

AGMA Health Fund Open Enrollment 2025 Form

If you are NOT making any changes, you do not need to complete this form.

Submit your Open Enrollment 2025 Form before **October 31st, 2024, 11:59 pm EST**. Email this Open Enrollment Form to: AGMA Health Fund Office at info@agmafunds.org.

If you want to switch from Standard Plan to the Healthy Savings Plan, or Vice Versa

- | | |
|--|--|
| <input type="checkbox"/> Standard Plan (individual)* | <input type="checkbox"/> Healthy Savings Plan (individual) |
| <input type="checkbox"/> Standard Plan (family)* | <input type="checkbox"/> Healthy Savings Plan (family)* |

*** See the following pages for the monthly single or family contribution's you will need to pay.**

If you switch to the Standard Plan (individual or family coverage)

- I acknowledge that I must contribute **\$45 per month** and agree that my employer will deduct this amount from my paycheck or HRA Account (if applicable).

If you switch to the Healthy Savings Account (individual or family coverage).

- I acknowledge that I may elect to have my employer deduct an additional amount from my paycheck to be contributed to my Health Savings Account.
- I am responsible to ensure that contributions to my Health Savings Account do not exceed the applicable IRS maximums for the calendar year.
- For 2025, the IRS maximums are:
 - \$4,300 for individual coverage.
 - \$5,550 for family coverage.
 - If you stay in the plan for the entire calendar year, your employer's match for individual coverage is \$1,000 and family coverage is \$2,000.
- If you are 55 or older, you can add an additional \$1,000 to your yearly Healthy Savings Account.

Dental and Vision Coverage Options:

- | | |
|---|--|
| <input type="checkbox"/> Dental (individual): \$23.29 per month | |
| <input type="checkbox"/> Indemnity | |
| <input type="checkbox"/> DMO | <input type="checkbox"/> Vision (individual): \$3.19 per month |
| <input type="checkbox"/> Dental (family): \$66.75 per month | <input type="checkbox"/> Vision (family): \$7.61 per month |
| <input type="checkbox"/> Indemnity | |
| <input type="checkbox"/> DMO | |

**Please Sign
and Date**

Name: _____
Signature: _____

Last 4 SSN: _____
Date: _____

Standard Plan Employee Monthly Contributions

Employers: Alvin Ailey, Ballet Hispanico, Boston Ballet, Houston Ballet, Los Angeles Opera, Martha Graham, San Francisco Opera, New York City Ballet, San Francisco Opera Adlers	Employee Contribution	Contributions for Individual Coverage	Contributions for Family Coverage	Contributions for Married Couples Working for the Same Employer
	Employee #1	\$45	\$2,119	\$706
	Employee #2			\$45
Employers: AGMA Union, MET Opera				
Employee #1	\$45	\$45	\$45	\$45
Employers: Lyric Opera of Chicago				
Employee #1	\$45	\$1,613	\$200	\$200
Employee #2				\$45

Healthy Savings Plan Employee Monthly Contributions

Employers: Alvin Ailey, Ballet Hispanico, Boston Ballet, Houston Ballet, Los Angeles Opera, Martha Graham, San Francisco Opera, New York City Ballet, San Francisco Opera Adlers	Employee Contributions	Contributions for Individual Coverage	Contributions for Family Coverage	Contributions for Married Couples Working for the Same Employer
	Employee #1	n/a	\$1,469	\$101
Employers: Lyric Opera of Chicago				
Employee #1	n/a	\$1,568	\$155	\$155