

OFFICE OF GROUP BENEFITS  
2022 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, 2021**.

**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