

Welcome to your 2026 Postal Service Health Benefits (PSHB) Program.



Consumer Driven Option for postal support employees (PSEs) who have completed one year of service



YEARS STRONG

Proudly serving the postal workforce since 1960.



Postal proud



Nationwide network



Low premiums

2026 premiums

PSEs must complete one year of service to enroll in our Consumer Driven Option plan.

Self
PSHB enrollment code 23D
Biweekly
\$91.10

Self Plus One
enrollment code 23F
Biweekly
\$198.00

Self & Family
enrollment code 23E
Biweekly
\$216.01

Together. Better Health. Since 1960.

apwuhp.com

Consumer Driven Option

Access care from 1.8 million+ providers in the UnitedHealthcare® network.

As of 2025



2026 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)

Maternity

Complete maternity care, including prenatal, delivery, postnatal, and initial exam of newborn covered under family enrollment

\$0 — No PCA used

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)

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

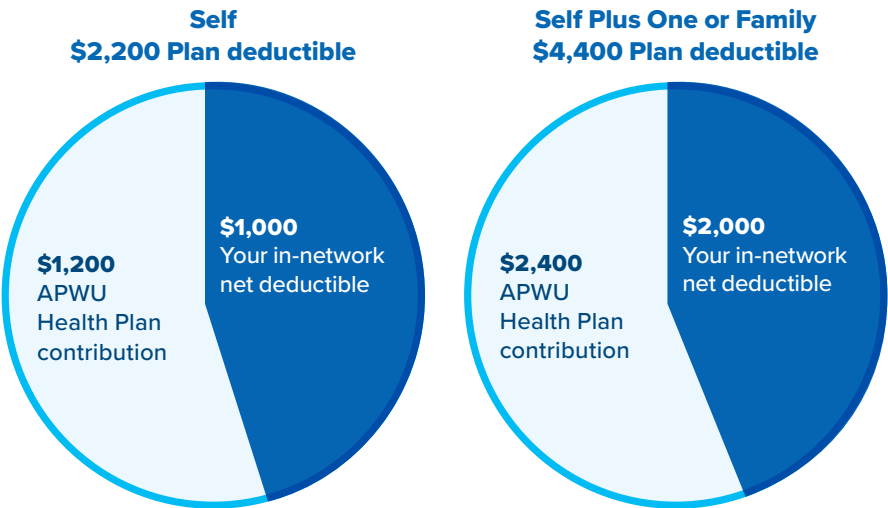
15% of Plan allowance



Elevate your benefits as a PSE.

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 premiums for that plan, both the employee and government premiums.) **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, where the USPS pays up to 95%.** Time enrolled as a PSE in the Consumer Driven Option counts toward the one-year requirement when you convert to career.

Your Personal Care Account helps cover your healthcare expenses and lowers any deductible you may have to pay.



Overall plan features

Personal Care Account (PCA) In January each year, the Health Plan funds a PCA members can use for covered medical services. Members are covered 100% until the PCA is exhausted.		Roll over unused funds in your PCA As long as you stay enrolled in this plan, any unused balance in your PCA at the end of the calendar year may be rolled over to subsequent years. The maximum amount allowed in your PCA balance in any given year is \$5,000 for Self and \$10,000 for Self Plus One and Self & Family.
Self	\$1,200	
Self Plus One / Self & Family	\$ 2,400	

Net deductible

	In-network	Out-of-network	Coinsurance Once the deductible is met, you pay coinsurance for in-network or out-of-network services and prescription drugs. A deductible is the amount you pay before the Health Plan begins to pay.
Self	\$1,000	\$1,500	
Self Plus One / Self & Family	\$2,000	\$3,000	

Out-of-pocket maximum

Both medical and prescription drugs	In-network	Out-of-network	The Plan has a built-in out-of-pocket maximum that, when reached, allows the rest of your annual healthcare costs to be paid at 100% (medical, prescription drugs, and PCA). PCA and net deductible expenses are included in accumulation of out-of-pocket expenses.
Self	\$6,500	\$12,000	
Self Plus One / Self & Family	\$13,000	\$24,000	

How your PCA works

1

Your full PCA balance is available in January. Use your PCA 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.

CELEBRATING
65
YEARS
STRONG

Enroll today.

The USPS pays up to 75% of the premiums for PSEs.

- PSEs must complete one year of service to enroll in our Consumer Driven Option plan.
- Enroll within 60 days of completing your 360-day initial appointment.
- Or enroll during Open Season, after completing your 360-day initial appointment.

Enroll in your 2026 PSHB health plan during Open Season.

Visit openseason.apwuhp.com from Nov 10 to Dec 8, 2025.



Scan to enroll

Contact APWU Health Plan to enroll during Open Season.

APWU Health Plan

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

Sarah J. Rodriguez

APWU Health Plan Director

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Already a member? Contact UnitedHealthcare customer service.

Consumer Driven Option

855-808-3003
whyuhc.com/apwuhp

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

The 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).

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Stay connected to your plan.



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