

OFFICE OF GROUP BENEFITS
2027 ANNUAL ENROLLMENT FORM
Retirees with Medicare
(Please PRINT Clearly)

Plan Member's Name: _____

Address: _____

City, State, ZIP: _____

SSN: _____ Phone: (_____) _____

Personal email address: _____

NO ACTION IS NECESSARY IF YOU DO NOT WISH TO MAKE A CHANGE.

IF YOU 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

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Pelican HRA1000
Administered by LA Blue

☐

Magnolia Open Access
Administered by LA Blue

☐

Magnolia Local Plus
Administered by LA Blue

☐

Magnolia Local
(Limited In-Network Provider Network)
Administered by LA Blue

OGB Sponsored Medicare Advantage Plans

☐

Blue adVantage Medicare Advantage HMO Plan
Retiree and all covered dependents must have both Medicare A and Medicare B

☐

Humana HMO Medicare Advantage Plan
Retiree and all covered dependents must have both Medicare A and Medicare B

☐

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 to
enroll.)**

PLEASE MAIL OR FAX THIS FORM TO OGB BY NOVEMBER 15, 2026.

By Mail: Office of Group Benefits
Annual Enrollment
P.O. Box 44036
Baton Rouge, LA 70804

By Email: OGB.CustomerService@la.gov

By Fax: Office of Group Benefits
Annual Enrollment
(225) 342-9917
or
(225) 342-9919

Plan Member's Signature (required)

Date