

FREQUENTLY ASKED QUESTIONS

Amwins Group Benefits Administration and Benefits Enrollment		
1.	What are the operating hours of the Amwins Customer Care Center?	Monday through Friday, from 7 a.m. to 7 p.m. CST. Amwins is available to assist with benefit questions and enrollment.
2.	Do I have to re-elect benefits during Open Enrollment if I wish to remain in my current benefit elections for the next plan year?	No, the Valero retiree benefit open enrollment is passive. This means that if you don't wish to make any changes, your current benefit elections will automatically continue for the 2023 plan year. You are encouraged to review associated benefit costs for the new plan year and to ensure that your contact and ACH information on file is correct.
3.	Does everyone in my household have to be enrolled in the same benefit options?	Yes, unless you are considered a "Split Household", which consists of Medicare and non-Medicare eligible participants. If you are a "Split Household", Medicare eligible participants are enrolled in the same Valero-sponsored Medicare medical benefit options, and non-Medicare participants are enrolled in the same non-Medicare medical benefit option.
Medicare Eligibility		
4.	What happens if I, or my dependent spouse or child become Medicare eligible?	If a participant becomes Medicare eligible due to age, Amwins will send a Medicare welcome packet and an enrollment kit to the participant approximately two (2) months prior to attaining age 65. Medicare eligible participants will only be offered the ability to enroll in a Valero-sponsored Medicare medical benefit option. Dental, vision and/or legal benefit elections will remain the same. Medicare eligible participants must be enrolled in Medicare Part A and B to enroll in a Valero-sponsored Medicare medical benefit option. Please refer to the Medicare section on this website for more information.
5.	What happens to my deductible if I become Medicare eligible mid-year and transition to a Valero-sponsored Medicare medical benefit option?	Your deductible will not carryover to your Medicare medical coverage. Any required deductible under the Medicare medical coverage option is applicable to you. If you are considered a "Split Household" and there are non-Medicare dependents still covered in non-Medicare medical coverage, their respective deductible will not be impacted by your transition to Medicare coverage.
Help Navigating Benefits		
6.	Will I receive new ID cards?	Retirees enrolling in UHC medical coverage will receive new ID cards. UHC dental cards may be accessed via the UHC website. Express Scripts prescription drug cards will only be issued if you were not previously enrolled in UHC medical coverage.
7.	How do I find a doctor?	UnitedHealthcare (UHC) medical coverage is through the Choice Plus network. Participants may visit the UHC website at myuhc.com to find a provider. UHC customer service reps are also available by phone at 844-634-1235, Monday – Friday 8:00 a.m. to 8:00 p.m. local time.
8.	Do my prescription drug copayments count toward my medical coverage deductible or out-of-pocket costs?	No, any copayments made for prescription drugs do not count toward the deductible or out-of-pocket (OOP) maximum amount applicable to your respective medical benefit option. Prescription drug OOP maximums are separate from medical OOP maximums. Please refer to the Summary of Benefits and Coverage for more information.
9.	How can I lower my prescription drug expenses?	Generic medications often cost less than their brand-name counterpart. Please talk to your doctor to determine if a generic is available. You may also have the option of obtaining your prescription(s) through mail order or the Retail90 program for additional savings.