

**PSE  
Consumer  
Driven Option**



# Welcome

to the NEW 2025  
Postal Service Health  
Benefits (PSHB) Program.

# We give our pledge to serve postal support employees.

**Postal proud**

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

**Nationwide network**

**2025 premiums**  
Your own Personal Care Account (PCA)  
helps pay for medical expenses.

<b>Self</b> PSHB enrollment code 23A	<b>Biweekly</b> \$80.62
<b>Self Plus One</b> PSHB enrollment code 23C	<b>Biweekly</b> \$175.23
<b>Self &amp; Family</b> PSHB enrollment code 23B	<b>Biweekly</b> \$191.16

**Low premiums and APWU special rates**

**Together. Better health.**  
apwuhp.com



# Consumer Driven Option

Access care from a nationwide network of 1.7+ million providers.

As of July 2023



## 2025 benefits

## In-network you pay

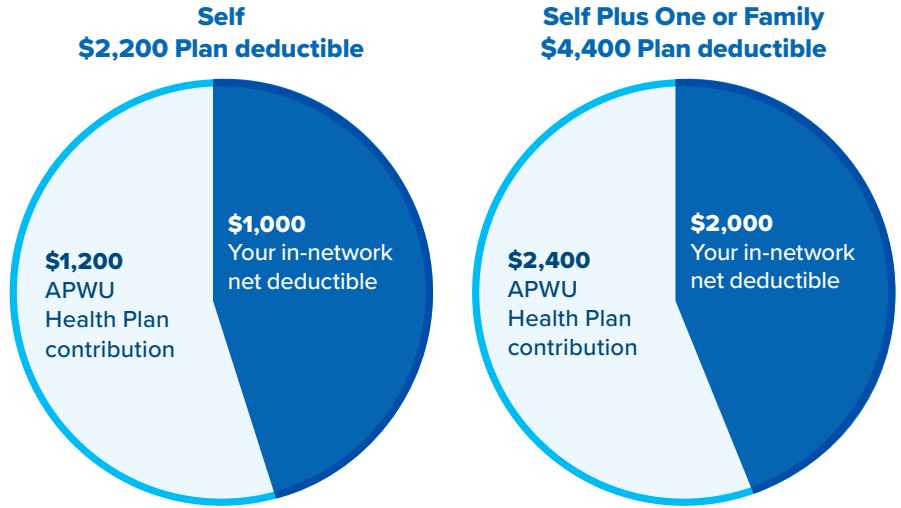
Preventive care	
Well-child care, immunizations, well-woman care, adult routine exams, preventive screenings	Receive a \$25 wellness incentive for each family member who completes an annual physical exam, mammogram, or cervical cancer screening
Medical visits	
Office, specialist, and Virtual Visits	15% 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
Medical food formulas are covered to treat phenylketonuria (PKU) and other inborn errors of metabolism	15% of Plan allowance
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
Gender affirming care	
Gender dysphoria therapy and gender affirming surgery	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, no deductible applied)
Mental health/substance use	
Office visits	15% of Plan allowance
Virtual Behavioral Health Care	15% of Plan allowance
Outpatient treatment	15% of Plan allowance
Diagnostics, inpatient, and outpatient services	15% of Plan allowance



## Lower your Health Plan premiums 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 the APWU Health Plan Consumer Driven Option. (You're also eligible for other health plans in the PSHB Program but must pay the total amount of the premium for those plans.) **With the Consumer Driven Option, the United States Postal Service (USPS) pays up to 75% of your premium.**
3. Once you convert to career and have been in FEHB/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.

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, 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.

## Net deductible

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

## Out-of-pocket maximum

Both medical and prescription drugs	In-network	Out-of-network	
Self	\$6,500	\$12,000	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 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.



# Enroll today.

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

- Enroll within 60 days of completing your 360-day initial appointment.
- Or enroll during Open Season, after completing your 360-day initial appointment.

## 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](http://apwuhp.com)

### Sarah J. Rodriguez

APWU Health Plan Director

6514 Meadowridge Road  
Suite 195  
Elkridge, MD 21075

## Already a member? Contact UnitedHealthcare customer service.

### Consumer Driven Option

855-808-3003  
[whyuhc.com/apwuhp](http://whyuhc.com/apwuhp)

## Enroll in your 2025 PSHB health plan during Open Season

Nov 11 – Dec 9, 2024



Scan to enroll



Together. Better health.

## Stay connected to your plan.



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 71-004).

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](http://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).

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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