

**RE: Orange County Sheriff's Office Retiree OPEN ENROLLMENT 10/1/2025**

Orange County Sheriff's Office Retiree is holding their Open Enrollment Period. During this time, participants, continuing coverage through the Retiree program have the right to change their group health plans and make changes to their coverage tier levels - including adding family members to the plan.

**This is a passive enrollment period, so no action is required if you do not wish to make changes. Your current benefit elections will automatically carry over from the previous plan year.**

**If you choose to make changes to your benefits, please indicate all plan types you wish to enroll in effective 10/01/2025, including those you are currently enrolled in. If you are currently receiving a subsidy, it will carry over from last year. However, this will not be reflected on page 5 of this packet. Additionally, if you are enrolled in FRS deductions, those will continue as usual. If you wish to enroll in FRS or set up automatic payments, please complete the appropriate forms and return them along with your benefit election.**

**Complete Open Enrollment Change Form on following page**

Reply no later than **8/15/2025**

**Fax: 877-855-7107**

**Email: [GIBilling@padmin.com](mailto:GIBilling@padmin.com)**

**Mail: 6400 Main Street, Suite 210, Williamsville, NY 14221**





**Orange County Sheriff's Office Retiree  
10/1/2025 Open Enrollment Change Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Please return this form no later than 8/15/2025

Circle the TIER of the benefit you want to be enrolled in for 10/1/2025

Return to P&A Group by one of these options:

Fax: 877-855-7107

Email: [GIBilling@padmin.com](mailto:GIBilling@padmin.com)

Mail: 6400 Main Street, Suite 210, Williamsville, NY 14221

Carrier	SINGLE	EE+SP	EE+CHILD(REN	FAMILY
Humana DHMO Plan	\$14.26	\$28.51	\$32.07	\$51.59
Carrier	SINGLE	EE+SP	EE+CHILD(REN	FAMILY
Humana Dental PPO Plan	\$23.14	\$44.95	\$42.81	\$97.56
Carrier	SINGLE	EE+SP	EE+CHILD(REN	FAMILY
Humana Dental PPO Plus Plan	\$30.23	\$60.59	\$70.37	\$100.73
Carrier	SINGLE	EE+SP	EE+CHILD(REN	FAMILY
CIGNA Choice Fund Open Access Plus HSA Gold	\$958.10	\$1,877.81	\$1,538.25	\$2,646.19
Carrier	SINGLE	EE+SP	EE+CHILD(REN	FAMILY
CIGNA Open Access Plus (Green Plan)	\$935.33	\$1,833.22	\$1,501.72	\$2,583.35
Carrier	SINGLE	FAMILY		
Humana Vision Plan	\$5.17	\$13.43		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide all information for each person to be covered under the plan(s)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Circle your Benefits:    DENTAL            HEALTH            VISION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Circle your Benefits:    DENTAL            HEALTH            VISION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Circle your Benefits:    DENTAL            HEALTH            VISION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Circle The Benefits:    DENTAL            HEALTH            VISION