APWU HEALTH PLAN

2027
benefits for postal support employees (PSEs)



A health plan that helps you
get there.

2027 premiums
Consumer Driven Option for PSEs who have completed one year of service

Self
PSHB enrollment code 23D
Biweekly
$100.21

Self Plus One
PSHB enrollment code 23F
Biweekly
$217.81

Self & Family
PSHB enrollment code 23E
Biweekly
$237.61

apwuhp.com

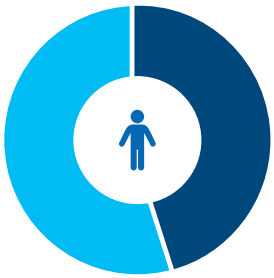
Your Personal Care Account (PCA) pays for 100% of all covered healthcare.

The **Consumer Driven Option** comes with a PCA that covers your healthcare expenses and lowers any deductible you may have to pay.

APWU Health Plan funds your PCA at $1,200 per year for Self enrollment or $2,400 per year for Self Plus One or Self & Family enrollment.

Self
$2,200 Plan deductible

$1,200
APWU Health Plan PCA contribution



$1,000
Your in-network **net deductible**

Self Plus One or Self & Family
$4,400 Plan deductible

$2,400
APWU Health Plan PCA contribution



$2,000
Your in-network **net deductible**

OVERALL PLAN FEATURES

Personal Care Account (PCA)
In January each year, the Health Plan funds a PCA you can use for covered medical services.

Self	$1,200
Self Plus One / Self & Family	$2,400

Roll over unused funds in your PCA
As long as you stay enrolled in this plan, you may roll over the unused balance in your PCA at the end of the calendar year to next year. The maximum amount allowed in your PCA balance each year is $5,000 for Self and $10,000 for Self Plus One or Self & Family.

Net deductible
The amount you pay before the Health Plan begins to pay

	In-network	Out-of-network
Self	$1,000	$1,500
Self Plus One / Self & Family	$2,000	$3,000

Coinsurance
Once you meet the deductible, you pay coinsurance for medical services and prescriptions.

Out-of-pocket maximum
Includes both medical care and prescription drugs

Both medical and prescription drugs	In-network	Out-of-network
Self	$6,500	$15,000
Self Plus One / Self & Family	$13,000	$30,000

When you reach the out-of-pocket maximum, the Health Plan pays 100% of the rest of your annual healthcare costs.

PCA and net deductible expenses are included in accumulation of out-of-pocket expenses.

You're free to see any doctor you want.

You can save money by using doctors, hospitals, and healthcare providers in the UnitedHealthcare network, but your PCA also covers out-of-network care.

Use your PCA to pay for doctor visits, medication, and more.

The funds in your account cover:

- Medical care
- Prescriptions
- Dental and vision, including eyeglasses and contact lenses
- Surgery and hospital services
- Mental health and substance use treatment
- Emergency care

Earn rewards for protecting your health.

Receive a **$25 wellness incentive** added to your PCA for each family member who completes:

- Annual physical exam
- Mammogram
- Cervical cancer screening
- Colonoscopy or Cologuard

1 **Your full PCA balance is available in January. Use it for any eligible expenses.**

2 **If you use up your PCA funds, you need to satisfy your annual net deductible.**

3 **After you satisfy the annual Plan deductible, you pay coinsurance — a percentage of the cost of covered healthcare — and the Plan pays the rest.**

4 **If you reach the out-of-pocket maximum, the Plan pays 100% of your covered healthcare costs for the rest of the year.**

As a member, you are covered 100% until your PCA is exhausted.



"The PCA is one of the best things ever! My daughter and I use it to pay for our glasses. At one point, I had over $5,000 in my account. Chi-ching!"

Vontresa Brown
Station and Branches Director, NEFAL #138

Consumer Driven Option

Access care from a nationwide network of 1.8 million+ providers.

As of August 2026

2027 benefits	In-network you pay
Preventive care	
Well-child care, immunizations, well-woman care, adult routine exams, preventive screenings	$0 — No PCA used Receive a $25 wellness incentive for each family member who completes an annual physical exam, mammogram, cervical cancer screening, or colonoscopy/Cologuard
Medical visits	
Office, specialist, & virtual visits	15% of Plan allowance (Plan allowance: The maximum amount a plan will pay for a covered healthcare service)
Hospital/facility care	
Diagnostic tests or imaging	15% of Plan allowance
Outpatient surgery	15% of Plan allowance
Inpatient	15% of Plan allowance
Cancer Centers of Excellence	10% of Plan allowance
Infertility treatment	
Diagnostic and treatment services	15% of Plan allowance
Emergency care	
Accidental injury (within 24 hours)	15% of Plan allowance
Urgent care	15% of Plan allowance
Emergency room	15% of Plan allowance
Ambulance	15% of Plan allowance
Air ambulance	15% of Plan allowance
Hearing services	
Diagnostic hearing tests	15% every 2 years
Hearing aids	All charges in excess of $1,500 (every 3 years)
Orthotics	
Custom orthotics from any podiatrist	All charges in excess of $200 (annually)
Alternative care	
Chiropractic care	15% of Plan allowance (24 visits per year)
Acupuncture	15% of Plan allowance
Physical, occupational, and speech therapy	15% of Plan allowance (up to 60 visits per year)
Mental health/substance use	
Office visits	15% of Plan allowance
Virtual visits	15% of Plan allowance
Outpatient treatment	15% of Plan allowance
Diagnostics, inpatient, and outpatient services	15% of Plan allowance

PSEs who have completed one year of service are eligible to enroll.

Enroll during Open Season.

Visit apwuhp.com from Nov 9 to Dec 14, 2026.

Scan to enroll

The USPS pays up to 75% of your premiums.

1. When you're hired as a PSE, you are eligible for the USPS health plan for non-career employees.

2. After you complete one year of service, you become eligible for our Consumer Driven Option. (If you choose to enroll in any other PSHB health plan, you must pay the full employee and government premiums for that plan.) **With the Consumer Driven Option, the USPS pays up to 75% of your premium.**

3. Once you convert to career and have been in PSHB for one year, **the premium drops to the APWU special rate.** Time enrolled as a PSE in the Consumer Driven Option counts toward the one-year requirement when you convert to career.



Contact us for help.

APWU Health Plan
800-PIC-APWU (Open Season)
800-222-2798
800-622-2511 (TTY)
apwuhp.com

Sarah J. Rodriguez
APWU Health Plan Director

Headquarters
6514 Meadowridge Road
Suite 195
Elkridge, MD 21075

Mailing address
PO Box 8660
Elkridge, MD 21075

Already a member? Contact UnitedHealthcare customer service.

Consumer Driven Option
855-808-3003
whyuhc.com/apwuhp

APWU HEALTH PLAN

Together. Better Health.
apwuhp.com



"With other plans, I was just a member ID number. With APWU Health Plan, I am a member first! Someone is always available to assist me when I need them."

Tiffany Alexander
Vice President Charlotte Area Local,
Vice President NCC-APWU

Stay connected to your plan.

This is a summary of benefits and features offered by APWU Health Plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Brochure (RI 71-019).

APWU Health Plan's Notice of Privacy Practices describes how medical information about you may be used by the Health Plan, your rights concerning your health information, and how to exercise them and APWU Health Plan's responsibilities in protecting your health information. The Notice is posted on the Health Plan's website. If you need to obtain a copy of the Health Plan's Notice of Privacy Practices, you may either contact the Health Plan via email or through the website at **apwuhp.com** or by calling **800-222-2798**.

The information provided is for general informational purposes only and is not intended to be medical advice or a substitute for professional health care. You should consult an appropriate health care professional for your specific needs and to determine whether making a lifestyle change or decision based on this information is appropriate for you. Some treatments mentioned may not be covered by your health plan. Please refer to your benefit plan documents for information about coverage.

Health plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California. Administrative services provided by United Healthcare Services, Inc., Optum Rx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC).

©2026 APWU Health Plan. All rights reserved.