

OFFICE OF GROUP BENEFITS
2018 ANNUAL ENROLLMENT FORM
Retirees with Medicare
(Please Print Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ Phone: (____) _____

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE
PLEASE MARK ONE AND ONLY ONE SELECTION BY PLACING AN (X) IN THE APPROPRIATE BOX

OGB Secondary Plans for Retirees with Medicare

R

Pelican HRA1000
Administered by Blue Cross

M

Vantage Medical Home HMO (MHHP)
Insured by Vantage Health Plan

P

Magnolia Local Plus
Administered by Blue Cross

A

Magnolia Open Access
Administered by Blue Cross

L

Magnolia Local (Limited In-Network Provider Network) *Administered by Blue Cross*

OGB Sponsored Medicare Advantage Plans

V

Vantage Medicare Advantage Premium HMO-POS Plan
Retiree and all covered dependents must have both Medicare A and Medicare B

T

Peoples Health Medicare Advantage Plan
Retiree and all covered dependents must have both Medicare A and Medicare B

S

Vantage Standard Medicare Advantage HMO-POS Plan
Retiree and all covered dependents must have both Medicare A and Medicare B

B

Vantage Basic Medicare Advantage Plan
Retiree and all covered dependents must have both Medicare A and Medicare B

One Exchange*
Retiree and all covered dependents must have both Medicare A and Medicare B
(*Enrollment is conducted through OneExchange. Please call 1-855-663-4228 or visit medicare.oneexchange.com/ogb to enroll.)

PLEASE MAIL OR FAX THIS FORM TO OGB BY **NOVEMBER 15, 2017.**

By Mail: Office of Group Benefits
Annual Enrollment
P.O. Box 44036
Baton Rouge, LA 70804

By Fax: Office of Group Benefits
Annual Enrollment
(225) 342-9917
or
(225) 342-9919

Plan Member's Signature (required)

Date

CUT ALONG DOTTED LINES