

Welcome

to your 2025 Postal Service Health Benefits (PSHB) Program.

We give our pledge to protect and support you.



High Option 2025 premiums

★ Reduced premiums for 2025! ★

Self

PSHB enrollment code 23A

Biweekly Monthly \$109.86 \$238.03

Self Plus One

PSHB enrollment code 23C

Biweekly Monthly \$213.05 \$461.61

Self & Family

PSHB enrollment code 23B

Biweekly Monthly \$277.28 \$600.77

Consumer Driven Option 2025 premiums

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

Self

PSHB enrollment code 23D

Biweekly Monthly \$80.62 \$174.68

Self Plus One

PSHB enrollment code 23F

Biweekly Monthly \$175.23 \$379.66

Self & Family

PSHB enrollment code 23E

Biweekly Monthly \$191.16 \$414.17

★ APWU special rates biweekly ★

For APWU career bargaining unit employees with more than 1 year in PSHB/FEHB.

Self

PSHB enrollment code 23D

APWU career less than 1 year and PSE \$80.62

APWU career more than 1 year \$16.12

Self Plus One

PSHB enrollment code 23F

Self & Family

PSHB enrollment code 23E

APWU career less than 1 year and PSE \$191.16

APWU career more than 1 year \$38.23

Choose between two plans that feature a nationwide UnitedHealthcare® network of 1.7+ million providers.

As of July 2023

Premiums for Tribal employees are shown under the monthly premium rate column. The amount shown is the maximum you will pay. Your Tribal employer may choose to contribute a higher portion of your premium. Please contact your Tribal Benefits Officer for exact rates.

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 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 appropriat 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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- Preventive care and screenings
- Maternity care and support
- ✓ Breast cancer screenings
- ✓ Tobacco cessation program
- Accidental injury outpatient services within 72 hours (High Option only)
- Blood work performed at LabCorp and Quest Diagnostics (High Option only)

NEW for 2025

- High Option: First two Teladoc® Virtual Visits are free
- Consumer Driven Option: Receive a \$25 wellness incentive for completing a mammogram and a \$25 wellness incentive for completing a cervical cancer screening

Both options include Medicare prescription drug plan (PDP) coverage at no extra cost.

All eligible postal workers and retirees can enroll.

800-PIC-APWU openseason.apwuhp.com openseason@apwuhp.com

Contact your local Health Plan Representative

Name:

