

OFFICE OF GROUP BENEFITS
2020 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

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

P **Magnolia Local Plus**
Administered by Blue Cross

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

A **Magnolia Open Access**
Administered by Blue Cross

OGB Sponsored Medicare Advantage Plans

C **Blue Advantage Medicare Advantage HMO Plan**
Retiree and all covered dependents must have both Medicare A and Medicare B

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

G **Humana HMO 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

T **Peoples Health Medicare Advantage HMO 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

PLEASE MAIL OR FAX THIS FORM TO OGB BY **NOVEMBER 15, 2019.**

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