

| | 2025 Valero Health Care Plan Comparison for Medicare Participants THIS CHART COMPARES THE 'KEY FEATURES' OF THE MEDICARE ELIGIBLE PLAN OPTIONS FOR 2025 | | | |
|--|--|--|---------------------------------|--|
| PLAN FEATURES | United American BASIC PLAN | United American ENHANCED PLAN | United American PREMIUM PLAN | UnitedHealthcare MAPD PLAN |
| PLAN TYPE | Medicare Supplement Plan | Medicare Supplement Plan | Medicare Supplement Plan | Medicare Advantage Plan |
| ANNUAL DEDUCTIBLE | \$0 for Part A Services \$257 Part B Deductible | \$0 for Part A Services \$257 Part B Deductible | \$0 | \$50 |
| COINSURANCE AMOUNT | 20% for Part B Services Only | \$0 | \$0 | \$0 |
| COINSURANCE MAXIMUM OUT-OF-POCKET AMOUNT (OOP) | Single: \$1,000 (incl DED) Office Visit Copayments | \$257 Part B Deductible Office Visit Copayments | \$0 | \$0 |
| LIFETIME MAXIMUM BENEFIT | UNLIMITED | UNLIMITED | UNLIMITED | UNLIMITED |
| NETWORK REQUIREMENTS | ANY MEDICARE PROVIDER | ANY MEDICARE PROVIDER | ANY MEDICARE PROVIDER | IN AND OUT OF NETWORK ANY ACCEPTING MEDICARE PROVIDER |
| PART A HOSPITAL SERVICES | \$0 | \$0 | \$0 | \$0 |
| PART B MEDICAL SERVICES | 20% after Deductible, up to OOP max, then \$0 | \$0 after Part B Deductible | \$0 | \$0 |
| PHYSICIAN/URGENT CARE OFFICE VISIT COPAY | \$20 | \$20 | \$0 | \$0 |
| EMERGENCY ROOM COPAY | \$50 (waived if admitted) | \$50 (waived if admitted) | \$0 | \$0 |
| PREVENTIVE/WELLNESS SERVICES | \$0 for Medicare Schedule | \$0 for Medicare Schedule | \$0 for Medicare Schedule | \$0 for Medicare Schedule |
| ANNUAL ROUTINE PHYSICAL EXAM | No | No | No | Yes |
| ROUTINE EYE EXAM | No | No | No | Yes |
| HOUSECALLS PROGRAM | No | No | No | Yes |
| RENEW ACTIVE FITNESS | No | No | No | Yes |
| TELEMEDICINE | No | No | No | YES |
| PREVENTIVE/WELLNESS SERVICES | \$0 for Medicare Schedule | \$0 for Medicare Schedule | \$0 for Medicare Schedule | \$0 for Medicare Schedule |

| Express Scripts Medicare Rx Prescription Drug Plan These benefits are included with each of the above Medical Plan Options ANNUAL DEDUCTIBLE: \$50 | | | | UnitedHealthcare MAPD PLAN |
|--|-------------------------------|-------------------------------|-------------------------------|---|
| Drug Tier | Retail 31-day Supply | Retail 90-day Supply | Home Delivery 90-day Supply | <p>The UHC Prescription Drug Plan matches the Express Scripts Medicare Rx plan's benefits as shown on this chart.</p> <p>You will see additional information on all UHC benefits in the Plan Guide being mailed to your home.</p> |
| Tier 1: Generic Drugs | \$10 copayment | \$30 copayment | \$20 copayment | |
| Tier 2: Preferred Brand Drugs | \$35 copayment | \$105 copayment | \$70 copayment | |
| Tier 3: Non-Preferred Brand Drugs | \$70 copayment | \$210 copayment | \$140 copayment | |
| Tier 4: Specialty Tier Drugs | 30% coinsurance (max - \$120) | 30% coinsurance (max - \$360) | 30% coinsurance (max - \$240) | |

This is an illustrative summary only. Please reference the official plan documents for complete coverage and benefits.