



# OGB Coverage In Retirement

## Your Responsibilities

This is a summary of your responsibilities as an OGB member who is preparing for retirement. Members are encouraged to attend a retirement workshop for more information about taking your benefits into retirement.

### RECOMMENDED ACTIONS BEFORE RETIREMENT:

- » Go to your human resources department three months prior to your planned retirement date and arrange for premium payments during your transition.
- » It is recommended that you notify OGB in writing four months prior to your retirement to request a participation summary.  
**Remember: Years of Service ARE NOT the same as Years of Participation. Your premium share in retirement is based on years of participation in an OGB plan, not years of service with the state or a participating agency.**
- » Always include your name and social security number on anything submitted to OGB.
- » Maintain a copy of all correspondence for your records.

### CHANGES TO REPORT TO OGB:

- » Address
- » Employee status (rehired retiree)
  - » A rehired retiree is an employee that retired from an OGB participating agency who goes back to work for an OGB participating agency.
- » Eligible dependents
- » Medicare eligibility

### THINGS YOU SHOULD NOT DO:

- » **Drop coverage in retirement!**
  - » If you drop OGB coverage in retirement, you will lose it **FOREVER!**
- » **Sign up for another Medicare plan!**
  - » If you sign up for a non-participating Medicare plan, you will be dropped from OGB. You may only be enrolled in one Medicare plan. If you are enrolled in a BCBS plan, OGB will be your Medicare Part D. OGB also offers several Medicare Advantage plans members may choose from. If you are unsure if it is an OGB sponsored plan, contact customer service.

### UNLESS

- » You joined TriCare for Life and it is discontinued or had significant reduction in benefits.
- » You lost other creditable continuous coverage and meet all requirements of the Plan Document.

### ELIGIBILITY:

- » OGB coverage must be in effect immediately prior to your retirement to be eligible for retiree coverage.
- » If you started participation - or rejoined state service - on or after January 1, 2002, the state contribution of your premium is based on the number of participation years in an OGB health plan.
- » This also applies to surviving spouses who started coverage after July 1, 2002.

### PARTICIPATION SCHEDULE:

The participation schedule shown illustrates the number of years you must participate in an OGB health plan to receive the specified state contribution.

RETIREE PARTICIPATION SCHEDULE	
YEARS OF OGB PLAN PARTICIPATION	STATE'S SHARE OF TOTAL MONTHLY PREMIUM
20 years or more	75 percent
15 years but less than 20 years	56 percent
10 years but less than 15 years	38 percent
Less than 10 years	19 percent

This schedule also applies to LSU First health plan participants

### FOR MORE INFORMATION:

- » OGB Website: [info.groubenefits.org](http://info.groubenefits.org)
- » Agency Human Resources Department
- » OGB Customer Service: 1-800-272-8451 (M-F, 8:00am - 4:30pm)
- » OGB Mailing Address: P.O. Box 44036, Baton Rouge, LA 70804
- » OGB Offices: 1201 North 3rd St. (Claiborne Building), Suite G-159, Baton Rouge, LA 70802