

OFFICE OF GROUP BENEFITS  
2024 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

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

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

☐ **L** **Magnolia Local (Limited In-Network Provider Network)** 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

☐ **G** **Humana HMO Medicare Advantage 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

**Via Benefits\***

Retiree and all covered dependents must have both Medicare A and Medicare B  
**(\*Enrollment is conducted through Via Benefits. Please call 1-855-663-4228 or visit [my.ViaBenefits.com/ogb](https://my.ViaBenefits.com/ogb) to enroll.)**

**PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2023.**

**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**