

UnitedHealthcare
Group Medicare Advantage PPO
Prepared For: VALERO ENERGY

Effective: 1/1/2020 through 12/31/2020		
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	\$0	\$0
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
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 AmWell	\$0	\$0
Telemedicine	\$0	\$0
INPATIENT SERVICES		
Inpatient Hospital Stay - Per Day		
Skilled Nursing Facility Care - prior hospital stay requirement waived?	Yes	
Skilled Nursing Facility Care	0	0
Skilled Nursing Facility Care - Benefit Period (In days)	100	
Inpatient Mental Health in a Psychiatric Hospital / Inpatient Substance Abuse - Per Admission		
Inpatient Mental Health Lifetime Maximum number of days	190	
OUTPATIENT SERVICES		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$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
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac, Intensive Cardiac & Pulmonary Rehabilitation, incl. Supervised Exercise Therapy	\$0	\$0
Kidney Dialysis	\$0	\$0
Observation Stay	\$0	\$0
MEDICARE-COVERED SPECIALIST VISITS		
Chiropractic Visit (Medicare-covered)	\$0	\$0
Podiatry Visit (Medicare-covered)	\$0	\$0
Eye Exam (Medicare-covered)	\$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) waived if admitted within 24 hours	\$0	\$0
Urgent Care (Includes Worldwide Coverage) waived if admitted within 24 hours	\$0	\$0
PART B DRUGS AND BLOOD		
Part B Drugs - Immunosuppressives, Anti-nausea, Inhalation 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

Insulin Pumps & Supplies	\$0	\$0
HOME HEALTHCARE AGENCY & HOSPICE		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
PROCEDURES		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic 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
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		0
Routine Acupuncture	0	0
Routine Acupuncture - Number of visits per year		
Routine Vision Exam every 12 months	0	0
Routine Vision Hardware	0	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

