AMWINS GROUP BENEFITS, LLC

2023 Valero Health Care Plan Comparison for Medicare Participants
THIS CHART COMPARES THE *'KEY FEATURES'* OF THE MEDICARE ELIGIBLE PLAN OPTIONS FOR 2023

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 $226 Part B Deductible	$0 for Part A Services $226 Part B Deductible	$0	$0
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	$226 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				United Healthcare MAPD PLAN
Drug Tier	**Retail 31-day Supply**	**Retail 90-day Supply**	**Home Delivery 90-day Supply**	The UHC Prescription Drug Plan matches the Express Scripts Medicare Rx plan's benefits as shown on this chart. with the exception of the $50 Annual Deductible, which does not apply. You will see additional information on all UHC benefits in the Plan Guide being mailed to your home.
Tier 1: Generic Drugs	$7 copayment	$21 copayment	$14 copayment	
Tier 2: Preferred Brand Drugs	$30 copayment	$90 copayment	$60 copayment	
Tier 3: Non-Preferred Brand Drugs	$60 copayment	$180 copayment	$120 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.