



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 \$39.00 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	\$39.00
TWO-PARTY	\$78.00

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 _____