



# RETIREE 100

Retired members in the Magnolia Open Access plan who have Medicare Part A and Part B as their primary insurer are eligible to participate in the Retiree 100 program. This program serves as additional coverage for members who have extensive hospital bills and/or large amounts of physician charges due to a serious illness, accident or long-term chronic condition.

## You are eligible to enroll in Retiree 100 if:

- You are a retired state employee
- You are a member of the Magnolia Open Access plan
- Medicare is your primary insurer (You have both Medicare Part A and Part B)

## You can also enroll your spouse if:

- You currently cover your spouse as a dependent
- Medicare is your spouse's primary health insurer (Your spouse has both Medicare Part A and Part B)

## Not All Expenses Are Eligible

Retiree 100 coordinates only those expenses considered eligible for reimbursement by both Medicare and the Magnolia Open Access plan.

- **Expenses not eligible for consideration include:**
  - **Benefits assigned** - when a provider agrees to accept what Medicare allows as full payment. (OGB does not pay for any portion of a bill in excess of the Medicare allowable amount.)
  - **Prescription drugs**

## Premiums

The monthly premium for Retiree 100 is \$81.00 per person **in addition** to your monthly OGB premium. **There is no state contribution** toward the premium amount; you must pay the entire cost for Retiree 100 coverage.

## Enrollment

**If you are already retired**, you can enroll during the annual enrollment period held each year. Also, you can enroll within 30 days after the date you first became eligible for Medicare (Parts A and B). Coverage becomes effective on the first day of the month you became eligible for Medicare.



**STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION  
OFFICE OF GROUP BENEFITS**



**RETIREE 100 - A SPECIAL OPTION FOR RETIREES  
MEDICARE 100% COORDINATION OF BENEFITS OPTION  
ENROLLMENT FORM**

**ELECTION GUIDELINE**

- Active Plan Member retiring and has Medicare A&B coverage, 30 days before retirement
- Retired plan member obtaining Medicare A&B, 30 days before or after Medicare A&B effective date
- Retired Plan Member Part A and now obtaining Part B, 30 days before or after Medicare B effective date
- Retired Plan Member Medicare A & B primary, annual enrollment

AGENCY NUMBER \_\_\_\_\_ AGENCY NAME \_\_\_\_\_

EMPLOYEE/RETIREE NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SPOUSE FULL NAME \_\_\_\_\_

SPOUSE SOCIAL SECURITY NUMBER \_\_\_\_\_ SPOUSE DOB \_\_\_\_\_

**CHECK ONE**

\_\_\_\_\_ SINGLE \_\_\_\_\_ TWO-PARTY (BOTH HAVE MEDICARE A&B)

**RATES**

(EMPLOYEE/RETIREE PAYS ENTIRE ADDITIONAL PREMIUM AMOUNT FOR THIS OPTIONAL COVERAGE)

SINGLE	\$81.00
TWO-PARTY	\$162.00

MEDICARE ELIGIBILITY DATES (IF APPLYING FOR SINGLE PARTY COVERAGE FOR SPOUSE ONLY, FILL IN THE SPOUSE MEDICARE ELIGIBILITY DATES)

EMPLOYEE/RETIREE: PART A \_\_\_\_\_ PART B \_\_\_\_\_

SPOUSE: PART A \_\_\_\_\_ PART B \_\_\_\_\_

EMPLOYEE/RETIREE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR GROUP BENEFITS USE ONLY EFFECTIVE DATE _____ SPECIALIST _____
---