UnitedHealthcare

Group Medicare Advantage PPO Prepared For: VALERO ENERGY

Frepared For. VALERO ENERGY		
Effective: 1/1/2020 through 12/31/2020	In Nativoyle Comitees	Out of Notiverly Comission
Benefits And Coverage	In-Network Services	Out-of-Network Services
Annual Medical Deductible	None	None
Is Annual Medical Deductible combined for IN and OUT of network?		
Annual Medical Deductible 2		
Is Annual Medical Deductible 2 combined for IN and OUT of network?		
	•	**
Annual Medical Out-of-Pocket Maximum Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT	\$0	\$0
of network?	Ye	es
Annual Medical Out-of-Pocket Maximum 2		
Is Annual Medical Out-of-Pocket Maximum 2 combined for IN and		
OUT of network?		
PHYSICIAN SERVICES		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$0	\$0
Specialist Office Visit	\$0	\$0
Virtual Office Visit with Preferred Providers: Doctor on Demand or	\$0	\$0
AmWell		
Telemedicine	\$0	\$0
INPATIENT SERVICES		
Inpatient Hospital Stay - Per Day		
Skilled Nursing Facility Care - prior hospital stay requirement waived?	Ye	es
Skilled Nursing Facility Care	0	0
Skilled Nursing Facility Care - Benefit Period (In days)	10	-
Inpatient Mental Health in a Psychiatric Hospital / Inpatient Substance		
Abuse - Per Admission	10	
Inpatient Mental Health Lifetime Maximum number of days	19	0
OUTPATIENT SERVICES	Φ0	Φ0
Outpatient Surgery	\$0 \$0	\$0 \$0
Outpatient Hospital Services Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0 \$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0 \$0	\$0 \$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac, Intensive Cardiac & Pulmonary Rehabilitation, incl.	\$0	\$0
Supervised Exercise Therapy	· ·	·
Kidney Dialysis	\$0	\$0
Observation Stay	\$0	\$0
MEDICARE-COVERED SPECIALIST VISITS	Φ0	Φ0
Chiropractic Visit (Medicare-covered)	\$0	\$0
Podiatry Visit (Medicare-covered) Eye Exam (Medicare-covered)	\$0 \$0	\$0 \$0
Eyewear (Medicare-covered Frames and Lenses after cataract		·
surgery)	\$0	\$0
Hearing Exam (Medicare-covered)	\$0	\$0
Dental Services (Medicare-covered)	\$0	\$0
AMBULANCE/EMERGENCY ROOM/URGENT CARE		
Ambulance Services	\$0	\$0
Emergency Room (Includes Worldwide Coverage)	\$0	\$0
waived if admitted within 24 hours Urgent Care (Includes Worldwide Coverage)	<u> </u>	<u> </u>
waived if admitted within 24 hours	\$0	\$0
PART B DRUGS AND BLOOD		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation	2-	<u> </u>
Solutions, Hemophilia Clotting Factors, Antigens, Outpatient Injectable Medications Administered in a Physician's Office	\$0	\$0
Chemotherapy Drugs	\$0	\$0
Blood	•	·
3 pint deductible waived	\$0	\$0
DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0

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Insulin Pumps & Supplies	\$0	\$0
HOME HEALTHCARE AGENCY & HOSPICE	•	**
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
PROCEDURES Clinical Laboratory Sonicae	* C	\$ 0
Clinical Laboratory Services Outpatient X-ray Services	\$0 \$0	\$0 \$0
Diagnostic Procedure/Test (includes non-radiological diagnostic	Φ0	Φ0
services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
PREVENTIVE SERVICES (MEDICARE-COVERED)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B Vaccines)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
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Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs (Medicare-covered)	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk (Medicare-covered)	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0
ADDITIONAL BENEFITS/PROGRAMS (Non Medicare-covered)		
Routine Podiatry	0	0
Routine Podiatry - Number of visits per year		
Routine Chiropractic	0	0
Routine Chiropractic - Number of visits	C	
Routine Acupuncture	0	0
Routine Acupuncture - Number of visits per year	0	0
Routine Vision Exam every 12 months Routine Vision Hardware	0	0
Roduire vision nardware 0	-	0
Hearing Aid Allowance - includes Digital Hearing Aids		
Benefit per Ear or combined		
Number of Hearing Aids		
Hearing Aid period in years		
Annual Routine Physical Exam	\$0	\$0
Wig Coverage Annual Allowance After Chemotherapy		¥-
Private Duty Nursing Visit	0	0
Private Duty Nursing Allowance	,	,
Transgender Surgery Lifetime Maximum		
DENTAL RIDER (Non Medicare-covered)		
Dental Plan Type	0	\$0
Class 1 Preventive & Diagnostic (P&D)		
Class 2 Minor		
Class 3 Major		
Deductible (P&D not included)		
Annual Calendar Maximum		
Reimbursement Schedule		
WELLNESS/CLINICAL PROGRAMS		
Fitness	Included	Not Included
Caregiver	Not Included	Not Included
NurseLine	Included	Not Included
Access Support	Included	Not Included

Condition Management - Chronic Heart Failure (CHF)	Included	Not Included	
Condition Management - Coronary Artery Disease (CAD) / Diabetes	Included	Not Included	
Condition Management - End Stage Renal Disease (ESRD)	Included	Not Included	
Group Retiree Case Management	Included	Not Included	
Advanced Illness Care Management	Included	Not Included	
Preferred Diabetic Supply Program			
	Included	Not Included	
Hi Health Hearing Aid Discount Program	Included	Not Included	
HouseCalls Program	Included	Not Included	
Outpatient Prescription Drug Coverage			
Prescription Drug Plan	Custom		
Pharmacy Network	Standard		
Part D Gap Coverage	Full Coverage	#REF!	
Formulary	\$0		
Non-OptumRx Mail Order Network	Included		
*		#DEEL	
Bonus Drug List	List U	#REF!	
Maintenance Drug List			
Formulary Edits (step therapy, quantity limits, prior authorization)	On		
Rx Deductible	\$0		
Part D Retail Copay Note: 90 day retail supply is available for 3X copay amount			
0			
0			
0			
0	0		
	0		
Part D Preferred Mail Order Copay (up to a day supply)			
0	0		
0			
0			
	-		
0	-		
	0		
Initial Coverage Limit	\$4,020		
True Out of Pocket Threshold (TrOOP)	\$6,350		
Catastrophic Coverage over TrOOP (greater amount of)	CMS Value		
Copay for generics	\$3.60		
Copay for all other drugs	\$8.95		
	5%		
OR Coinsurance			
* Inpatient Hospital copayments are charged on a per admission or daily basis. Original I			
do not apply. For Inpatient Hospital, you are covered for an unlimited number of days as	long as the hospital stay is medically		
necessary and authorized by UnitedHealthcare or contracting providers. When you are a	dmitted to an Inpatient Hospital and		
then subsequently transferred to another Inpatient Hospital, you pay the copayment char	ged for the first hospital admission.		
You do not pay a copayment for the second hospital admission; the copayment is waived.			
UnitedHealthcare Group Medicare Advantage ® plans are offered by United HealthCare			
Medicare Advantage Organizations with a Medicare contract. Limitations, copayments at	ы облышаное тау арріу. Бененкі тау		
vary by employer group.			
By group's acceptance of this proposal or upon group's first premium payment, whichever			
that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.1	06(d)(5) and that it will only enroll individuals		
with the status of a retired participant, or spouse or dependent of a retired participant, in	the group's employment-based group plan.		
FOOTNOTES			