

OFFICE OF GROUP BENEFITS  
2015 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**

**Pelican HRA1000**  
*Administered by Blue Cross*

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

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

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

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

**OGB Sponsored Medicare Advantage Plans**

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

**Peoples Health Medicare Advantage Plan**  
Retiree and all covered dependents must have both Medicare A and Medicare B

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

**One Exchange\***  
Retiree and all covered dependents must have both Medicare A and Medicare B  
**(\*Enrollment is conducted through One Exchange. Please call 1-855-663-4228 or visit [medicare.oneexchange.com/ogb](http://medicare.oneexchange.com/ogb) to enroll.**

**Vantage Medicare Advantage Zero Premium 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, 2015.**

**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

\_\_\_\_\_  
**Plan Member's Signature** (required)

\_\_\_\_\_  
**Date**