MEDICARE SUPPLEMENT PLAN COMPARISON

The Valero-sponsored Medicare supplement options are fully insured plans with United American. United American (UA) is an A.M. Best rated "A+ Superior" insurance company, located in McKinney, TX. They have been providing supplemental plans to Medicare eligible participants since Medicare's inception in 1966.

Please refer to the following chart for a comparison of the UA Medicare Supplement Plan options.

	MEDICARE SUPPLEMENT PLAN OPTIONS		
	UA BASIC PLAN	**UA ENHANCED PLAN**	**UA PREMIUM PLAN**
	You Pay†	**You Pay†**	**You Pay†**
Annual Deductible	Part B Deductible	Part B Deductible	$0
Retiree Coinsurance Amount	20% for Part B Services	$0	$0
Annual Out of Pocket Maximum	$1,000 (incl. deductible) Office Visit Copayments	Part B Deducible Office Visit Copayments	$0
Annual Plan Maximums	Unlimited	Unlimited	Unlimited
MEDICARE (PART A) - INPATIENT SERVICES In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some home health services.			
	UA BASIC PLAN	**UA ENHANCED PLAN**	**UA PREMIUM PLAN**
	You Pay†	**You Pay†**	**You Pay†**
Hospitalization*			
First 60 days	$0	$0	$0
61st through 90th day	$0	$0	$0
91st through 150th day (reserve days)	$0	$0	$0
Additional 365 Reserve Days	$0	$0	$0
Skilled Nursing Facility Care*			
First 20 days	$0	$0	$0
Day 20 through 100	$0	$0	$0
Blood			
First 3 pints	$0	$0	$0
Additional amounts	$0	$0	$0
MEDICARE (PART B) OUTPATIENT SERVICES In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies (like wheelchairs and walkers) considered medically necessary to diagnose or treat a disease or condition.			
	UA BASIC PLAN	**UA ENHANCED PLAN**	**UA PREMIUM PLAN**
	You Pay†	**You Pay†**	**You Pay†**
First Medicare Approved Amounts**	Part B Deductible	Part B Deductible	$0
Physician Office Visit Copay	$20	$20	$0
Urgent Care Office Visit Copay	$20	$20	$0
Emergency Room Copay	$50 (waived if admitted)	$50 (waived if admitted)	$0
All Other Part B Services	20% after deductible, up to $1,000 Max, then $0	$0 after Part B Deductible	$0

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MEDICARE (PART B) OUTPATIENT SERVICES In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies (like wheelchairs and walkers) considered medically necessary to diagnose or treat a disease or condition.			
	UA BASIC PLAN	**UA ENHANCED PLAN**	**UA PREMIUM PLAN**
	You Pay†	**You Pay†**	**You Pay†**
Blood:			
First 3 pints	$0	$0	$0
Next Medicare Approved Amounts**	Part B Deductible	Part B Deductible	$0
Remainder of Medicare-approved amounts	20% up to $1,000 Max, then $0	$0	$0
Clinical Lab Services			
Blood Tests for Diagnostic Services	$0	$0	$0
MEDICARE PARTS A & B			
	UA BASIC PLAN	**UA ENHANCED PLAN**	**UA PREMIUM PLAN**
	You Pay†	**You Pay†**	**You Pay†**
Home Health Care:			
Medically necessary skilled care services and medical supplies	$0	$0	$0
Durable Medical Equipment:			
First Medicare Approved Amounts**	Part B Deductible	Part B Deductible	$0
Remainder of Medicare Approved Amounts	20% up to $1,000 Max, then $0	$0	$0
PREVENTIVE SERVICES			
Annual Wellness Exam	$0	$0	$0
Other Preventive Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	$0	$0	$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
	UA BASIC PLAN	**UA ENHANCED PLAN**	**UA PREMIUM PLAN**
	You Pay†	**You Pay†**	**You Pay†**
Foreign Travel Emergency*:**			
Foreign Emergency Outside the U.S.A.	$250 deductible, then 20% and amounts over the $50,000 lifetime max	$250 deductible, then 20% and amounts over the $50,000 lifetime max	$250 deductible, then 20% and amounts over the $50,000

†The above plan options chart represents the amount you pay when the Plans and Medicare are integrated to provide your coverage.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Once you have been billed the first Medicare-Approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

*** Foreign Travel coverage deductible is a separate deductible and does not apply to the Part A or B deductible amounts.

Any service covered by Medicare is also covered by the Valero-sponsored Medicare medical benefit options. Services *not* covered by Medicare are also *not* covered by the Valero-sponsored Medicare medical benefit options. Please contact Amwins for the Medicare exclusion list. You may also visit www.medicare.gov for this information.

Please be advised that the information contained within this document does not replace any official plan documents or insurance contracts/policies that may govern the plans' provisions. In the event of a discrepancy, the terms of the official plan documents will prevail.

MEDICARE SUPPLEMENT PLANS
EXPRESS SCRIPTS (ESI) PART D PRESCRIPTION DRUG

Express Scripts Medicare Part D Prescription Drug Plan is a Medicare drug plan bundled with the United American Medicare Supplement Plans sponsored by Valero and is in addition to coverage under Medicare Part A or Part B. Your enrollment in the Express Scripts Medicare doesn't affect your coverage under Medicare Part A or Part B.

Participants enrolled in any Valero-sponsored Medicare medical benefit option will be automatically enrolled in a Valero-sponsored Medicare Part D Prescription Drug Program. If you enroll in a separate Medicare Part D Prescription Drug Plan, you will be disenrolled from the medical and prescription drug coverage sponsored by Valero.

ANNUAL DEDUCTIBLE: $50			
Prescription Drug Tier	**Retail (Up to 31-day Supply)**	**Retail (Up to 90-day Supply)**	**Home Delivery (61-90 day Supply)**
Tier 1: Generic	$10 copayment	$30 copayment	$20 copayment
Tier 2: Preferred Brand	$35 copayment	$105 copayment	$70 copayment
Tier 3: Non-Preferred Brand	$70 copayment	$210 copayment	$140 copayment
Tier 4: Specialty	30% coinsurance, with a $120 maximum per prescription	30% coinsurance, with a $360 maximum per prescription	30% coinsurance, with a $240 maximum per prescription

After your total out-of-pocket costs reach $2,100, you will pay $0.

Copayments you make for prescription drugs do not count toward the deductible or out-of-pocket maximum amounts of your Medicare Supplement coverage.

Generic medications often cost less than their brand name counterparts. Please talk to your doctor to determine if a generic is available. You may also have the option of up to a 90-day supply through mail order or Retail 90 for additional savings.

If you enroll in a Medicare Supplement Plan through United American (UA) you will receive a Part D Prescription ID card from Express Scripts (ESI). To fil a prescription, simply present your new prescription ID card to a participating pharmacy. Please note: You should not need a new prescription from your doctor if you are not changing your pharmacy provider.

Additional resources are available on the Valero Retiree Health Care website at http://valero.amwins.com.

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MEDICARE ADVANTAGE PLAN

The Valero-sponsored Medicare Advantage Plan is fully insured by UnitedHealthcare (UHC). UnitedHealthcare is an A.M. Best rated "A, Excellent" insurance company, located in Minnetonka, MN. UnitedHealthcare insures the Medicare Advantage plan and administers the dental coverage option.

	MEDICARE ADVANTAGE WITH PRESCRIPTION DRUG PLAN OPTION
	UHC MA PLAN
	You Pay†
Annual Deductible	$0
Retiree Coinsurance Amount	$0
Annual Out of Pocket Maximum	$0
Annual Plan Maximums	Unlimited
MEDICARE (PART A) - INPATIENT SERVICES In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some home health services.	
	UHC MA PLAN
	You Pay†
Hospitalization*	
First 60 days	$0
61st through 90th day	$0
91st through 150th day (reserve days)	$0
Additional 365 Reserve Days	$0
Skilled Nursing Facility Care*	
First 20 days	$0
Day 20 through 100	$0
Blood	
First 3 pints	$0
Additional amounts	$0
MEDICARE (PART B) OUTPATIENT SERVICES In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies (like wheelchairs and walkers) considered medically necessary to diagnose or treat a disease or condition.	
	UHC MA PLAN
	You Pay†
First Medicare Approved Amounts	$0
Physician Office Visit Copay	$0
Urgent Care Office Visit Copay	$0
Emergency Room Copay	$0
All Other Part B Services	$0

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MEDICARE (PART B) OUTPATIENT SERVICES In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies (like wheelchairs and walkers) considered medically necessary to diagnose or treat a disease or condition.	
	UHC MA PLAN
	You Pay†
Blood:	
First 3 pints	$0
Next Medicare Approved Amounts	$0
Remainder of Medicare-approved amounts	$0
Clinical Lab Services	
Blood Tests for Diagnostic Services	$0
MEDICARE PARTS A & B	
	UHC MA PLAN
	You Pay†
Home Health Care:	
Medically necessary skilled care services and medical supplies	$0
Durable Medical Equipment:	
First Medicare Approved Amounts	$0
Remainder of Medicare Approved Amounts	$0
PREVENTIVE SERVICES	
Annual Wellness Exam	$0
Other Preventive Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	$0
OTHER BENEFITS - NOT COVERED BY MEDICARE	
Foreign Travel Emergency:	
Foreign Emergency Outside the U.S.A.	Foreign Travel Urgent or Emergency Care is covered the same as above.

†The above chart reflects the amount you pay when the Plan and Medicare are integrated to provide your coverage.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Any service covered by Medicare is also covered by the Valero-sponsored Medicare medical benefit options. Services *not* covered by Medicare are also *not* covered by the Valero-sponsored Medicare medical benefit options. Please contact Amwins for the Medicare exclusion list. You may also visit www.medicare.gov for this information.

Additional resources are available on the Valero Retiree Health Care website at http://valero.amwins.com.

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MEDICARE ADVANTAGE PLAN
EXPRESS SCRIPTS (ESI) PART D PRESCRIPTION DRUG

Express Scripts Medicare Part D Prescription Drug Plan is a Medicare drug plan bundled with the UnitedHealthcare Medicare Advantage Plan sponsored by Valero and is in addition to coverage under Medicare Part A or Part B. Your enrollment in the Express Scripts Medicare doesn't affect your coverage under Medicare Part A or Part B.

Participants enrolled in any Valero-sponsored Medicare medical benefit option will be automatically enrolled in a Valero-sponsored Medicare Part D Prescription Drug Program. If you enroll in a separate Medicare Part D Prescription Drug Plan, you will be disenrolled from the medical and prescription drug coverage sponsored by Valero.

ANNUAL DEDUCTIBLE: $50			
Prescription Drug Tier	**Retail (Up to 31-day Supply)**	**Retail (Up to 90-day Supply)**	**Home Delivery (61-90 day Supply)**
Tier 1: Generic	$10 copayment	$30 copayment	$20 copayment
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After your total out-of-pocket costs reach $2,100, you will pay $0.

Generic medications often cost less than their brand name counterparts. Please talk to your doctor to determine if a generic is available. You may also have the option of up to a 90-day supply through mail order for additional savings.

If you enroll in the Medicare Advantage Plan through UnitedHealthcare (UHC) you will receive a Part D Prescription ID card from Express Scripts (ESI). To fil a prescription, simply present your new prescription ID card to a participating pharmacy. Please note: You should not need a new prescription from your doctor if you are not changing your pharmacy provider.

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