



Federal Benefits Open Season Highlights 2025 Plan Year

Federal Benefits Open Season Highlights

2025 Plan Year

- The annual Federal Benefits Open Season for the 2025 plan year will be held from **November 11 through December 9, 2024**. This Open Season will include the Federal Employees Health Benefits (FEHB) Program, the new Postal Service Health Benefits (PSHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP), and the Federal Flexible Spending Account Program (FSAFEDS).
- The FEHB and PSHB Programs (Programs) provide enrolled and eligible persons with choice and competition. For 2025, the FEHB Program has 42 participating Carriers offering 64 Plans and a total of 130 plan options. For 2025, the PSHB Program has 17 participating Carriers offering 30 Plans and a total of 69 plan options.
- The overall average increase in rates for FEHB for 2025 is 11.2% and the overall average increase in rates for PSHB for 2025 is 6.9%. Cost drivers of our Programs generally align with those in the commercial market. For 2025, these drivers include price increases by providers and suppliers, increased utilization of specialty medications and certain prescription drugs (such as weight loss drugs), increased utilization of outpatient services, and behavioral health care spending.
- 2025 marks the launch of the PSHB Program, a new health benefits program for eligible United States Postal Service (USPS) employees, USPS annuitants, and their eligible family members that was established by the Postal Service Reform Act of 2022. To ensure that all USPS individuals currently enrolled in a FEHB plan will be transitioned to a new PSHB plan on 1/1/25, they will be automatically enrolled into a PSHB plan.
 - More than 90% of USPS members will be automatically enrolled into the corresponding PSHB plan, that most closely resembles their current FEHB plan, if the FEHB carrier is offering that plan in PSHB. If USPS enrollees like that plan, they do not have to do anything further during this year's Open Season.
 - If they wish to choose a new plan, they can do so during Open Season in the new Postal Service Health Benefits System (PSHBS).
- If there is no corresponding PSHB plan to a USPS's enrollees FEHB plan, they will be automatically enrolled in the PSHB Program's lowest cost nationwide plan that is not a high deductible health plan (HDHP) and does not have a membership fee, which is Blue Cross Blue Shield Service Benefit Plan's FEP Blue Focus.
- The new PSHBS is an online portal for PSHB plan enrollment activities that was developed for the implementation of the PSHB Program. Key features include: (1) Serves as the single point for USPS enrollees to enroll in a plan, make changes to their plan, and be able to look at their Medicare eligibility; (2) A decision support tool that enables more informed

enrollee choices due to access to detailed information on doctor and hospital availability in-network, premiums, and cost-sharing; and (3) the ability for enrollees to upload family member eligibility documentation for review, improving enrollment integrity and accountability, reducing improper claims payments associated with erroneous enrollment, and lowering costs for USPS (and other federal agencies when the funding is available to expand the system to FEHB as a whole).

- OPM continues to improve the scope of covered health benefits (such as fertility care) in the FEHB program and the PSHB program in response to enrollee needs and innovations in health service delivery options.

FEHB and PSHB rates, comparisons, and cost drivers

Rates

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

The PSHB Program was established by the [Postal Service Reform Act](#) of 2022 and is within the FEHB Program but administered separately. PSHB will offer health benefits coverage to eligible United States Postal Service employees, annuitants, and their eligible family members beginning January 1, 2025.

- The overall average increase in rates for FEHB for 2025 is 11.2% and the overall average increase in rates for PSHB for 2025 is 6.9%.
- On average, the Government contribution towards premiums will increase by 10.1% for FEHB and 5.1% for PSHB.
- The enrollee share of premium will increase on average 13.5% for FEHB and 11.1% for PSHB.

Prospective and current enrollees can find a rates chart for FEHB and PSHB on [opm.gov](https://www.opm.gov) that provides the actual dollar premium change for each plan option and enrollment type. PSHB eligible members seeking plan information are to use the [Postal Service Health Benefits System \(PSHBS\)](#) to research and conduct their enrollment beginning November 11th. PSHB premiums are located on [opm.gov](https://www.opm.gov) [premiums page](#) and in the [PSHBS](#).

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.

There are instances where the total rate for some PSHB plans is higher than the total rate in FEHB. Both FEHB and PSHB rates are based on the cost of benefits provided and therefore are dependent upon the cost and utilization of those enrolled in the plan option. For many options in which PSHB rates are higher, the plan option has a relatively small percentage of annuitants when compared to other plan options and therefore does not benefit as much from the Medicare requirements in the PSHB. This can result in rates higher in the PSHB than in FEHB.

There are also some instances in which the total rates for a PSHB plan are NOT higher than the total rate in FEHB but the employee share in PSHB is higher. This occurs when the PSHB plan's premium is further away from the average than the FEHB plan, which results in the enrollee paying a higher percentage of the total premium in PSHB. Even though the total premium is less in PSHB, the enrollee must pay a higher percentage of that lower premium when compared to FEHB, resulting in a larger enrollee share.

The government contribution drives this differential. The government contribution is limited by the maximum government contribution, which is determined separately for each program based on the Fair Share formula noted earlier. The enrollee pays the difference between the total premium and the government contribution. Since the maximum government contribution is higher in FEHB than PSHB, the enrollee may end up paying less in FEHB, even though the total premium is higher.

The rate differentials between PSHB and FEHB show that the average 2025 biweekly FEHB premium is \$694.83 and the average 2025 biweekly PSHB premium is \$637.49, which is about 8% less. The averages are based on the respective program's 2024 enrollment distribution.

OPM encourages all prospective and current enrollees to review rate charts carefully for specific changes to the enrollee share of the premium, with a reminder that premiums should just be one factor in the enrollee's decision. Enrollees should evaluate all available information to include [plan quality](#) and [specific coverage Information](#) to make the best decision for themselves and their families.

Comparisons to other large employers

To offer perspective on the annual FEHB and PSHB premium changes, OPM routinely benchmarks itself against comparable large employers. The FEHB Program overall average 11.2% premium increase for 2025 is similar to the reported increases by comparable large

employers. The PSHB Program has a slightly lower premium increase due to the impact of the PSRA.

- On July 16, 2024, the [CalPERS Board of Administration](#) announced rate and plan changes for 2025 with an overall average premium increase of 10.79%. CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. CalPERS serves more than 1.5 million members and their families in their health program. Similar to FEHB, CalPERS covers both active employees and annuitants, along with their family members.
- On August 22, 2024, the [Business Group on Health](#) (BGH) announced the results of their Large Employer Health Strategy Survey. The survey posed a series of questions to employers for their perspectives on topics such as the role that health and well-being play in the workforce and actions needed to advance the quality of health care. BGH surveyed 125 large employers covering 17.1 million lives and found that companies project an 8% increase on average for their 2025 health insurance plan premiums and costs.
- [PricewaterhouseCoopers \(PwC\) Health Research Institute \(HRI\)](#) is projecting an 8% medical cost trend in 2025, up from 7% in 2024, for both Individual and Group markets. HRI surveyed US health plans covering 100 million employer-sponsored large and small group members and 10 million ACA marketplace members. The higher medical cost trend in 2025 reflects higher than expected utilization of glucagon-like peptide-1 (GLP-1) drugs as well as higher acuity (higher levels of care) of inpatient and outpatient utilization.

Cost drivers impacting 2025 premiums

The largest contributor to the 2025 premium increase is the increase in trend, which measures the change in costs and utilization of services from one year to the next. Carriers specifically noted increases in trend due to the impact of price increases by providers and suppliers, increased utilization, and costs of prescription drugs, particularly specialty medications and GLP-1s, and increased cost and utilization in outpatient services including surgery, physician, and mental health. Additionally, some Carriers noted the increased cost in inpatient services.

These industry-wide cost pressures affect PSHBP and FEHBP rates similarly. FEHB rate increases are of the same order of magnitude as comparable large employers, while the rate

increase for PSHB is slightly lower due to the impact of the PSRA provisions requiring Medicare integration.

FEHB historical annual average premium increases before open season movement

Year	Average Percent Increase	Average Enrollee Premium Increase for Most Federal Employees and Annuitants
2025	11.2%	13.5%
2024	5.8%	7.7%
2023	7.2%	8.7%
2022	2.4%	4.1%
2021	3.6%	4.9%

2025 FEHB and PSHB rates compared

2025	FEHB % amount	PSHB % amount
Overall Average Premium Increase	11.2%	6.9%
Government Contribution Increase	10.1%	5.1%
Average Enrollee Share Increase	13.5%	11.1%

Health Benefits Programs

FEHB

FEHB Plans

Eligible persons enjoy a wide choice of plans from which to choose. At a minimum, every single FEHB enrollee has a choice of 19 nationwide fee-for-service (FFS) plan options open to all and may have a choice of 2 additional nationwide FFS options available to certain groups. The number of local or community-based Health Maintenance Organization (HMO) plan options varies by area.

For 2025, the FEHB Program has 42 participating Carriers offering 64 Plans and a total of 130 plan options (in 2024, there were 157). There are:

- 19 nationwide FFS plan options open to all (including high deductible health plans (HDHPs) and consumer driven health plans (CDHPs); in 2024, there were 17.

- Two FFS plan options with availability limited to certain groups (Foreign Service Benefit Plan and Panama Canal Area Benefit Plan) with the Compass Rose Health Plan becoming a fully open plan for 2025; in 2024, there were 5.
- In total, 13 HDHPs and 4 CDHPs are offered in 2025, 4 of which are nationwide.
- In 2025 the nationwide FEHB plan that is not an HDHP and does not charge an association or membership fee, with the lowest enrollee share of the cost of a self-only premium **is GEHA Indemnity Benefit Plan Elevate (254/256/255)**.

The FEHB plans listed below are leaving the FEHB at the end of 2024. Enrollees in these terminating plan areas **must** make a positive election into another FEHB plan during Open Season or be automatically enrolled in **GEHA Indemnity Benefit Plan Elevate (254/256/255)**.

Terminating Plans	Plan Service Area
Capital District Physician’s Health Plan (CDPHP)	Counties of Albany, Broome, Chenango, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Orange, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, St. Lawrence, Tioga, Ulster, Warren, and Washington
Blue Shield of California (Access+ HMO)	Los Angeles, San Diego, Orange, Riverside, Tulare, and Ventura counties, and San Bernardino County
Rural Carrier Benefit Plan	Nationwide **Moving to the Postal Service Health Benefits Program
Dean Health Plan, Inc.	Counties of Dane, Dodge, Fond du Lac, Green, Rock, and Sauk
Health Insurance Plan of Greater New York (HIP/HMO)	New York City; the Boroughs of Manhattan, Brooklyn, Bronx, Queens, and Staten Island; Counties of Nassau, Suffolk, Rockland, Westchester, Albany, Broome, Columbia, Delaware, Dutchess, Fulton, Greene, Montgomery, Orange, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, and Washington

Service area changes only – Plan is not terminating

Plan Name	Service Area Changes
<p>Health Net of California Southern California</p>	<p>Health Net of CA – Southern California (CS 2002) has reduced their Service area for the High and Standard options. Health Net of CA will now utilize the same provider networks and service area across all three options (High, Standard and Basic). Previous reference to network names will be removed for Benefit year 2025 in the brochure.</p> <p>The service area changes for Health Net of CA (CS 2002) impact only specific zip codes. If you are currently enrolled in the High or Standard option, AND live or work in any of the counties below, contact Health Net of CA customer service to determine if your benefits are impacted by this change.</p> <p>Counties impacted by this change: Ventura, Los Angeles, San Diego, Kern, Riverside, San Bernadino.</p>
<p>Health Net of California Northern California</p>	<p>Health Net of CA – Northern California is terminating their Basic option. If you are currently enrolled in the Basic option, you will automatically be enrolled in the High option, unless you make a different selection during Open Season.</p> <p>Terminating Options: Basic</p> <p>Enrollment Codes that terminate at the end of 2024: T41, T42, T43</p> <p>Automatic Enrollment Option and Codes for 2025: High (Codes LB1, LB2, LB3)</p>

New Plans entering the FEHB Program

Plan Name	Option	Service Area
Sharp Health Plan Enrollment Code YJ	Standard Option	California: most of San Diego County
Western Health Advantage Enrollment Code W5	High Option	Northern California counties - Sacramento, Yolo, Solano, Napa, Sonoma, Marin, and partial counties of Colusa, El Dorado, and Placer

FEHB and EGWPs

- 11 FEHB Plans are offering Medicare Part D Prescription Drug Plan (PDP) Employer Group Waiver Plans (EGWPs) with a total of 20 PDP EGWP options. This is up from 17 offerings last year. FEHB members enrolled in a PDP EGWP will have pharmacy coverage that is equal or better than the corresponding FEHB plan with the same or lower cost-share than they would have otherwise been responsible for if enrolled solely in the FEHB plan.
- 30 FEHB Plans will now offer Medicare Advantage Prescription Drug (MAPD) EGWPs and 7 FEHB Plans will offer both an MAPD EGWP and a PDP EGWP.
- Members enrolled in an EGWP will be able to take advantage of Medicare enhancements provided under the Inflation Reduction Act such as a \$2,000 out-of-pocket Part D pharmacy spend limit annually for each enrolled individual and coverage of substantially all CMS-defined Protected Class Drugs.
- Beginning in 2025, enrollees have the option to utilize the [Medicare Prescription Payment Plan](#) where out-of-pocket Part D prescription drug costs are paid in the form of capped monthly payments instead of all at once at the pharmacy.

Tribes

- The FEHB Program provides coverage to employees of certain Indian tribes, tribal organizations, urban Indian organizations, and tribal grant schools.
- Currently, 165 tribal employers representing tribes, tribal organizations, urban Indian organizations, and tribal grant schools have purchased FEHB coverage for approximately 42,317 of their tribal employees with a total of 84,529 covered lives (enrollees and family members).

- Those interested in beginning preparations for the FEHB Open Season for Plan Year 2025 may find the [Open Season Manual](#) is a helpful resource.
- Premiums for 2025 are available. Please refer to Tribal Benefits Administration Letter (TBAL) [24-701](#) for Significant Plan Changes and the [OPM Open Season webpage](#) for additional information. Open Season enrollment changes are effective on January 1, 2025; please see below.

Action	Tribal Employees
Enroll, Change enrollment	January 1, 2025
Cancellation	December 31, 2024

PSHB

PSHB Plan options

Eligible persons enjoy a wide choice of plans from which to choose. Every PSHB enrollee has a choice of nationwide fee-for-service (FFS) plan options open to all and may have additional choices of nationwide FFS options available to certain groups. The number of local or community-based Health Maintenance Organization (HMO) plan options available is dependent on the service area for each HMO.

For 2025, the PSHB Program has 17 participating Carriers offering 30 Plans and a total of 69 plan options. There are:

- 6 nationwide FFS plans offering 15 plan options open to all (including high deductible health plans (HDHPs) and consumer driven health plans (CDHPs))
- 1 FFS Carrier with availability limited to certain groups (Rural Carriers Benefit Plan)
- 11 HMO Carriers with 53 plan options (including HDHPs and CDHPs; the number of local or community-based HMOs varies by area.)
 - In total, 7 HDHPs with 2 being nationwide (GEHA and Mail Handlers)
 - 4 CDHPs with 2 being nationwide (NALC and APWU).

In 2025 the nationwide plan that does not charge an association or membership fee, with the lowest enrollee share of the cost of a self-only premium that is not an HDHP is **Blue Cross Blue Shield Service Benefit Plan FEP Blue Focus (35A/35C/35B)**.

PSHB Plans for 2025

PSHB Program enrollees have several plan options available to them regardless of where they reside.

Plan Name	2025 PSHB Plan Option	2025 PSHB Enrollment Codes (Self-Only / Self and Family / Self Plus One)
Aetna: CDHP and Value (Multiple States)	Aetna HealthFund CDHP	KDA / KDB / KDC
	Aetna Value Plan	KDD / KDE / KDF
	Aetna HealthFund CDHP	L7A / L7B / L7C
	Aetna Value Plan	L7D / L7E / L7F
	Aetna HealthFund CDHP	GRA / GRB / GRC
	Aetna Value Plan	GRD / GRE / GRF
	Aetna HealthFund CDHP	HHA / HHB / HHC
	Aetna Value Plan	HHD / HHE / HHF
	Aetna HealthFund CDHP	JDA / JDB / JDC
	Aetna Value Plan	JDD / JDE / JDF
Aetna: HDHP, Aetna Direct, Aetna Advantage (Multiple States)	Aetna HealthFund HDHP	G3D / G3E / G3F
	Aetna Direct	G3A / G3B / G3C
	Aetna Advantage	HLD / HLE / HLF
Aetna: Open Access HMO and Aetna Saver (Multiple States)	Aetna Open Access - High Option	G8A / G8B / G8C
	Aetna Open Access - Basic Option	G8D / G8E / G8F
	Aetna Saver	HXD / HXE / HXF
American Postal Workers Union Health Plan (Nationwide)	High Option	23A / 23B / 23C
	Consumer Driven Option	23D / 23E / 23F
Blue Cross and Blue Shield (Nationwide)	Standard Option	33D / 33E / 33F
	Basic Option	33A / 33B / 33C
	FEP Blue Focus	35A / 35B / 35C
CareFirst BlueChoice (DC, MD, VA)	Blue Value Plus	K4D / K4E / K4F
	HDHP	K4A / K4B / K4C
Government Employees Health Association (Nationwide)	High Option	37A / 37B / 37C
	Standard Option	37D / 37E / 37F
	HDHP	39A / 39B / 39C
Government Employees Health Association – Indemnity (Nationwide)	Elevate Plus Option	58A / 58B / 58C
	Elevate Option	58D / 58E / 58F
Health Alliance Plan of Michigan	High Option	J5A / J5B / J5C
	Standard Option	J5D / J5E / J5F

Plan Name	2025 PSHB Plan Option	2025 PSHB Enrollment Codes (Self-Only / Self and Family / Self Plus One)
HealthPartners (North Dakota)	High Option	KGA / KGB / KGC
	Standard Option	KGD / KGE / KGF
Hawaii Medical Service Association	High Option	M6A / M6B / M6C
	Standard Option	M6D / M6E / M6F
Kaiser Permanente – Colorado	High Option	M8A / M8B / M8C
	Standard Option	M8D / M8E / M8F
	Prosper	NCA / NCB / NCC
Kaiser Permanente – Fresno California	High Option	NNA / NNB / NNC
	Standard Option	NND / NNE / NNF
Kaiser Permanente – Georgia	High Option	PFA / PFB / PFC
	Standard Option	PFD / PFE / PFF
	Prosper	QZA / QZB / QZC
Kaiser Permanente – Hawaii	High Option	PKA / PKB / PKC
	Standard Option	PKD / PKE / PKF
Kaiser Permanente – Mid-Atlantic States (DC, MD, VA)	High Option	RAA / RAB / RAC
	Standard Option	RAD / RAE / RAF
	Prosper	NWA / NWB / NWC
Kaiser Permanente – Northern California	High Option	TBA / TBB / TBC
	Standard Option	TBD / TBE / TBF
	Prosper	UDA / UDB / UDC
Kaiser Permanente – Northwest (Oregon and Washington)	High Option	UZA / UZB / UZC
	Standard Option	UZD / UZE / UZF
	Prosper	YRA / YRB / YRC
Kaiser Permanente – Southern California	High Option	Y3A / Y3B / Y3C
	Standard Option	Y3D / Y3E / Y3F
	Prosper	MBA / MBB / MBC
Kaiser Permanente – Washington Core	High Option	PRA / PRB / PRC
	Standard Option	PRD / PRE / PRF
	Prosper	DWD / DWE / DWF
Kaiser Permanente Washington Options Federal	Standard Option	H9A / H9B / H9C
	HDHP	H9D / H9E / H9F
Mail Handlers Benefit Plan (Nationwide)	Value	73A / 73B / 73C
	Standard Option	73D / 73E / 73F
	Consumer Option	74A / 74B / 74C
Medical Mutual of Ohio	Standard Option	D3D / D3E / D3F
	Basic Option	D3A / D3B / D3C

Plan Name	2025 PSHB Plan Option	2025 PSHB Enrollment Codes (Self-Only / Self and Family / Self Plus One)
National Association of Letter Carriers Health Benefit Plan (Nationwide)	High Option	77A / 77B / 77C
	CDHP	77D / 77E / 77F
Rural Carrier Benefit Plan (Nationwide)	High Option	79A / 79B / 79C
TakeCare Insurance Company (Guam, Northern Mariana Islands and Palau)	High Option	G4A / G4B / G4C
	Standard Option	G4D / G4E / G4F
	HDHP	HJA / HJB / HJC
Triple-S Salud (Puerto Rico and U.S. Virgin Islands)	High Option	14A / 14B / 14C
	High Option	83A / 83B / 83C
UnitedHealthcare Choice Plus Primary – East (Multiple States)	High Option	JYA / JYB / JYC
UnitedHealthcare Choice Plus Primary – West (Multiple States)	High Option	KEA / KEB / KEC
UPMC Health Plan (Pennsylvania)	HDHP	G9A / G9B / G9C
	Standard Option	G9D / G9E / G9F

For more detailed information on the service areas, please click for the [PSHB Federal Benefits Open Season Significant Updates](#).

PSHB enrollment in Medicare Part D, PDP/MAPD EGWPs

- As of January 1, 2025, Part D-eligible Postal Service annuitants and their eligible family members may only receive prescription drug benefits under the PSHB Program through enrollment in Medicare Part D.
- By default, Part D-eligible Postal Service annuitants and their eligible family members will be automatically enrolled into their PSHB plan’s PDP EGWP through a process called group enrollment. This PDP EGWP provides prescription drug benefits through seamless coordination with the PSHB plan. If the PSHB plan has an MAPD EGWP, the enrollee may choose this option for Part D prescription drug coverage instead of the PDP EGWP.

- Part D integration in the PSHB Program offers several advantages to eligible annuitants and family members compared to commercial prescription drug coverage. As part of the Inflation Reduction Act, insulin prices in Part D plans are limited to \$35 per month, overall out-of-pocket spending for Part D drugs is capped at \$2,000 per year, and beginning in 2025, enrollees have the option to utilize the [Medicare Prescription Payment Plan](#) where out-of-pocket Part D prescription drug costs are paid in the form of capped monthly payments instead of all at once at the pharmacy.
- The Medicare Part D EGWP includes drugs covered by Medicare, as well as drugs not covered by Medicare but are covered under FEHB and PSHB. Pharmacy benefits provided through a Part D EGWP in the PSHB Program must be equal or better than those provided under the PSHB plan's own formulary and may not cost more.
- There are disadvantages to choosing to opt out of or disenroll from the Part D EGWP for most individuals. The cost of the pharmacy benefits provided by the EGWP are already included in the overall PSHB premium paid by the enrollee. Individuals that opt out of or disenroll from the Part D EGWP will not receive prescription drug coverage through their PSHB plan. This means that opting out of the Part D EGWP does not save the enrollee money and may increase out-of-pocket costs in the form of higher costs for prescription drugs that will not be covered by the plan. Part D eligible Postal Service annuitants and their eligible family members who do not enroll in the Part D EGWP and do not have alternative creditable drug coverage may also be subject to a Part D late enrollment penalty if they choose to enroll in the future.
- In the 2025 plan year, 30 PSHB Plans will offer a PDP EGWP representing a mix of seven fee-for-service Carriers and 23 health maintenance organizations.
- In addition, 11 PSHB Carriers will offer MAPD EGWPs along with PDP EGWPs: Aetna, APWU, GEHA, Health Alliance Plan, All Kaiser Plans (10), Mail Handlers, Medical Mutual, NALC, Rural Carrier, UHC (2) and UPMC.

PSHB decision support tool

The PSHB System offers a web-based decision support tool to simplify the comparison of covered benefits, premiums, and provider networks for enrollees choosing among a wide array of plan choices.

- Users can shop anonymously or set up an account. If a user sets up an account, the user's current auto-enrollment plan will be indicated, previous browsing information will be saved, and enrollment can be effectuated directly from the search tool.

- The tool is both web and mobile responsive.
- The tool will provide users with both high level and detailed benefit and rate information to compare plans. This includes information on coverage and cost sharing for healthcare benefits, specific cost sharing information for enrollees with Medicare and specific premium rates for union members.
- Plan quality information will be available to users to make informed decisions.
- It will include the ability to search for covered providers under each plan allowing a user to compare these details with a single view.
- Future functionality will include the ability to look up and compare health plans' prescription drug formulary details, including whether a plan covers a prescription drug and at what cost share.

Medicare resource guide

OPM released a [resource guide](#) listing the cost savings that many PSHB plans will offer their enrollees who are also signed up for Medicare. Examples of cost savings may include Part B premium reimbursement, waived deductibles, and waived cost-sharing for certain medical services.

Benefits Overview

FEHB and PSHB

For the 2025 Plan Year, OPM is pleased to continue to promote benefit offerings in the following areas across the FEHB and PSHB Programs: Contraception, Fertility, Maternal Health, Mental Health/Substance Use Disorders, Prevention and Treatment of Obesity benefits, and Pharmacy Coverage.

Contraception

All Carriers – FEHB and PSHB – cover, without cost sharing, at least one form of contraception from each category listed in Women's Preventive Services Guidelines supported by the Health Resources & Services Administration (HRSA) inclusive of sterilization surgery for women and have a process where members and providers can request an expedited exceptions review for medically necessary medical or surgical contraception options.

Fertility

In Plan Year 2025:

- All 64 FEHB plans and 30 PSHB plans provide coverage of artificial insemination (intrauterine insemination, intracervical insemination, and intravaginal insemination).
- All 64 FEHB plans and 30 PSHB plans provide coverage for up to 3 cycles of in vitro fertilization (IVF) drugs.
- For Plan Year 2025, [25 FEHB plans](#), offering a total of 45 plan options, will cover IVF, inclusive of IVF medical services, procedures and IVF drugs. Seven (7) of the plans are new for 2025. More than 1.5 million members (37%) have access to IVF services, procedures, and drugs. The other 63% have the opportunity to change to a plan that covers IVF procedures, if they desire.
- [11 PSHB plans](#) offering a total of 19 plan options will cover IVF, inclusive of IVF medical services, procedures, and IVF drugs.
- With more than one nationwide plan offering coverage, all (100%) FEHB and PSHB eligible enrollees will have the opportunity to choose a plan that covers these services and procedures during the upcoming Open Season.
- Please note that coverage for IVF medical services and procedures varies between plans and interested members are encouraged to carefully review plan brochures for details. Interested members are also able to access this information through OPM.gov at [2025 FEHB IVF Information](#) and [2025 PSHB IVF Information](#).

Maternal Health

Maternal health is an ongoing focus and for Plan Year 2025, with several Carriers include specialized programs for persons with high-risk pregnancies. Carriers continue to provide strategies and programs that help to avert costly interventions and safer births. Some Carriers continue to include in-network hospitals that have received the Healthy People 2030 goal of a cesarean birth rate of 23.6% or lower, hospitals who have been recognized by Leapfrog for maternity care safety, and hospitals that have received the “Birthing-Friendly” or the Baby-Friendly Hospital Initiative designation.

Key highlights include:

FEHB plans provide coverage for the following maternal health benefits:

- All 64 FEHB plans cover mental health treatment for postpartum depression

- All 64 FEHB plans provide prenatal and post-partum care mental health screening and treatment
- 63 plans cover certified nurse midwives
- 41 plans cover delivery at birth centers
- 63 plans provide coverage for lactation specialists
 - Several plans offer an additional level of lactation support by providing access to board certified lactation consultants as recommended by the US Surgeon General
 - At least 11 plans have this level of provider in their network
- 46 plans cover medically necessary nurse home visits; and
- 30 plans provide access to doula benefits.

PSHB plans provide coverage for the following maternal health benefits:

- All 30 PSHB plans cover mental health treatment for postpartum depression
- All 30 PSHB plans provide prenatal and post-partum care mental health screening and treatment
- 29 plans cover certified nurse midwives
- 18 plans cover delivery at birth centers
- All 30 plans cover lactation specialists
 - Several plans offer an additional level of lactation support by providing access to board certified lactation consultants as recommended by the US Surgeon General
 - At least 7 plans have this level of provider in their network
- 28 plans cover medically necessary nurse home visits; and
- 9 plans provide access to doula benefits.

Mental health and substance use disorders

OPM has placed continued emphasis on access to and availability of behavioral health provider networks in view of recent public health crises including the COVID-19 pandemic,

youth mental health, and the opioid epidemic. OPM continues to work with FEHB Carriers on the establishment of program-wide network adequacy strategies that improve access to high quality behavioral health services.

- All 64 FEHB Plans cover at least one opioid overdose rescue agent without cost sharing and educate members and providers on opioid misuse through their websites. In addition, several Carriers such as Blue Cross Blue Shield, UHC, CareFirst, Aetna, and Kaiser plan options, indicate medical, pharmacy, behavioral and mental health care is integrated to treat opioid use disorder and aid member recovery.
- All 30 PSHB Plans will offer the same benefits as their FEHB plans.

Prevention and treatment of obesity

OPM continues to emphasize that Carriers offer an obesity management benefit that includes access to nutritional and physical activity supports and intensive behavioral therapy, OPM has required that FEHB Carriers provide adequate coverage of metabolic surgeries and FDA approved anti-obesity medications to meet patient needs and requires that these medications be accompanied by nutrition and behavioral supports. As of 2023, Carriers must cover at least one anti-obesity drug from the GLP-1 class for weight loss and cover at least 2 additional oral anti-obesity drug options. As new anti-obesity drugs are approved by the FDA, OPM expects Carriers to evaluate and update their coverage of anti-obesity drugs. For the 2025 plan year:

- All 64 FEHB Plans provide an obesity benefit that includes access to nutritional counseling, behavioral interventions, coverage for anti-obesity medications when clinically indicated and bariatric surgery when clinically indicated
- All 30 PHSB Plans offer the same obesity benefit as their FEHB plans
- All Carriers provide an obesity benefit for children, adolescents and adults.

Pharmacy coverage

All FEHB and PSHB Carriers provide online formularies and drug price comparison tools on their websites for enrollees. These tools provide current and prospective enrollees convenient access to accurate prescription drug information, including but not limited to, formularies, tiering, member cost-share, and utilization management requirements for covered prescription drugs during Open Season and throughout the plan year.

FEDVIP

OPM is increasing cost transparency for dental enrollees in the Federal Employees Dental and Vision Insurance Program (FEDVIP) for Plan Year 2025 while minimizing increases in dental and vision enrollee premiums.

BENEFEDS is the online benefits marketplace for eligible federal civilians and uniformed service members to shop, enroll, and pay for dental and vision plans under FEDVIP. BENEFEDS.com has moved to BENEFEDS.gov. The transition to BENEFEDS.gov was made as part of a government requirement that all federal agency programs use government domains.

- The 2025 average premium increase from plan year 2024 is 2.97% for dental plans
 - The increase is weighted by plan size based upon enrollment as of March 2024
- The 2025 average premium increased from plan year 2024 by 0.87% for vision plans
 - The increase is weighted by plan size based upon enrollment as of March 2024

Dental

- Twelve dental Carriers provide 23 dental plan options available across the Program. Seven dental Carriers offer fourteen nationwide dental plan options available to all potential enrollees.
- For the first time during Open Season, the Compare Dental Service Costs Tool will be available for current and prospective FEDVIP dental enrollees, if they have an account. This tool increases cost transparency and will be available as part of the decision support tool suite on BENEFEDS.gov. If you are planning or considering a specific dental procedure for yourself or family member in the year ahead (e.g., orthodontia, implants, restoration), you can compare your estimated out-of-pocket costs for that procedure across all 12 FEDVIP dental carriers. This 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 insurance Carrier and plan option.
- OPM asked FEDVIP dental Carriers to remove restrictions on reconstructive treatments (like a partial denture, bridge, implant for teeth missing prior to enrollment (a.k.a. the missing tooth clause). Two Carriers removed this restriction. Now, 10 of 12 FEDVIP dental Carriers do not have this treatment restriction. Of the remaining two Carriers,

one has this restriction for out-of-network services only, and the second Carrier chose to leave the clause in place.

- 8 out of 12 dental Carriers have enhanced their plan options by adding dental treatment codes, and one Carrier has added an additional cleaning per year to allow coverage for three total cleanings per year.

Vision

- Five vision Carriers provide 10 nationwide vision plan options available to all potential enrollees.
- Two vision Carriers chose to enhance benefits.
 - One Carrier chose to reduce copayments for retinal imaging in both their standard and high option plans. (Retinal imaging allows the diagnosis of many eye conditions like diabetes-related retinopathy, glaucoma, and macular degeneration).
 - One Carrier chose to allow coverage of name-brand frames in both their standard and high option plans.

2025 FEDVIP Dental Carriers

Nationwide/International

- Aetna Dental
- Blue Cross Blue Shield Dental
- Delta Dental's Federal Employees Dental
- Program
- GEHA Connection Dental Federal
- The MetLife Federal Dental Plan
- United Concordia Dental
- UnitedHealthcare Dental Plan

Regional

- Dominion National
- Emblem Health Dental
- Health Partners Dental Plan
- Humana Dental

- Triple-S Salud

2025 FEDVIP Vision Carriers

Nationwide/ International

- Aetna Vision Preferred
- Blue Cross Blue Shield Vision
- The MetLife Federal Vision Plan
- UnitedHealthcare Vision Plan
- VSP Vision Care

In total, FEDVIP provides dental and vision benefits to over 8.0 million Federal employees, uniformed service members, annuitants, and their family members. It provides comprehensive dental and vision insurance at competitive group rates with leading dental and vision Carriers.

FSAFEDS¹

OPM is excited to announce an expansion of the Health Care Flexible Spending Accounts (HCFSAs), Limited Expense Health Care Flexible Spending Accounts (LEX HCFSAs), and Dependent Care Flexible Spending Accounts (DCFSAs) to active-duty service members and certain eligible reservists. Eligible service members of the Department of Defense uniformed services, US Public Health Service Commissioned Corps, US Coast Guard, and NOAA Corps will be eligible to enroll in HCFSAs during a Special Enrollment Period in March 2025. Eligible US Public Health Service Commissioned Corps service members will be able to enroll in DCFSAs during Open Season 2024. Eligible US Coast Guard and NOAA Corps service members will be able to enroll in DCFSAs during a Special Enrollment Period beginning March 3, 2025.

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

Participants may carry over up to \$660 of unused funds remaining in their HCFSAs or LEX HCFSAs at the end of 2025 into 2026, if they re-enroll for the 2026 plan year.

¹ This coming year USPS will offer their own FSA program and will not participate in FSAFEDS.

Carryover is not available under the DCFSA. However, employees who choose a DCFSA enjoy an additional 2 ½ months grace period, through March 15, 2025, to incur eligible expenses.

April 30, 2025 is the deadline to submit all 2024 DCFSA, HCFSA, and LEX HCFSA claims

Key Dates for FEHB, PSHB, FEDVIP and FSAFEDS

Early November:

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

November 11: Open Season begins.

December 9: Open Season ends.

FEHB effective dates for Plan Year 2025

Action	Most Non-Postal Employees	Compensationers (OWCP)
Enroll, change enrollment, premium conversion change in election	January 12, 2025	January 26, 2025
Elected Cancellation	January 11, 2025	January 25, 2025

PSHB effective date for Plan Year 2025

The effective date for PSHB plans is January 1, 2025. Coverage under an FEHB plan for all USPS employees and annuitants ends at midnight, December 31, 2024.

FEDVIP effective date for Plan Year 2025

For enrollment during Open Season, the effective date is January 1, 2025.

FSAFEDS effective date for Benefit Year 2025

Participation in FSAFEDS does not automatically continue from year to year. All current FSAFEDS participants that want to continue for Benefit Year 2025 must reenroll in the

program. For a reenrollment, new enrollment, or an enrollment change during Open Season, the effective date is January 1, 2025.

*USPS employees will not be eligible to reenroll, enroll, or make an enrollment change in FSAFEDS during Open Season as they will offer their own, separate FSA program to their employees for Benefit Year 2025.