



# 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 - OFFICE OF GROUP BENEFITS  
RETIREE 100 - 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**

**RATES**

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

- **Single           \$81.00**
- **Two-party     \$162.00**

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 DATE OF BIRTH
<b>CHECK ONE:</b>			
<input type="checkbox"/> SINGLE		<input type="checkbox"/> TWO-PARTY (BOTH HAVE MEDICARE A & B)	
<b>MEDICARE ELIGIBILITY DATES</b> <i>(IF APPLYING FOR SINGLE PARTY COVERAGE FOR SPOUSE ONLY, FILL IN THE SPOUSE MEDICARE ELIGIBILITY DATES)</i>			
EMPLOYEE/RETIREE PART A		EMPLOYEE/RETIREE PART B	
SPOUSE PART A		SPOUSE PART B	
EMPLOYEE/RETIREE SIGNATURE		DATE	

<b>FOR GROUP BENEFITS USE ONLY</b>	
EFFECTIVE DATE	
SPECIALIST	