

## POST 65 GROUP RETIREMENT 2022 SEMINAR SCHEDULE

DATE	LOCATION	TIME
February 8, 2022	<b>Medicare 101 Webinar Presentation</b>	10 to 11:30 a.m.
March 22, 2022	<b>Medicare 101 Webinar Presentation</b>	10 to 11:30 a.m.
April 12, 2022	<b>Medicare 101 Webinar Presentation</b>	10 to 11:30 a.m.
May 10, 2022	<b>Medicare 101 Webinar Presentation</b>	3 to 4:30 p.m.
July 12, 2022	<b>Medicare 101 Webinar Presentation</b>	10 to 11:30 a.m.
August 9, 2022	<b>Medicare 101 Webinar Presentation</b>	10 to 11:30 a.m.
September 6, 2022	<b>Medicare 101 Webinar Presentation</b>	10 to 11:30 a.m.
December 6, 2022	<b>Medicare 101 Webinar Presentation</b>	3 to 4:30 p.m.

**FOR MORE INFORMATION, CONTACT** VEBA Post 65 Member Services at  
619-961-2047 or email [post65inquiries@mcgregorinc.com](mailto:post65inquiries@mcgregorinc.com)  
(in person appointments unavailable until further notice)

**TO RESERVE YOUR SPACE** and receive the webinar instructions,  
please email [post65inquiries@mcgregorinc.com](mailto:post65inquiries@mcgregorinc.com)

To guarantee an invitation, all reservation requests must be  
received by 4:00 p.m. 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.

<b>Benefits</b>	<b>UnitedHealthcare Group Medicare Advantage (HMO) Post 65 Retiree Plan</b>	<b>Kaiser Permanente Senior Advantage Plan</b>
Out-of-Pocket Maximum	\$1,500	\$1,500
PCP/Specialist Office Visits	\$15 copay	\$15 copay
Emergency Room	\$50 copay	\$50 copay
Ambulance	\$50 copay	\$50 copay
Hospital Fee/Admission	\$200 copay	\$200 copay
Prescription Drugs	\$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
Hearing Aid (every 36 months)	Plan pays up to \$500	Plan pays up to \$1,000 (per aid)
Annual Vision Exam	\$15 copay	\$15 copay
Eyewear Allowance (every 24 months)	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
<b>COST PER MONTH</b>	<b>\$379</b>	<b>\$198</b>
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 \$62	DeltaCare USA HMO \$15 OR Delta Dental PPO \$62

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