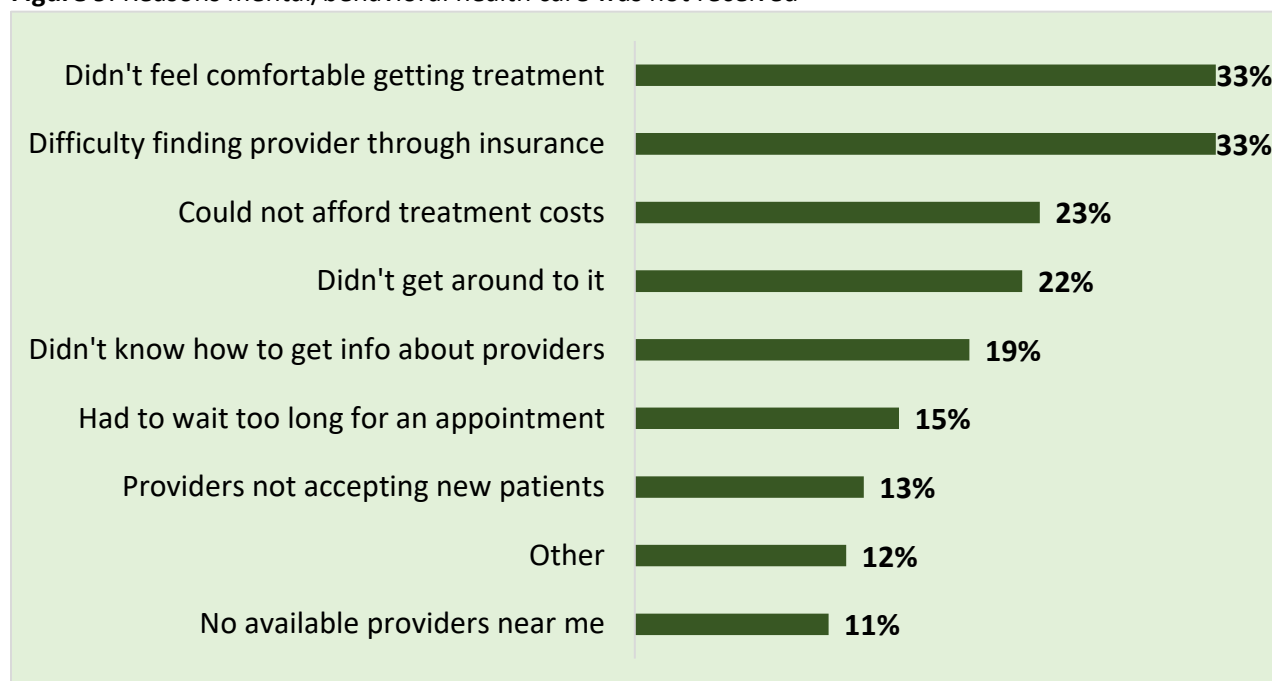
The availability of consistent, reliable and affordable mental and behavioral health care can greatly impact the success of treatment, as barriers and a lack of access can often cause conditions to worsen and even cause individuals to become a danger to themselves or others¹⁶. As a result, one of OPM’s policy priorities has been to ensure that Federal employees enrolled in FEHB can easily and readily access mental and behavioral health care without barriers.

To better gauge the employee experience seeking out mental and behavioral health care, the 2019 FEBS asked participants if they had sought treatment for themselves or a family member within the last 12 months. Just over one-quarter of participants (27%) said that they or a family member received healthcare treatment for a condition that was emotional, mental or behavioral within the last 12 months. 69 percent replied that neither they nor a family member had sought mental or behavioral health treatment, and four percent said that they had not but that there had been a need.

The four percent of respondents that did not seek mental or behavioral health treatment for themselves or for a family member, but who indicated that there was a need, were asked to provide more information about the barriers that prevented them from receiving care. The results of that item are displayed below in Figure 9.

¹⁶ <https://www.nami.org/Learn-More/Mental-Health-Public-Policy/Access-to-Treatment>

Figure 9. Reasons mental/behavioral health care was not received¹⁷



Almost one third of respondents who needed care and didn't receive it said that it was because they had difficulty finding a provider through their insurance. Additionally, just under 20 percent of participants said that they didn't know how to get information about providers near them. These results demonstrate an opportunity to better educate members about how to find mental and behavioral health care providers that are in their area and are available through their insurance plan.

- The results also show potential opportunity for growth in terms of provider availability, as just over ten percent of respondents said they did not get care because there were no available providers near them and another 13 percent said that the providers they found were not accepting new patients.
- Stigma around seeking mental health care still exists as a major barrier to treatment, as just over one third of participants who said there was a need for care did not receive it because they didn't feel comfortable doing so. This figure is slightly lower than nationwide numbers that estimate approximately 40 percent of individuals suffering from mental illness go without treatment¹⁸.

¹⁷ Participants were able to select multiple responses to this item.

¹⁸ <https://www.nami.org/Press-Media/In-The-News/2017/Understanding-Stigma-as-a-Mental-Healthcare-Barrier?feed=In-the-news>

Generation Comparison: Are there generational differences in seeking treatment for mental and behavioral health?

Approximately 33 percent of Millennials and 31 percent of Generation X participants reported either they or a family member received treatment, compared to only 21 percent of Baby Boomers. A higher percentage of Millennials (7%) reported either they or a family member needed treatment, but it was not received, compared to only three percent of Boomers and four percent of Generation X. Lastly, the most frequent reason Millennials reported treatment was not received was difficulty in finding nearby providers (41%).

Assisted Reproductive Procedures

Various definitions exist for assisted reproductive technology (ART), but the CDC definition states that “ART includes all fertility treatments in which both eggs and embryos are handled.¹⁹” A variety of assisted reproductive procedures exist, and one of the most commonly known is in vitro fertilization (IVF) where fertilization occurs outside of the body. The Pew Research Center estimates that one-third of American adults report that they or someone they know has used some type of fertility treatment in order to try to have a baby²⁰, so the 2019 FEBS included questions to gauge the Federal employee experience.

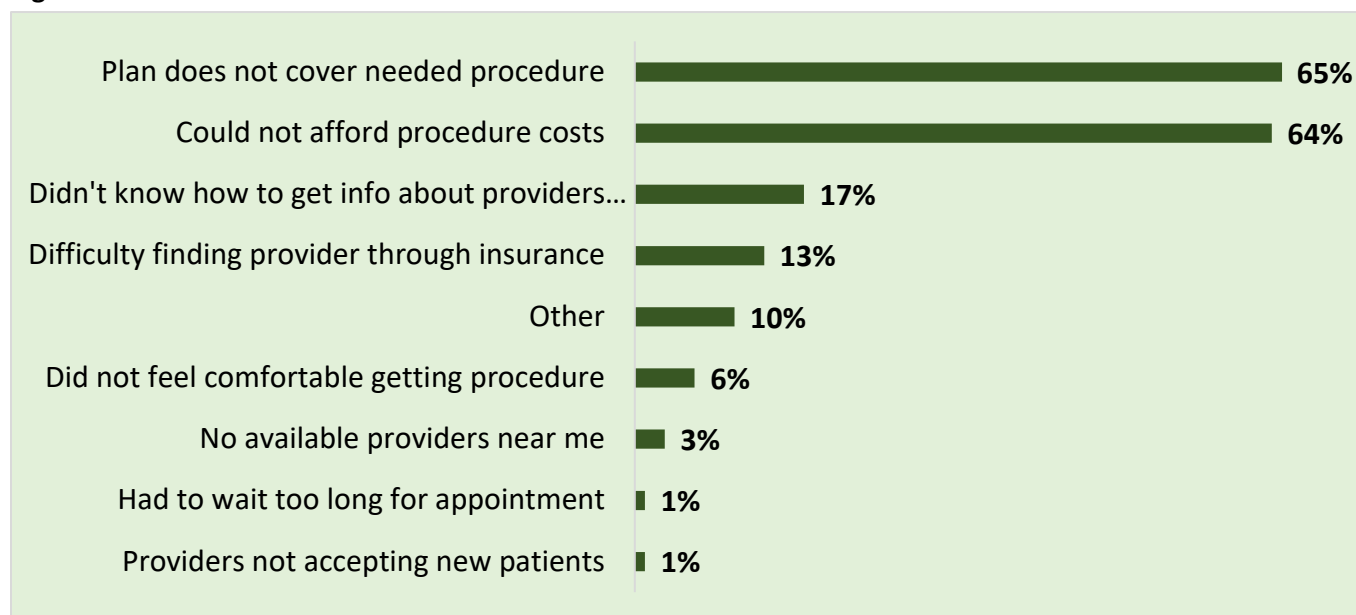
In the last 12 months, two percent of participants or a family member received IVF or a similar procedure meant to assist with conception. Most participants, 97 percent, had not received IVF or a similar procedure and two percent did not receive IVF or a similar procedure but indicated that there was a need.

The two percent of respondents that did not receive IVF or a similar treatment, but who indicated that there was a need, were asked to provide more information about the barriers that prevented them from receiving care. The distribution of results for that item is displayed below in Figure 10.

¹⁹ <https://www.cdc.gov/art/whatis.html>

²⁰ <https://www.pewresearch.org/fact-tank/2018/07/17/a-third-of-u-s-adults-say-they-have-used-fertility-treatments-or-know-someone-who-has/>

Figure 10. Reasons IVF or a similar treatment was not received²¹



- By far, the most commonly selected barriers for receiving IVF or a similar procedure were cost (64%) and lack of coverage by the participant’s insurance plan (65%).
- Less common reasons for not receiving treatment were related to lack of information about providers.

Surprise Billing or Unexpected Out of Network Billing

Surprise bills present when a patient receives care from a provider who is outside of their insurance plan’s network in a situation where they often have no choice, no control, or are not notified of the network issue. The most common scenarios for surprise bills occur in emergency or ancillary care, and some studies suggest that about 20 percent of emergency visits and 10 percent of elective inpatient care stays will involve at least one out-of-network provider²². Modern Healthcare estimates that over half of Americans have received a surprise bill²³. The unexpected out-of-network or surprise billing issue has become an industry wide concern in recent years. For the first time, the 2019 FEBS included questions about surprise billing to gather information from the employee perspective.

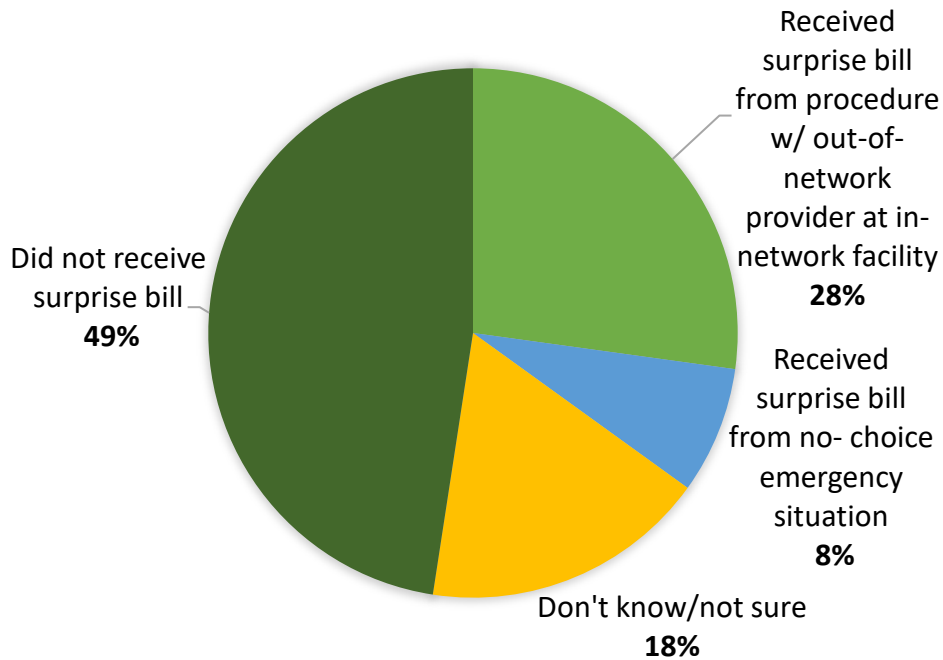
First, participants were asked if there was a time in the last three years that they or a family member received a medical bill that they did not expect (or that was higher than expected) as a result of unknowingly receiving care from an out-of-network provider at an in-network facility. Figure 11 displays the results.

²¹ Participants were able to select multiple responses to this item.

²² <https://www.brookings.edu/product/everything-you-need-to-know-about-surprise-billing/>

²³ <https://www.modernhealthcare.com/article/20180830/TRANSFORMATION01/180839993/more-than-half-of-americans-have-received-a-surprise-medical-bill>

Figure 11. Surprise billing results



- Results show that nearly half of the survey participants had not received a surprise bill, however 18 percent of participants reported that they were not sure, which highlights the confusing nature of the issue for enrollees.
- Over one-third of participants reported receiving a surprise bill from either no-choice emergency care or a procedure with an out-of-network provider at an in-network facility.
- Participants who indicated that they had been impacted by a surprise bill (either routine procedure or no-choice emergency situation) in the last three years most commonly estimated the amount of the additional bill to be less than \$1,000 (60%). Just over one-third of participants, 34 percent, estimated that the bill was between \$1,000 and \$5,000, four percent estimated between \$5,000 and \$10,000, and only two percent estimated that the bill was over \$10,000.

Thrift Savings Plan (TSP)

Much like FEHB, the TSP is considered a key element in the Federal benefits package. Nearly all FEBS respondents reported being enrolled in the TSP, and the survey results consistently support the fact that the program remains highly valued and well regarded.

Importance Ratings

Consistent with the last administration of the FEBS in 2017, 96 percent of participants, regardless of whether or not they were enrolled, indicated that the availability of the TSP is “extremely important” or “important.”

Impact on Recruitment and Retention

The potential impact of the TSP on recruiting and retaining Federal employees was examined in both 2017 and 2019. Over two-thirds of respondents (69%) indicated that the availability of the TSP influenced their decision to take a job with the Federal Government to a “great” or “moderate” extent, and 82 percent of participants indicated that the TSP influenced their decision to remain with the Federal Government to a “great” or “moderate” extent. The results related to the availability of the TSP on both recruitment (70%) and retention (83%) are consistent with those found in the 2017 FEBS. Table 8 displays the full response results for the 2019 TSP recruitment and retention items.

Table 8. The TSP and potential impact on recruitment and retention

To what extent did the availability of the TSP influence your decision to <u>take</u> a job with the Federal Government?		To what extent did the availability of the TSP influence your decision to <u>remain in</u> a job with the Federal Government?	
To a great extent	39%	To a great extent	56%
To a moderate extent	30%	To a moderate extent	26%
To a slight extent	11%	To a slight extent	8%
Not at all	20%	Not at all	9%

Adequacy and Value Ratings

In addition to playing a key role in recruiting and retaining employees, the TSP is highly rated by currently enrolled employees. 93 percent of enrollees indicated that the TSP meets their needs to a “great” or “moderate” extent, which is consistent with the ratings from the 2017 FEBS. In terms of value (benefits received for the money they pay), 88 percent of enrollees feel that the TSP is an “excellent” or “good” value, also consistent with 2017 results.

Retirement Annuity (FERS /CSRS²⁴)

In addition to FEHB and the TSP, the third key element in the Federal benefits package is the annuity employees are eligible to receive in retirement.

Importance Ratings

Consistent with 2017 FEBS results, 95 percent of FEBS participants indicated that the availability of a retirement annuity through FERS or CSRS is “extremely important” or “important”.

Impact on Recruitment and Retention

Not only is the availability of a retirement annuity important to employees, the benefit plays a key role in recruiting and retaining Federal employees. In 2019, 79 percent of participants indicated that the availability of a retirement annuity through FERS or CSRS influenced their decision to take a job with the

²⁴ Congress created the FERS in 1986, and it became effective on January 1, 1987. Since that time, new Federal civilian employees who have retirement coverage are covered by FERS. Although other Federal employee retirement systems exist, the FEBS focuses on FERS and CSRS since they are the two most common.

Federal Government to a “great” or “moderate” extent, which remains steady from 2017 (78%). The trend is the same when looking at how FERS/CSRS impact employee retention. In 2019, 89 percent of participants indicated that a retirement annuity through FERS/CSRS influenced their decision to remain with the Federal Government to a “great” or “moderate” extent, which is also consistent with the results from 2017 (88%). Table 9 displays the full response scales for the Retirement Annuity recruitment and retention items.

Table 9. Retirement Annuity and potential impact on recruitment and retention

To what extent did the availability of a retirement annuity influence your decision to <u>take</u> a job with the Federal Government?		To what extent did the availability of a retirement annuity influence your decision to <u>remain in</u> a job with the Federal Government?	
To a great extent	53%	To a great extent	69%
To a moderate extent	26%	To a moderate extent	20%
To a slight extent	9%	To a slight extent	6%
Not at all	12%	Not at all	5%

Federal Employees’ Group Life Insurance (FEGLI)

Importance Ratings

Approximately 70 percent of respondents indicated that the availability of the FEGLI Program, regardless of whether or not they were enrolled, was “extremely important” or “important” to them. This suggests that having access to and the ability to enroll in the FEGLI Program is important to the majority of Federal employees.

Adequacy and Value Ratings

When considering how the program is regarded by employees who are actively enrolled (79% of survey respondents), the 2019 FEBS results demonstrate relatively high levels of satisfaction. Just over 81 percent of respondents indicated the FEGLI Program meets their needs to a “great” or a “moderate” extent, which remains consistent from 2017. Value ratings (benefits employees receive for the money they pay) were slightly lower, with 68 percent of participants indicating that FEGLI provides an “excellent” or “good” value for the money. Value ratings also held steady from 2017.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Importance Ratings

In 2019, 82 percent of FEBS respondents indicated that it was “extremely important” or “important” to have dental insurance through FEDVIP available to them as Federal employees. This represents a five-percentage point increase since the 2017 FEBS. Fewer respondents (70%), indicated that the availability of vision insurance through FEDVIP was either “extremely important” or “important” to them. Even though importance ratings are lower for FEDVIP vision compared to FEDVIP dental, it is important to note that there was a four-percentage point increase since 2017 in the vision importance ratings.

Enrollment

The importance rating results track with reported FEDVIP uptake, with a higher percentage of participants (71%) indicating enrollment in dental insurance than vision insurance (57%). Despite the fact FEDVIP enrollment is typically lower than other programs such as FEGLI and FEHB, both FEDVIP dental and vision insurance saw more than a five- percentage point increase in reported enrollment since 2017. The two benefits also saw the largest increases in enrollment between the 2015 and 2017 FEBS administrations.

Adequacy and Value Ratings

Employees who are enrolled in FEDVIP dental and vision insurance, much like other benefit programs, demonstrate a high level of satisfaction. Over 85 percent of FEDVIP enrollees indicated that the benefits are meeting their needs to a “great” or “moderate” extent. Value ratings are slightly lower, with 74 percent of FEDVIP vision enrollees indicating that the benefit is an “excellent” or “good” value and 66 percent of FEDVIP dental enrollees indicating that the benefit is an “excellent” or “good” value. Even though approximately two-thirds of enrolled participants rated FEDVIP dental as an excellent/good value, this was the lowest value rating of all benefits rated in the 2019 FEBS.

Federal Long Term Care Insurance Program (FLTCIP)

Enrollment

FLTCIP continues to be one of the most under-utilized benefit programs available to Federal employees, with only eight percent of FEBS participants indicating that they were enrolled. These results suggest there has been little change in enrollment in the program since the last FEBS administration in 2017 that found only 10 percent of participants reporting enrollment in the program. Low enrollment in FLTCIP is consistent with industry trends, as a study by the National Association of Insurance Commissioners states, “despite the significant financial risk and the potentially catastrophic outcomes, only a small portion of LTC expenditures is currently funded by private insurance. Given the need for coverage and the obvious benefits of insuring against this risk, the fact only few Americans are buying long-term care insurance (LTCI) is often referred to as a puzzle. The low public awareness of the risks involved, the dependency on family caregivers and ultimately on social programs, as well as the high cost of private insurance may be among the main reasons for the low market penetration of private LTCI.”²⁵

Importance Ratings

Despite the fact importance ratings for FLTCIP are low when comparing ratings across all benefits, it is worth noting that 42 percent of FEBS participants indicated that the availability of long- term care insurance was either “extremely important” or “important” to them. The discrepancy in importance ratings vs. reported enrollment is consistent with the nature of the benefit since the future necessity of the program is unknown for most employees.

Adequacy and Value Ratings

For participants who are enrolled in FLTCIP, adequacy and value ratings were relatively mixed. Approximately 84 percent of participants indicated that the FLTCIP meets their needs to a “great” or a

²⁵ https://www.naic.org/documents/cipr_current_study_160519_ltc_insurance.pdf

“moderate” extent, while 67 percent of participants indicated that the FLCIP program provides an “excellent” or a “good” value for the money. The value rating for FLCIP was one of the lowest across all programs in 2019.

Federal Flexible Spending Account Program (FSAFEDS)

Enrollment

The Health Care Flexible Spending Account (HCFSA) and the Dependent Care Flexible Spending Account (DCFSA) through FSAFEDS are two benefits that have traditionally seen low enrollment rates.

Just over one-quarter of respondents indicated enrollment in the HCFSA in both 2017 (28%) and 2019 (29%). Not surprisingly, due to the eligibility requirements (tax favorable treatment for expenses related to dependent care), even fewer respondents reported enrollment in the DCFSA. Only six percent of participants reported enrollment in the DCFSA in both 2017 and 2019.

Importance Ratings

Like FLCIP, even though reported FSAFEDS enrollment is comparatively lower than other programs, employees still place importance on the program’s availability. Just under 40 percent of respondents indicated that the availability of the HCFSA was either “extremely important” or “important” to them. Only 22 percent of participants indicated that the DCFSA was either “extremely important” or “important” to them, which is not surprising since only a specific subgroup of the Federal employee population is eligible to participate.

Adequacy Ratings

What is perhaps most interesting when looking at the FSAFEDS program is the fact that despite low enrollment and moderate importance ratings, active enrollees are extremely satisfied. Just over 90 percent of enrollees indicated that the HCFSA and the DCFSA meet their needs to a “great” or a “moderate” extent.

Benefit Education and Resources

Looking beyond the core FEBS measures of importance, adequacy and value, the survey assessed the important topic of benefit education and resources. With so many benefit programs available to employees, adequate and accessible resources are necessary to ensure employees can understand whether or not enrollment in each program is right for them and their unique individual or family needs. To learn more about how employees access resources for each benefit program, the FEBS included questions to determine which primary resource employees turn to when they want to learn more about a specific benefit program they are enrolled in. Understanding how employees learn about their benefits can be helpful in ensuring the resources available to employees are useful.

Where do employees look to learn more about their benefits?

Participants enrolled in each benefit program were asked which resource they would turn to first to learn more about their benefits, and the results in Table 10 show that benefit program websites were the most frequently selected response for every benefit. Other resource choices included education programs, customer service (phone number, e-mail, secure messaging, etc.), agency’s HR department, and other program-specific tools.

Table 10. Most likely resource used when enrollees want to learn more about their benefits

FEHB	FEGLI	TSP	FEDVIP Dental	FEDVIP Vision	FLTCIP	DCFSA	HCFSA
48%	41%	79%	33%	32%	42%	78%	73%
Prefer plan’s website	Prefer OPM’s website	Prefer TSP website	Prefer plan’s website	Prefer plan’s website	Prefer LTCP’s website	Prefer FSAFEDS website	Prefer FSAFEDS website

Retirement Preparedness

Financial Fitness in Retirement

Preparing for retirement can often feel like a lifelong challenge and is something employees are urged to contemplate at the beginning of their careers. Moreover, it has become increasingly difficult for employees to feel confident that they are adequately prepared to maintain their current standard of living as they move into retirement²⁶. Beginning in 2017, the FEBS asked five questions about perceived retirement preparedness and available resources to take a pulse on how Federal employees feel about retirement. The 2019 results of each question are displayed in the following figures, and it is worth noting that there was little change across all items since 2017.

As Figure 12 displays, over half of participants, approximately 55 percent, reported that they “strongly agree” or “agree” with the statement “I know how much money I will need to live a comfortable lifestyle throughout retirement.” Slightly less than one-quarter of participants (23%) indicated some level of disagreement with the same statement.

²⁶ <http://time.com/money/4629545/ensure-comfortable-retirement-plan/>

Figure 12. "I know how much money I will need to live a comfortable lifestyle throughout retirement"

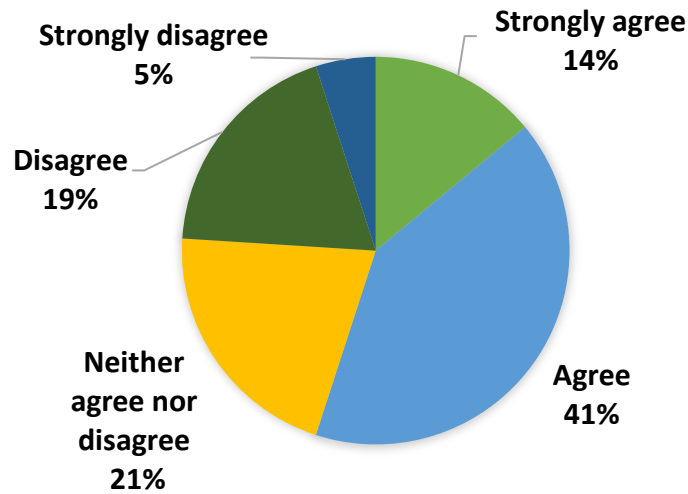
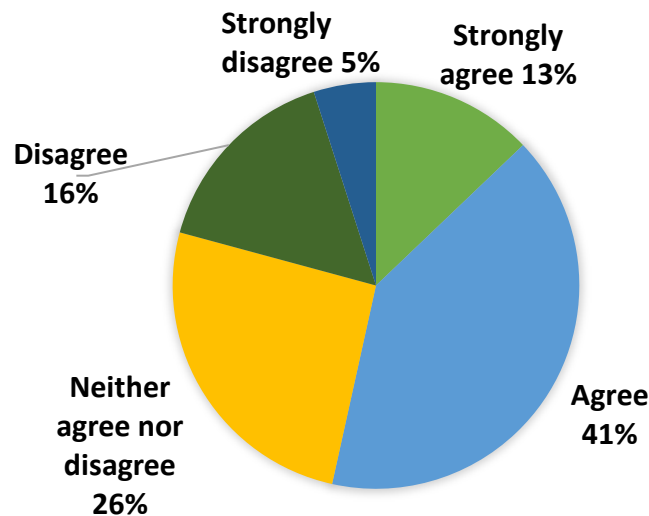


Figure 13 shows the level of confidence participants reported when it comes to having enough money to meet basic expenses in retirement. The distribution of responses to this question is like the results displayed in Figure 12. Fifty-four percent of participants show some level of confidence that they will have enough money to take care of their basic expenses in retirement. On the flip side, 21 percent of participants indicated some level of disagreement with the statement that they are confident they will have enough money to take care of basic expenses in retirement.

Figure 13. "I am confident I will have enough money to take care of my basic expenses in retirement"



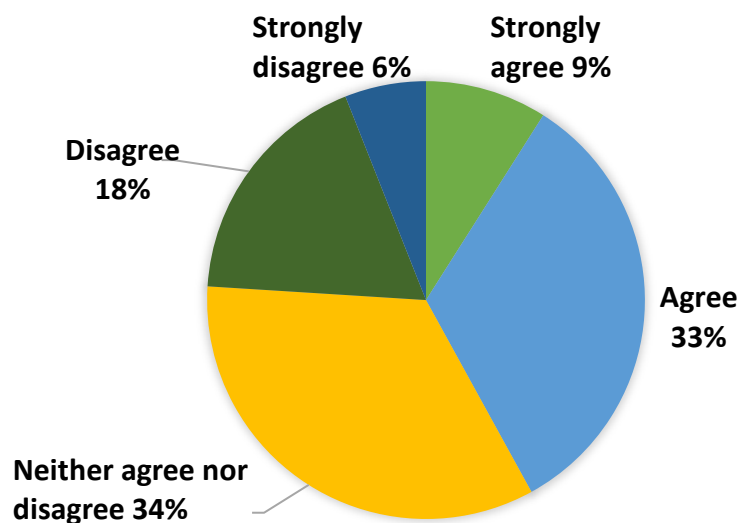
Health and Medical Expenses in Retirement

The estimated amount of money an individual should plan to have saved by retirement in order to meet their health and medical expenses continues to inflate. In 2019, it is estimated that the average couple will need \$285,000 in today's dollars for medical expenses in retirement, including long term care. This

supports the notion that health care endures as one of the largest expenses in retirement²⁷. Concern over the cost of health care could be why just over 92 percent of participants indicated that the availability of retiree health benefits was either “extremely important” or “important” and why respondents ranked the availability of annuitant health benefits as the third most important program.

Some research suggests nearly half of Americans aged 50 to 64 worry they won’t be able to afford healthcare when they retire. In addition, those who worried about the cost of health insurance now or during retirement were nearly three times more likely to avoid medical care or filling a prescription than those with more confidence in their ability to pay for healthcare.²⁸ To assess Federal employees’ confidence in being able to handle medical expenses in retirement, FEBS participants were asked to report their level of agreement with the statement “I am confident I will have enough money to take care of health/medical expenses in retirement.” Figure 14 displays the results for this item. Although 42 percent of participants indicated some level of agreement that they are confident they will have enough money to take care of health/medical expenses in retirement, it is worth noting that this is over 10 percentage points lower than results for those who expressed some level of agreement that they will have enough money to meet *basic* expenses in retirement.

Figure 14. "I am confident I will have enough money to take care of health/medical expenses in retirement"



Understanding of Retirement Benefits

The results displayed in Figure 15 show that understanding of how retirement payments are calculated varies quite a bit. Just under half of participants (45%) indicated some level of agreement with the statement that they understand how annuity payments will be calculated. While the high level of reported understanding of payment calculations is positive, it should be noted that just over one-third of participants (34%) reported some level of disagreement with the statement and just under one quarter were neutral in their agreement (21%). This indicates that there is a relatively large percentage

²⁷ <https://www.fidelity.com/viewpoints/personal-finance/plan-for-rising-health-care-costs>

²⁸ <https://www.reuters.com/article/us-health-insurance-retirement/many-in-u-s-worry-about-affording-healthcare-in-retirement-idUSKBN2042FA>

of the population that could potentially benefit from learning more about the calculation of their retirement payments.

Figure 15. “I understand how my retirement payments will be calculated.”

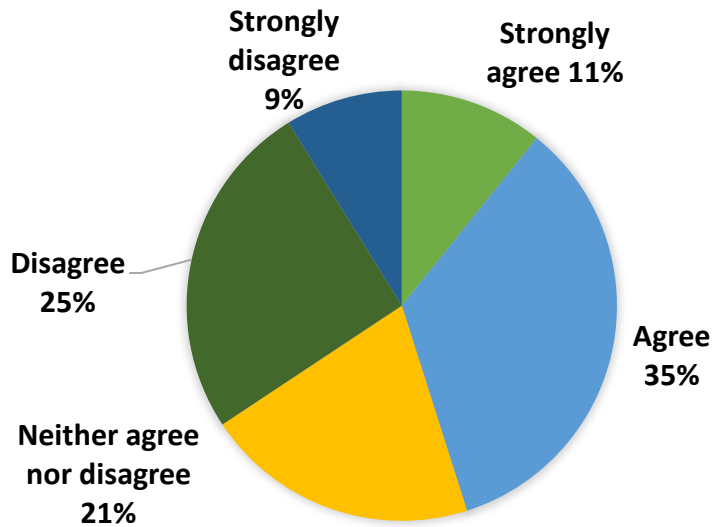
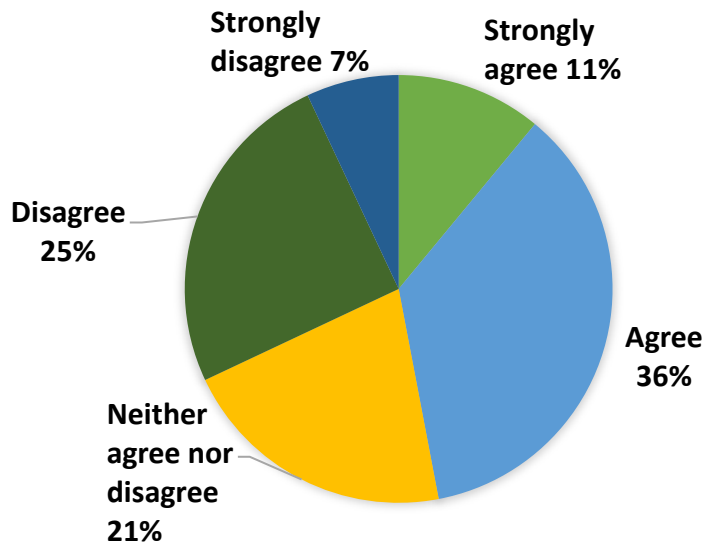


Figure 16 demonstrates that 47 percent of participants feel as if they have some level of understanding about the benefits that are available to them in retirement. Similarly, 43 percent of participants indicated that they know who to contact if they have questions about their retirement.

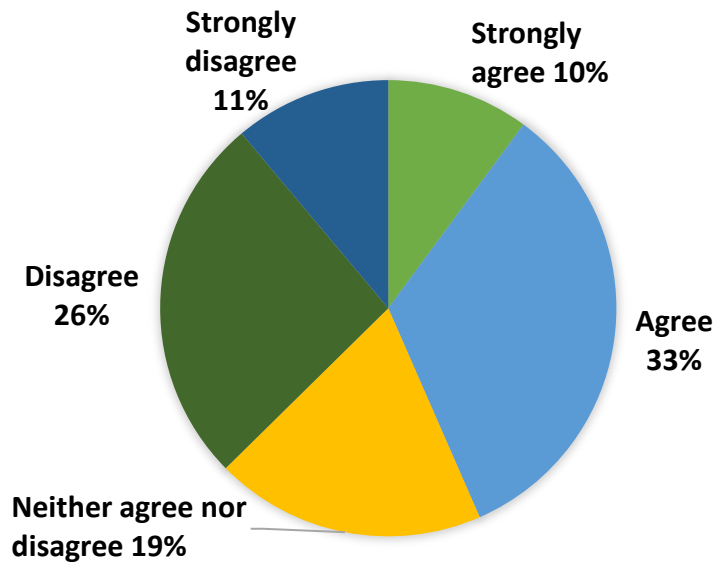
On the flip side, the results displayed in Figure 16 present another opportunity for retirement benefit education, as 21 percent of respondents were neutral in their understanding of available benefits and 32 percent indicated some level of disagreement with the statement that they understand what benefits will be available to them upon retirement.

Figure 16. “I understand what benefits are available to me in retirement.”



Finally, the results displayed in Figure 17 demonstrate another opportunity to better communicate with employees about retirement benefits, as 38 percent of respondents reported some level of disagreement that they know who to contact with questions about their retirement, and 19 percent were neutral.

Figure 17. Retirement benefit resources



Generation Comparison: Do Baby Boomers, Generation X and Millennials differ in their understanding of their retirement?

Overall, Baby Boomers reported higher levels of confidence in having enough money in retirement and understanding their retirement compared to the younger generations. The largest gaps between generation groups:

- 65 percent of Baby Boomers responded “strongly agree/agree” that they know how much money they need to live a comfortable lifestyle, compared with only 44 percent of Millennials and 53 percent of Generation X.
- 55 percent of Baby Boomers responded “strongly agree/agree” that they understand their retirement calculations, compared with only 36 percent of Millennials and 42 percent of Generation X.
- In terms of reported understanding of their retirement benefits in general, 58 percent of Baby Boomers responded “strongly agree/agree”, compared to only 35 percent of Millennials and 42 percent of Generation X.

Interest in Other Types of Benefit Programs

OPM gauged interest in additional benefits that are not currently offered to Federal employees by asking survey participants to rank their interest in the following benefits. The descriptions of each benefit that were included in the survey for participants are included below:

- **Short term disability insurance-** Short-term disability insurance coverage is designed to protect an individual’s full or partial wages during a time of injury or illness (that is not work-related) that would prohibit the individual from working.
- **Critical illness insurance-** Critical illness insurance, also known as critical care insurance, is a type of insurance policy that compensates policyholders with a lump sum payment after getting diagnosed with a specific illness that is listed on their insurance policy.
- **Financial advisory services-** Financial advisory services refers to any services, advice, or education programs such as consultations with financial advisers, assistance with budgeting, long-term financial planning and developing investment strategies.
- **Legal assistance-** Legal assistance refers to group legal plans through an employer that allow employees to access to legal advice and services.
- **Emergency child/dependent care-** Emergency back-up care provides care services for children or dependents when existing care arrangements suddenly become unavailable.

- **Pet insurance-** Pet insurance helps cover the cost of veterinary care if your pet becomes ill or injured. Some pet insurance plans also provide reimbursement for wellness procedures such as vaccinations, heartworm testing and spaying/neutering.
- **Student loan advisory services-** Consultations regarding student loan refinancing and consolidation.

FEBS participants were asked to rank each benefit from 1-7, with a '1' indicating most interest in that benefit and a '7' meaning least interest in that benefit. Results are listed in Table 11.

Table 11. Interest rankings for benefits not currently offered to employees

Benefit	Ranked 1 or 2 out of 7 listed benefits
Short term disability insurance ²⁹	48%
Critical illness insurance	42%
Financial advisory services	40%
Legal assistance	25%
Emergency child/dependent care	19%
Pet insurance	15%
Student loan advisory services	14%

Short term disability insurance had the most interest from participants, with nearly 50% of participants ranking it at the top of their list. Ranked just below short term disability insurance was critical illness insurance, with over 40% of participants ranking this program at the top of their list. The only other program with approximately 40% or more of participants ranking it at the top of their list was financial advisory services.

Survey participants had the opportunity to list additional benefits they think are important that were not provided in the list above. This item had a significant number of write in responses, and while every single response cannot be categorized a few recurring themes emerged. Several people listed benefits around wellness – primarily subsidized or discounted gym/fitness memberships and also time allowed away from work to participate in fitness/wellness activities. Additionally, many participants wrote in benefits related to tuition assistance, student loan forgiveness programs, and more formal retirement planning benefits. Finally, better/expanded coverage for infertility-related procedures was cited multiple times and several people indicated a desire for mental health services outside of their health plan.

²⁹ A significant number of participants wrote in family/maternity/paternity leave when asked what benefits were missing from the list. After the survey administration, paid parental leave was signed into law. This new benefit should be considered when interpreting responses to related benefits, such as short-term disability, which is often allowed by employers for maternity leave. <https://www.chcoc.gov/content/paid-parental-leave-federal-employees>

Generation Comparison: Do the generation groups differ in their interests in other types of benefit programs?

Millennial respondents had a higher interest in emergency child/dependent care, with 35 percent of Millennials listing it as a top interest (ranked 1st or 2nd out of 7) compared to only 17 percent of Generation X and 12 percent of Baby Boomers.

Both Millennials (18%) and Generation X (15%) showed higher interest in student loan programs, compared to only nine percent of Baby Boomers. Student loan advisory services were described for participants as consultations regarding student loan refinancing and consolidation.

Where do Millennials, Generation X and Baby Boomers agree when it comes to these benefits? Short term disability and financial advisory services were a priority across the board, with over 40 percent of Baby Boomers, Generation X, and Millennials reporting these benefits as top interests.

2019 FEBS Takeaways

- The TSP, FERS and FEHB remain the three most popular benefit programs in terms of enrollment.
- The availability of nearly all the benefit programs remains important to employees, with 70 percent or more of all participants indicating that the availability of 7 out of the 10 listed programs was “extremely important” or “important.”
- Employees enrolled in benefit programs report high levels of satisfaction. All programs had 80 percent or more of enrolled participants report that it was meeting their needs to a “great” or a “moderate” extent. Similarly, all programs had 65 percent or more of enrolled participants report that the benefit program was a “good” or “excellent” value.
- FEDVIP Dental and Vision saw the highest increases in reported enrollment of all benefit programs between 2017 and 2019.
- The availability of FEHB, a retirement annuity and the TSP play a large role in recruiting and retaining employees. The majority of participants reported the availability of these programs influenced them to great or moderate extent to take a job in the Federal Government or remain in a job with the Federal Government.
- Lack of information/awareness about the FLTCIP and FSAFEDS Program has been commonly cited as a reason for not enrolling across FEBS administrations, which presents an ongoing opportunity to better inform employees about the programs.
- Benefit program websites were the most frequently selected resource for all benefit programs when participants were asked which resources they would use to learn more about their benefits.

- When it comes to retirement preparedness, results show there is room for improvement in enhancing understanding of retirement benefits and increasing confidence in being prepared for retirement.
- Some interesting differences were found when comparing Baby Boomers, Generation X and Millennial employees and how they rate their benefits and other related topics. Recognizing these differences as well as similarities may be impactful when thinking toward the future recruiting and retention needs of agencies as Baby Boomers retire and new staff are needed. The priorities and needs of each generation of workers are important to consider to ensure that future benefit program offerings are in line with the priorities and needs of the changing workforce.
- Tobacco use is consistent across FEBS administrations and remains lower than statistics from the general population.
- Interest in and awareness of telehealth services and transparency tools remains low among Federal employees, which represents an opportunity for outreach and education about how these services and tools can enhance communication, decision-making, and health care service delivery.
- Almost one third of respondents who reported that they or a family member needed mental or behavioral health care and didn't receive it said that it was because they had difficulty finding a provider through their insurance and 20 percent of them also said that they didn't know how to find a provider. These results demonstrate an opportunity to better educate members about how to find mental and behavioral health care providers that are in their area and available through their insurance plan.
- In terms of benefits that are not currently offered to Federal employees, 40 percent or more respondents ranked short term disability insurance, critical illness insurance and financial advisory services as their top interests.

Appendix A. 2019 FEBS Methodology

This section provides a description of the sample design, administration, weighting, and analysis for the FEBS, conducted from Tuesday, October 15 to Friday, November 22, 2019. The sample design reflected a commitment to provide policymakers with representative information governmentwide about employees' perceptions on benefits. The survey population for the 2019 FEBS survey used the October 2018 Enterprise Human Resources Integration (EHRI) file for people employed permanently and in pay status. Appendix B lists all the agencies in the sample.

Sampling Frame and Stratification Variables

The sampling frame is a comprehensive list of all persons in the survey population from the EHRI. For the 2019 FEBS, the sampling frame was comprised of 1,680,353 Federal employees as of October, 2018 that satisfied the initial criteria for the sample design. By the time of the survey administration, a percentage of the Federal employees were no longer with their agency. The overall population at the start of the field period, October 15, was less than the 1,680,353 Federal employees.

Sample Design

The 2019 FEBS survey was sent to 50,000 employees within the 87 Federal agencies in the EHRI. The following steps were performed within each program area.

1. Create a population frame of employees from the EHRI.
2. Account for individuals with no email or undeliverable addresses.
 - To receive a survey, an employee needs an email to receive the electronically distributed questionnaire.
 - Any individual on the population frame that has an undeliverable email address would decrease the population.
3. For weighting raking procedures, the following information was collected for each individual in the frame.
 - Millennial/Non-Millennial Group Designation
 - Supervisory Status (Supervisor / Non-supervisor)
 - Gender
 - Minority Status (Minority / non-minority)
 - Age Category
 - Less than 20
 - 20 but less than 30
 - 30 but less than 40

- 40 but less than 50
- 50 but less than 60
- 60 and over

The precision of survey estimates is improved if known information about the total population is used during the weighting process. For the final stage of weighting, a method called raking incorporated available information on the demographic characteristics. Weights were adjusted based on each data item listed above during the raking procedures.

4. The final size for the population frame was 1,679,299.
 - Each individual in the frame was assigned a random unique identifier for processing.
 - Since the population is government wide, not all agencies were selected. The small agencies with fewer than 50 employees may not have been selected.
5. Final sample size was 50,000 with 10,000 designated for a cohort 38 years old and younger.
6. Respondents from the 2017 FEBS were matched to the 2019 FEBS population frame. Matched respondents were selected with certainty. The sampled participants have a baseweight of 1. Table 12 shows the counts by two age cohorts with the younger cohort broken down using 27 as a cutoff.

Table 12. Number of Respondents in Sample that Responded in 2017

Age Group	Count
38 years old or younger	262
27 or younger	22
28 – 38	247
39 years old or older	3,070
Total	3,339

7. The remaining sample was broken into two cohorts with 39 years old as the cutoff. The younger cohort had a final size of 9,731 (10,000 – 269). The older cohort had a final size of 36,930 (40,000 – 3070).
8. SAS® proc survey select generated base weights of 31.02333 for the younger cohort and 37.18362 for the older cohort.

Survey Content

The survey instrument was designed to assess benefits for Federal employees. Approximately 75% of the respondents completed the questionnaire in less than 28 minutes. The median time was 17 minutes.

Web-Based Data Collection Procedures

The 2019 FEBS was a web-based, self-administered survey. On October 15, OPM sent emails to employees with an invitation to participate in the survey. The invitation included instructions for accessing the survey. To improve response rates, OPM sent four reminder emails to non-respondents, the first on October 29 and a final reminder sent the morning of the second to last day before the data collection period concluded. The final reminder indicated that the survey would close at the end of the next day.

Data Collection Period

The data collection period for the 2019 FEBS was Tuesday, October 15, 2019 to Friday, November 22, 2019. Monday, October 14 was a Federal holiday.

Survey Disposition Codes

At the end of the data collection period, each case in the sample frame was assigned a status or disposition code to indicate the result of survey contact (e.g., complete, non-response, ineligible like left the agency or the Federal government). Final disposition codes were used to generate weights. All ineligible records were excluded in the weighting process.

Undeliverable Emails

If a participant had an undeliverable email bounce back, the person was declared ineligible for the survey. An email bounced back typically indicates that the person left the agency. There were 2,387 undeliverable emails, leaving 47,613 (50,000 – 2,387) people in the sample.

Completed Questionnaire

Given that the FEBS was a web-based survey, programs to inspect the data for various response errors or out of range values are built into the instrument; thus, data cleaning was a continuous operation throughout the data collection period.

To receive a completed questionnaire disposition, the respondent needed to answer at least 17 core questions out of a total of 34 core questions. The majority of the respondents (81%) answered all 34 core questions. Additionally, nine percent of the respondents answered 33 questions.

Response Rates

The response rates calculation formula used the number of completed questionnaires over the number of completed questionnaires and non-respondents. With 9,839 completed questionnaires, the overall response rate was 20.66%. Table 13 shows the final response rates by age group.

Table 13. Final Response Rates for Age Groups

Age Group	Completed Questionnaires	Response Rate (%)
38 years old or younger	1,280	13.4
27 or younger	136	10.1
28 – 38	1,144	14.0
39 years old or older	8,559	22.5

Weighting

The process of weighting refers to the development of an analysis weight assigned to each respondent to the survey. Weights are necessary to achieve the survey objective of making unbiased inferences on the perceptions of respondents regarding the perceptions of the full population. The FEBS survey used a three-stage, industry-standard procedure to develop the full-sample weights. Final weights were calculated by three age groups crossed by responding in 2017.

The process included the following:

- Create base weights
- Develop an adjustment factor for undeliverable email addresses
- Develop non-interview adjustment factors due the non-response
- Develop a raking procedure based on the following:
 - o Age Group Designation (used to identify Millennials)
 - o Supervisory Status (Supervisor / Non-supervisor)
 - o Gender
 - o Minority Status (Minority / non-minority)
 - o Age Category
- Calculate the final weight by multiplying the following:
 - o base weight,
 - o the undeliverable email adjustment factor,

- the non-interview adjustment factor,
- and the raking adjustment

Because the millennial groups were sampled separately, the base weights varied. SAS® proc survey select generated base weights of 31.02333 for the younger cohort and 37.18362 for the older cohort. The base weight was 1 for respondents from 2017 because they were in sample with certainty.

The undeliverable email adjustment factor (UEADJ) accounts for the undeliverable email addresses in each millennial group designation. The 2,388 undeliverable emails were identified within each millennial group designation. The undeliverable email adjustment factor for 38 and younger group was 0.95355 and the undeliverable email adjustment factor for the 39 and older group was 0.95110.

Non-interview adjustment factors are the inverse of the response rates within each group designation. The non-interview adjustment factors (NIADJ) total to the population for each millennial group designation. Table 14 shows the NIADJ for each group designation.

A raking procedure was then used to ensure weighted distributions matched known population distributions by the group designation, supervisory status, gender, minority status, and age category within a precision of 0.05. Six iterations were needed to satisfy all the population distributions identified in the sample design. The final weight had a range within each group designation due to the raking procedure. See Table 14 for the final weight range by each group designation

Table 14. Non-Interview Adjustment Factors and Final Weight Range by Group

Age Group (Group Designation)	NIADJ	Final Weight Range
Responded in 2017		
27 or younger (Gen Z)	3.66667	3.58429 – 3.86757
28 – 38 (Millennial)	2.30769	2.33797 – 2.71239
39 years old or older	2.01160	2.05244 – 2.38113
Remainder of the Sample		
27 or younger (Gen Z)	10.15385	299.712 – 347.710
28 – 38 (Millennial)	7.65288	229.360 – 266.092
39 years old or older	4.95123	171.911 – 207.267

Data Analysis

The primary data analysis included calculating program area frequency distributions for each survey question. All percentages and statistical analyses were based on weighted data.

Distributions of Positive, Neutral, and Negative Responses

Many of the FEBS item answer sets formed 5-point Likert-type response scales. Scales include:

- *Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree.*
- *Extremely Important, Important, Neutral, Slightly Important, Not at All Important*

Additionally, the FEBS item answer sets use 4-point response scales. Scales include:

- *To a Great Extent, To a Moderate Extent, To a Slight Extent, Not at all Adequate*
- *Excellent Value for the Money, Great Value for the Money, Fair Value for the Money, Poor Value for the Money*

The last response option was yes/no.

- Yes
- No
- Third category (when asked)
 - o No, but there was a need
 - o Do not know

Other response options were question specific depending upon the benefit.

Appendix B. List of Sampled Agencies

For agencies marked with an asterisk (*), the Enterprise Human Resources Integration file does not have a full population for these agencies.

AbilityOne Commission	National Mediation Board
American Battle Monuments Commission	National Science Foundation
Commodities Futures Trading Commission	National Transportation Safety Board
Consumer Product Safety Commission	Nuclear Regulatory Commission
Corporation for National and Community Service	Occupational Safety and Health Review Commission
Court Services and Offender Supervision Agency	Office of Management and Budget
Department of Agriculture	Office of Personnel Management
Department of Commerce	Office of the U.S. Trade Representative
Department of Education	Pension Benefit Guaranty Corporation
Department of Energy	Railroad Retirement Board
Department of Health and Human Services*	Securities and Exchange Commission
Department of Homeland Security	Selective Service System
Department of Housing and Urban Development	Small Business Administration
Department of Justice	Smithsonian
Department of Labor	Social Security Administration
Department of State*	U.S. Access Board
Department of the Interior	U.S. Agency for International Development
Department of the Treasury	U.S. International Trade Commission
Department of Transportation	U.S. Office of Special Counsel
Department of Veterans Affairs	United States Agency for Global Media
Environmental Protection Agency	Department of Defense
Equal Employment Opportunity Commission	United States Department of the Air Force
Export-Import Bank of the United States	United States Department of the Army
Federal Communications Commission	United States Department of the Navy
Federal Housing Finance Agency	OSD, Joint Staff, Defense Agencies, and
Federal Labor Relations Authority	Field Activities (4th Estate)
Federal Maritime Commission	
Federal Mediation and Conciliation Service	
Federal Mine Safety and Health Review Commission	
Federal Reserve System	
Federal Retirement Thrift Investment Board	
Federal Trade Commission	
General Services Administration	
Merit Systems Protection Board	
National Aeronautics and Space Administration	
National Archives and Records Administration	
National Credit Union Administration	
National Foundation of the Arts and Humanities	
National Indian Gaming Commission	
National Labor Relations Board	



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