

Post 65
GROUP RETIREMENT
2026 WEBINAR SCHEDULE



DATE	LOCATION	TIME
Tuesday, February 3, 2026	Medicare 101 Webinar Presentation	9 to 10:30 am
Tuesday, March 10, 2026	Medicare 101 Webinar Presentation	3 to 4:30 pm
Tuesday, April 7, 2026	Medicare 101 Webinar Presentation	9 to 10:30 am
Tuesday, May 5, 2026	Medicare 101 Webinar Presentation	3 to 4:30 pm
Tuesday, July 7, 2026	Medicare 101 Webinar Presentation	9 to 10:30 am
Tuesday, August 4, 2026	Medicare 101 Webinar Presentation	3 to 4:30 pm
Tuesday, September 9, 2026	Medicare 101 Webinar Presentation	9 to 10:30 am
Tuesday, December 8, 2026	Medicare 101 Webinar Presentation	3 to 4:30 pm

For more information, contact VEBA Post 65 Member Services at
619-961-2047 or email post65inquiries@vebaonline.com
(in person appointments unavailable until further notice).

To reserve your space and receive the webinar instructions,
please email post65inquiries@vebaonline.com.

To guarantee an invitation, all reservation requests must be
received by 4:00 pm on the day prior to the scheduled Webinar.

Post 65 GROUP RETIREMENT



The California Schools VEBA offers the following group Post 65 Group Retirement Plans to its members.

WHO CAN JOIN?

- You must be a Medicare-eligible retiree or dependent who is no longer eligible for the district retiree plan – or choose it instead of the district plan.
- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live within the CMS-approved Kaiser Permanente or UnitedHealthcare service area.

Benefits	UnitedHealthcare Group Medicare Advantage (PPO) Post 65 Retiree Plan	UnitedHealthcare Group Medicare Advantage (HMO) Post 65 Retiree Plan	Kaiser Permanente Senior Advantage Plan
Out-of-Pocket Maximum	\$2,000	\$1,500	\$1,000
PCP Office Visit	\$0 copay	\$15 copay	\$15 copay
Specialist Office Visit	\$30 copay	\$15 copay	\$15 copay
Emergency Room	\$50 copay	\$50 copay	\$50 copay
Ambulance	\$100 copay	\$50 copay	\$50 copay
Hospital Fee/Admission	\$175 copay	\$200 copay	\$200 copay
Prescription Drugs	\$5 Preferred Generic \$25 Preferred Brand \$40 Non-Preferred/Specialty (up to 30-day retail supply) \$10 Preferred Generic \$50 Preferred Brand Name \$80 Non-Preferred/Specialty (up to 90-day supply via mail)	\$10 Preferred Generic \$25 Preferred Brand \$50 Non-Preferred/Specialty (up to 30-day retail supply) \$20 Preferred Generic \$50 Preferred Brand Name \$100 Non-Preferred/Specialty (up to 90-day supply via mail)	\$10 Generic \$25 Brand (up to 100-day supply)
Annual Hearing Exam	No charge	No charge	No charge
Hearing Aid (every 36 months)	Plan pays up to \$500	Plan pays up to \$500	Plan pays up to \$1,000 (per aid)
Annual Vision Exam	No charge	\$15 copay	\$15 copay
Eyewear Allowance (every 24 months)	Plan pays up to \$130 for eyewear; \$175 for contact lenses	Plan pays up to \$70 for eyewear; \$105 for contact lenses	Plan pays up to \$150 for either eyeglasses or contact lenses
Annual Screenings	No charge	No charge	No charge
COST PER MONTH	\$630	\$667	\$217
If you are enrolled in one of these Advantage Plans, voluntary dental HMO and PPO coverages are available as an option at the additional monthly cost shown here.	DeltaCare USA HMO \$15 OR Delta Dental PPO \$71	DeltaCare USA HMO \$15 OR Delta Dental PPO \$71	DeltaCare USA HMO \$15 OR Delta Dental PPO \$71

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Prepared by RPA San Diego on behalf of California Schools VEBA

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.