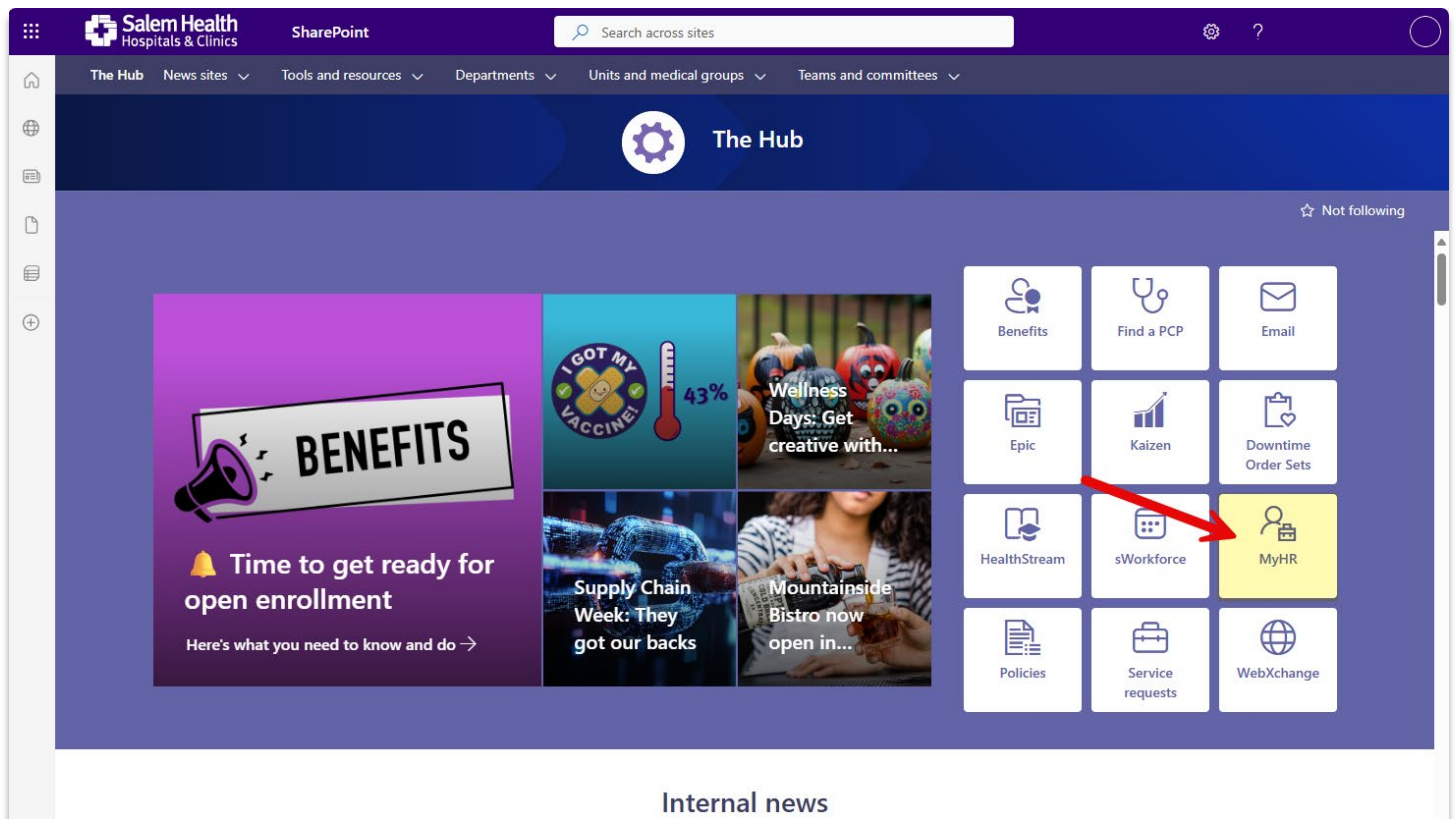


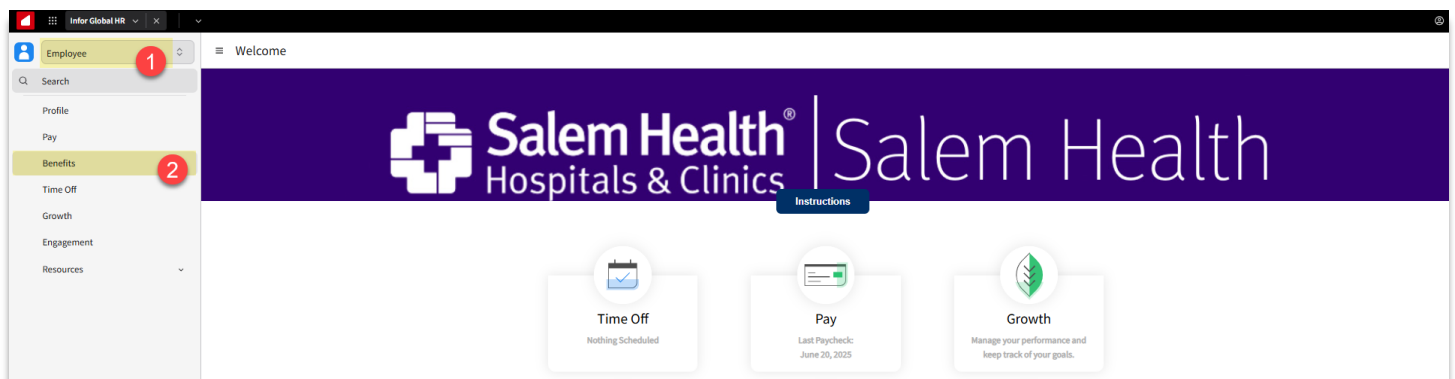
**MyHR login assistance:** If you need assistance with your username, password, or experience technical difficulties, contact the Solution Center at 503-814-HELP.

## Open Enrollment

Login to MyHR. Open up your web browser > from [The Hub](#), click on [MyHR](#).

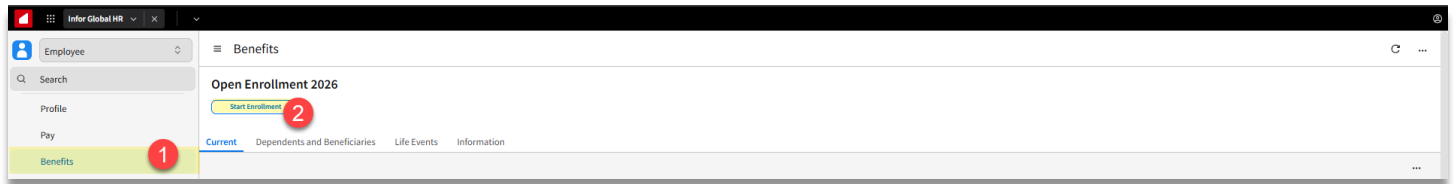


From your Employee Role, click on the Benefits tab.



# Start Open Enrollment

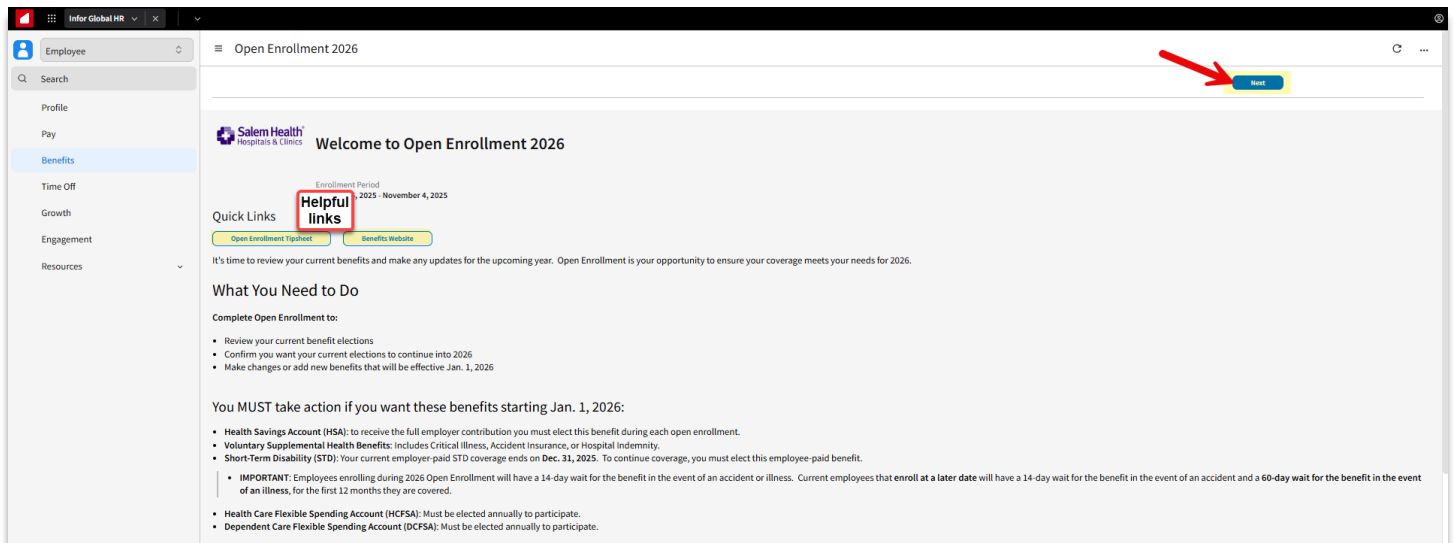
Click on the Start Enrollment button.



## Review Open Enrollment 2026 information

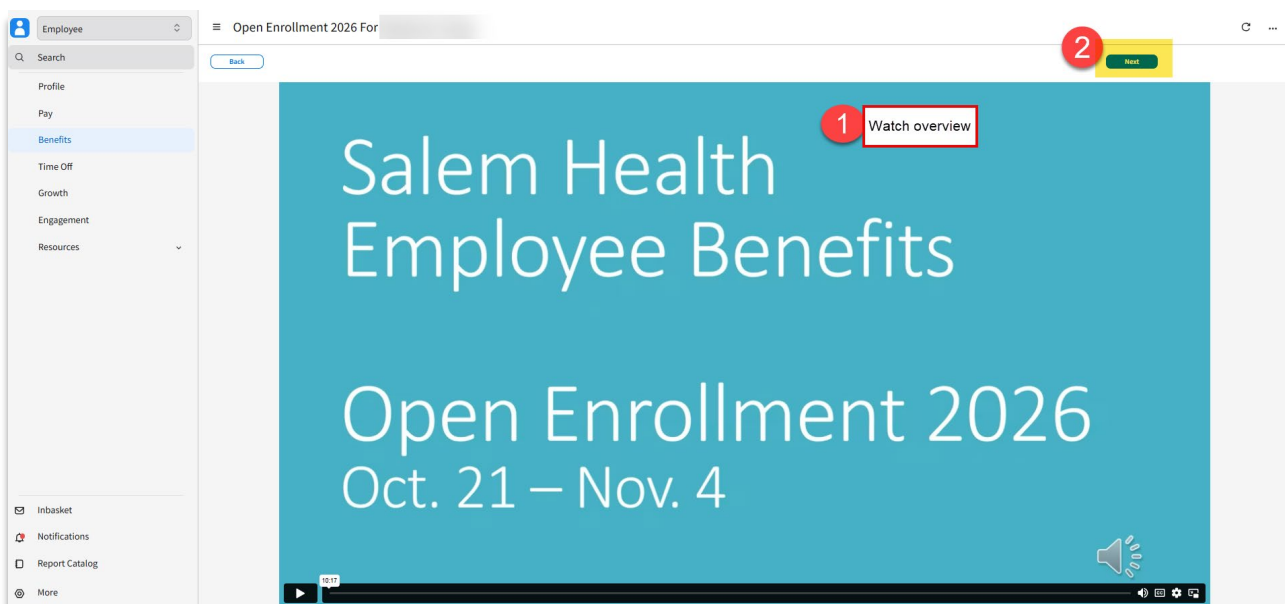
Be sure to review the Open Enrollment 2026 information on this page!

Click on Next or Back to move between your screens.



## 2026 Open Enrollment Overview

Watch the overview of 2026 benefits, then click Next.



# Review Dependent/Beneficiary Information

- Review your current Dependents and Beneficiaries information
  - Spelling of name
  - Relationship
  - Birthdate
  - Identification number (Social Security Number)

- Update information if needed.

If you are unable to correct, submit a ticket in AskHR, including "Open Enrollment 2026" in the subject line for urgent assistance.

The screenshot displays the 'Open Enrollment 2026' interface in the Infor Global HR system. On the left is a navigation menu with options like Profile, Pay, Benefits, Time Off, Growth, Engagement, Resources, Inbasket, Notifications, Report Catalog, and More. The main content area is titled 'Open Enrollment 2026' and has a 'Back' button. It is divided into two sections: 'Dependents' and 'Beneficiaries'. The 'Dependents' section lists two entries: 'Guy de Mauissant' (Spouse Legally Married, December 4, 1982) and 'Simone de Beauvoir' (Daughter of Employee or Spouse, January 9, 2008). The 'Beneficiaries' section lists several dates: August 1, 1946; July 14, 1949; July 20, 1971; April 24, 1996; November 26, 1997; and then repeats the entries for 'Guy de Mauissant' and 'Simone de Beauvoir'. Red callout boxes are overlaid on the interface. One box points to the 'Dependents' section with the text: 'If you did not already add new Dependents for 2026, or update your current Dependent's information, you can add/update here.' Another box points to the 'Beneficiaries' section with the text: 'If you did not already add new Beneficiary for 2026, or update your current Beneficiary's information, you can add/update here.'

If you will be covering new Dependents or have new Beneficiaries in 2026, click on Add.

- *You will be given an opportunity during your Open Enrollment elections to add Dependents and Beneficiaries as well.*

Enter the Dependent or Beneficiary's information, click on Submit.

## How to Add Dependent

### Add Dependent

Name

First Name \*  
Newborn Baby

Middle Name

Last Name \*  
Smith

☐ Additional Naming Options

Personal Information

Relationship \*  
DAUGHTER

Birthdate \*  
10/2/2024

Gender \*  
Female

Student

Disabled

Identification Number

Country/Jurisdiction  
US

Identification Number  
[Redacted]

Telephone Numbers

Home Phone

Work Phone

Work Extension

Address

Email Address

Address  
☐ Other Address ☒ Same As Resource Residence Address ☐ Same As Resource Mailing Address

1 Add Dependent Information

2

Click on drop-down to select Dependent relationship. You may need to scroll down or advance to the next page within the list to find the relationship type.

- Daughter of Employee/Spouse
- Daughter of Employee Court Order
- Daughter of Domestic Partner
- Domestic Partner - Affidavit Required
- Domestic Partner - Oregon Registered
- Other Legal Dependent Child of Employee/Spouse
- Other Legal Dependent Child of Domestic Partner
- Son of Employee/Spouse
- Son of Employee Court Order
- Son of Domestic Partner
- Spouse Legally Married

Identification Number is the Social Security Number

Cancel

Submit

## How to Add Beneficiary

Add Beneficiary

☐ Add a Will or Trust as Beneficiary

Name

First Name Middle Name Last Name

Newborn Baby Smith

☐ Additional Naming Options

Personal Information

Relationship Birthdate Gender

DAUGHTER 10/2/2024 Female

Student

Disabled

Identification Number

New Identification Number Country/Jurisdiction

US

Telephone Numbers

Home Phone

Work Phone Work Extension

Address

Email Address

Address

☐ Other Address ☒ Same As Resource Residence Address ☐ Same As Resource Mailing Address

Cancel Submit

**1** Add Dependent or Beneficiary Information

**RELATIONSHIP:**  
If the beneficiary is not a designated in the drop-down field (e.g. spouse, son, daughter, etc.), leave the relationship type blank.  
If error message pops up, click OK.

**2** Enter the Dependent or Beneficiary's information if applicable

**3**

Once all looks correct, click **Enroll** on the top right to get started.

Infor Global HR

Employee

Open Enrollment 2026

Back

Dependents

Guy de Mauissant  
Spouse Legally Married  
December 4, 1992

Simone de Beauvoir  
Daughter of Employee or Spouse  
January 9, 2008

Beneficiaries

Add Update Remove

Enroll

## Enrollment Options

For medical, dental, and vision benefits, you may elect coverage options that best suit your needs to bring you the right care at the right time. Salem Health provides the following options for you and your qualified dependents:

Description	Can Cover Yourself	Can Cover Dependents
Employee Only	✓	✗
Employee + Spouse	✓	✓
Employee + Domestic Partner	✓	✓
Employee + Spouse + Child(ren)	✓	✓
Employee + Domestic Partner + EE Child(ren)	✓	✓
Employee + Domestic Partner + DP Child(ren)	✓	✓
Employee + Domestic Partner + BOTH Child(ren)	✓	✓
Employee + EE Child(ren)	✓	✓
Employee + DP Child(ren)	✓	✓
Employee + EE & DP Child(ren)	✓	✓

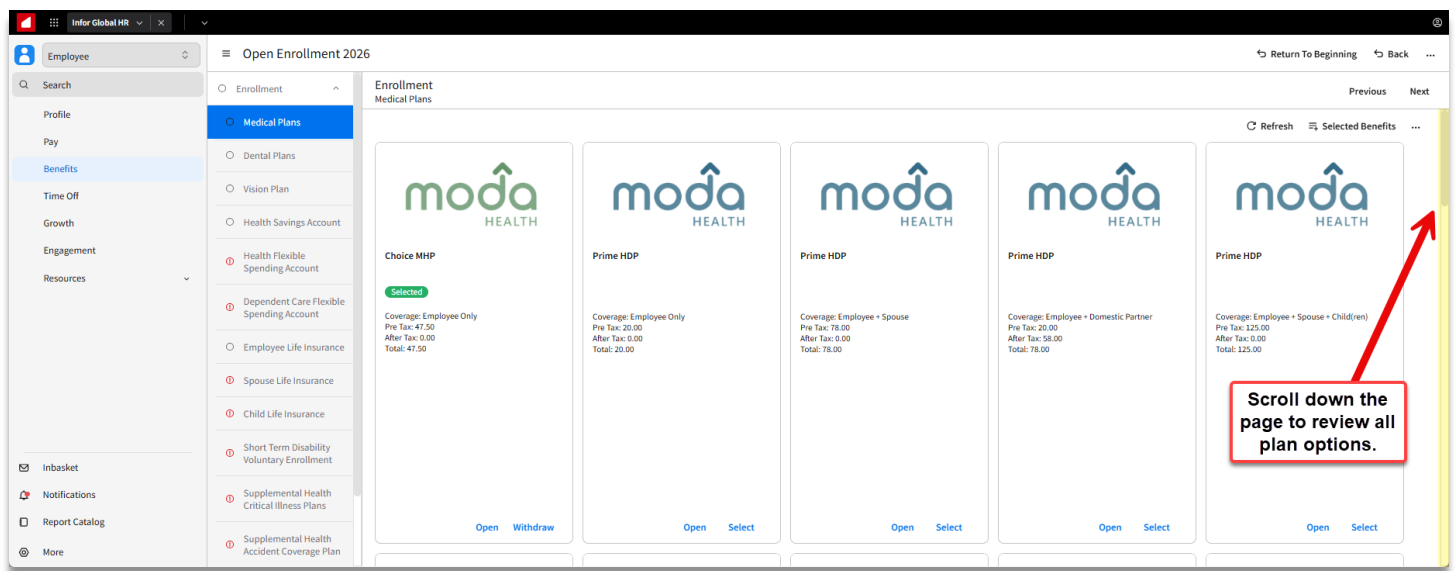
When making your elections, you must [choose a plan](#) or [waive](#) coverage for each benefit.

## 2026 Benefit Options

The information below will assist with your 2026 Open Enrollment process.

### Enrollment Screens

Scroll down to see all your benefit options. After you have selected a plan, your choice will populate in the top left-hand corner. After you've made your selection, be sure to confirm that all dependents have been added for coverage.

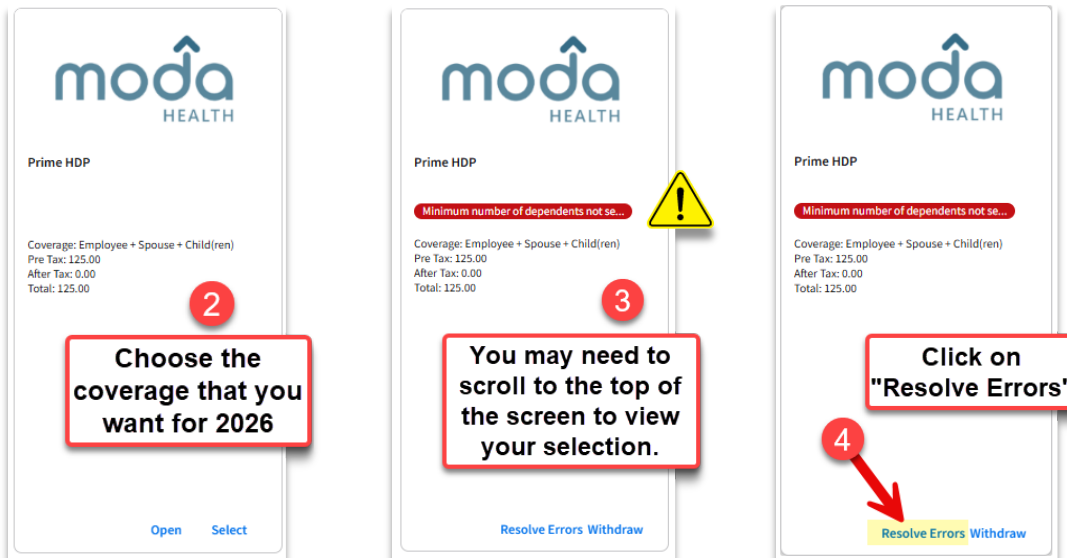
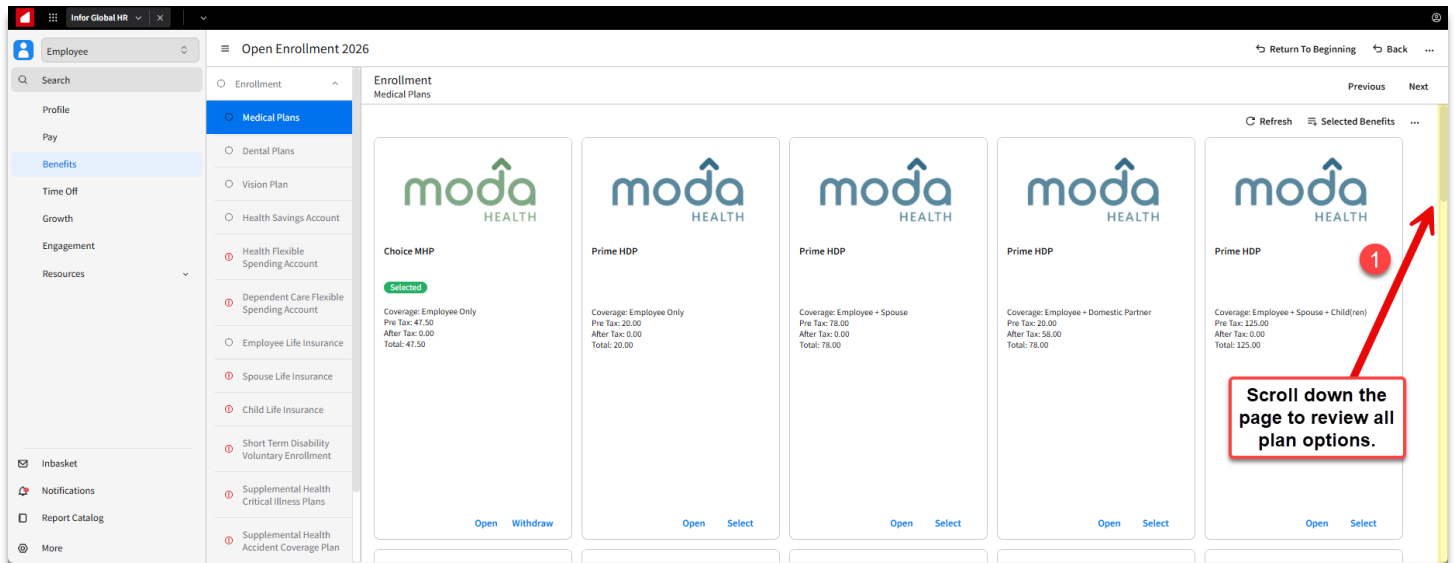


# Select Plan & Coverage Option

## How to choose a plan

Select your Plan, Coverage Option, and Dependents.

- You will need to use the Scroll bar to see all coverage options.
- After you choose coverage, the selected plan and coverage option will appear in the top left-hand corner.
- Click on the selected plan card to view additional details and compare current plan to selected plan
- Click on your coverage to ensure that dependents have been marked as covered.
- If you did not add dependents earlier, you can [add](#) when confirming dependent coverage.



Medical Plans

**Minimum number of dependents not selected; Please select at least 2** !

**This Plan**

Prime HDP

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 125.00

After Tax: 0.00

Total: 125.00

**Current Plan**

Choice MHP

Coverage: Employee Only

Pre Tax: 47.50

After Tax: 0.00

Total: 47.50

**Enrolled Dependents**

No Dependents Enrolled

**Add dependents**

**Add new dependent here if missed in prior steps.**

Enroll Dependents

Create New Dependent

Additional Information

Benefit Start  
1/1/2026

[View Plan Document](#)

Cancel Submit

Medical Plans

**Enroll Dependent** The following action 'Enroll Dependent' completed

**All eligible dependents are enrolled**

**This Plan**

Prime HDP

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 125.00

After Tax: 0.00

Total: 125.00

**Current Plan**

Choice MHP

Coverage: Employee Only

Pre Tax: 47.50

After Tax: 0.00

Total: 47.50

**Enrolled Dependents**

Guy de Maupassant  
SPOUSE  
December 4, 1982

Simone de Beauvoir  
DAUGHTER  
January 9, 2008

Create New Dependent

Unenroll Dependents

**Additional Information**

Benefit Start  
1/1/2026

[View Plan Document](#)

Cancel Submit

moda HEALTH

Prime HDP

**Selected**

**All eligible dependents are enrolled**

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 125.00

After Tax: 0.00

Total: 125.00

Open Withdraw



## Waiving coverage

If you choose to Waive your coverage, or not be covered under the Plan, scroll to the bottom of the page, click on the toggle, then select.

The first screenshot shows the 'Open Enrollment 2026' page with the 'Medical Plans' section selected. A red box highlights the 'WAIVE Health Plan' option, and a callout box says 'Select the WAIVE coverage option if you do not want coverage for 2026.' A red arrow points to the bottom of the page with the text 'Scroll to the bottom of the page to see all Coverage Options.'

The second screenshot shows the same page after scrolling to the bottom. A red box highlights the 'WAIVE Health Plan' option, and a callout box says 'Selected' with a green checkmark. A red box at the top right says 'WAIVE Health Plan successfully enrolled X'. The 'WAIVE Health Plan' option is now marked as 'Selected' and has a green checkmark. The 'Open Withdraw' button is visible at the bottom of the plan card.

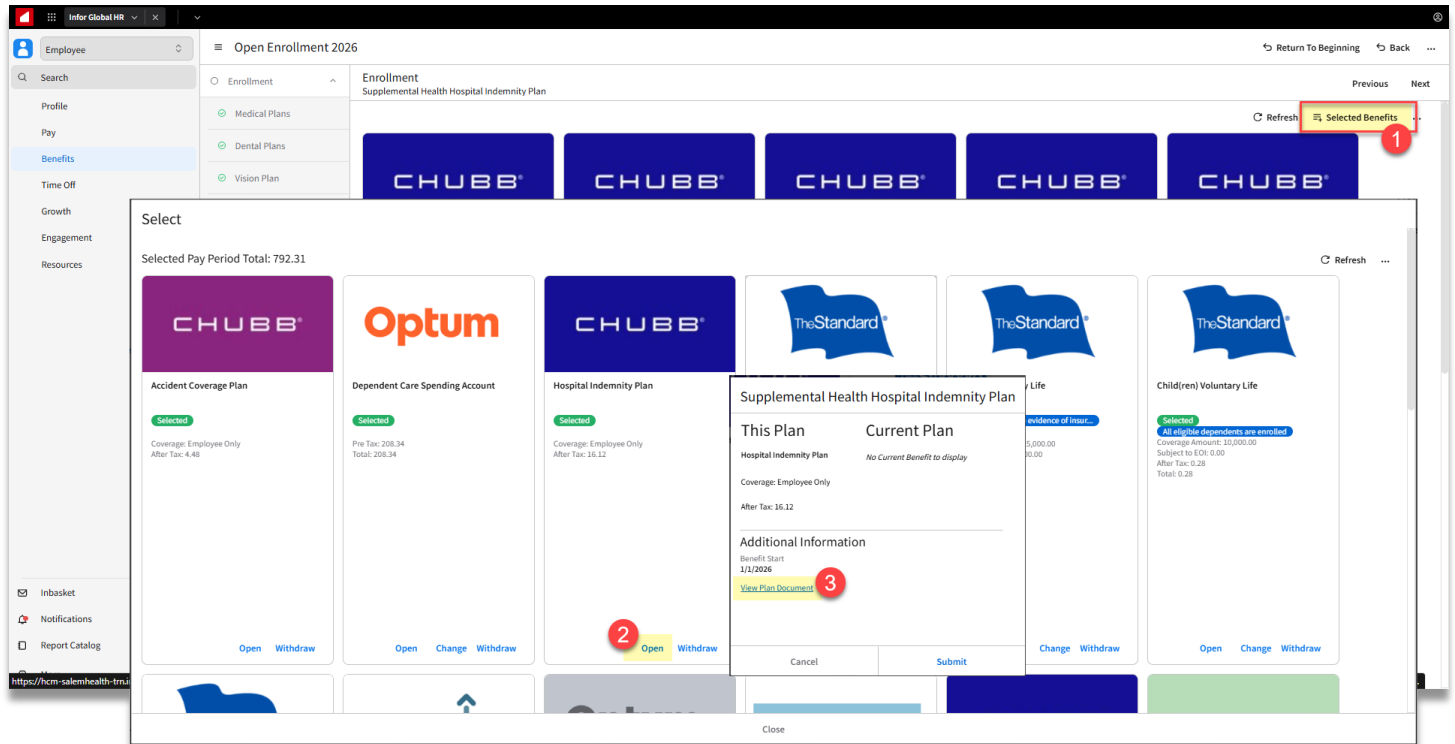
**Enrollment Medical Plans**

Plan Name	Coverage	Pre Tax	After Tax	Total
WAIVE Health Plan	Waive	0.00	0.00	0.00
Prime HDP	Employee Only	20.00	0.00	20.00
Prime HDP	Employee + Spouse	75.00	0.00	75.00
Prime HDP	Employee + Domestic Partner	20.00	58.00	78.00
Prime HDP	Employee + Spouse + Child(ren)	125.00	0.00	125.00

## Plan Information

If you want to learn more about the plans AFTER you've selected one to enroll in:

1. Click on **'Selected Benefits'** at the top right.
2. Then click **'Open'**.
3. Under **'Additional Information'**, click **'View Plan Document'** to see more details



## Warning messages

The Plan in which you are currently enrolled may show [“Resolve Errors”](#) and/or [“Withdraw”](#).

### Warnings or Withdraw

- **Resolve Errors** – click to add dependents.
- **Withdraw** – click to discontinue this Plan, then select another.

## How to Resolve Errors:

**1** Click on "Resolve Errors"

**2** Minimum number of dependents not selected, Please select at least 2

**3** Add dependents

**4** Add new dependent here if missed in prior steps.

**5** Enroll Dependents

**6** Submit

**7** Enroll Dependent  
The following action 'Enroll Dependent' completed

**8** All eligible dependents are enrolled

**9** Enrolled Dependents

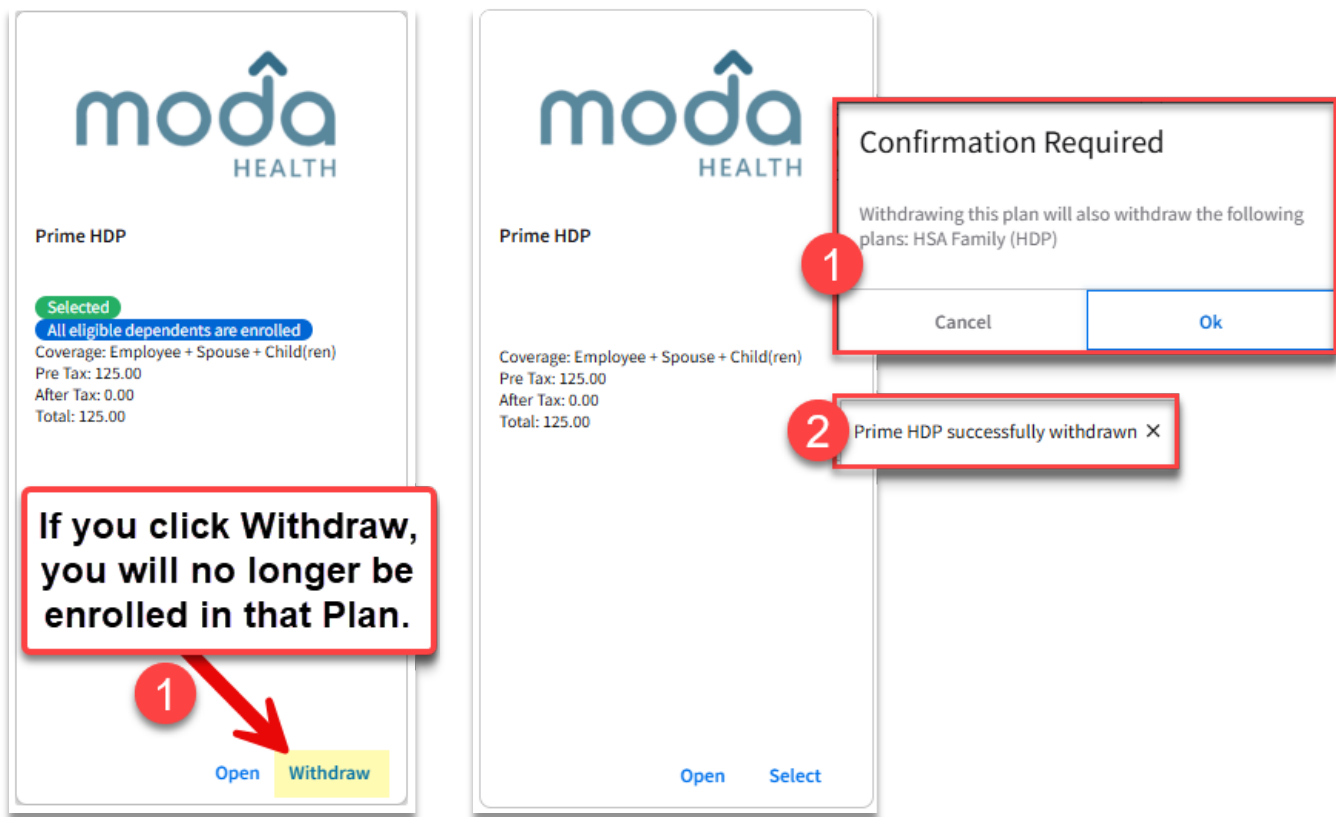
**10** Submit

**11** Prime HDP  
Selected  
All eligible dependents are enrolled  
Coverage: Employee + Spouse + Child(ren)  
Pre Tax: 125.00  
After Tax: 0.00  
Total: 125.00

Open Withdraw

## How to Withdraw:

If you withdraw from the plan, you are unselecting your current coverage under the Plan.



## Next Benefit Plan

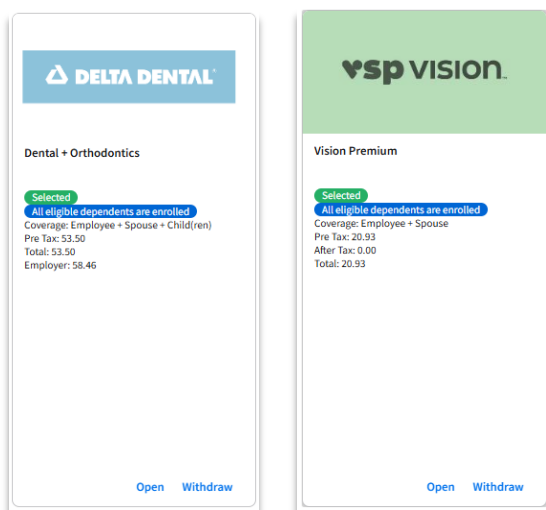
Click Next to review the next plan elections.



## Dental, Vision

Follow the same enrollment steps as above for Dental and Vision benefits.

Select the Waive Plan option if you do not wish to be covered under either of these benefits.



## Health Savings Account (HSA)

If you are enrolled in the High Deductible Plan, you can elect pre-tax dollars from your paycheck to be placed into a Health Savings Account (HSA) to help pay for health-related expenses.

**To receive the Salem Health employer pre-tax contribution, you must intentionally elect to participate in the HSA for a minimum of \$0.01.**

- Salem Health will contribute:
    - \$850\* employee only Prime HDP coverage (HSA Single)
    - \$1,700\* employee plus one or more dependents Prime HDP coverage (HSA Family)
- \*Employer contributions are prorated for new participants effective Feb. 01, 2026 and later.

*If you are enrolled in High Deductible Plan and are **not eligible** to receive or make contributions to the Health Savings Account, you may elect participation in the Healthcare Flexible Spending Account.*

*Those who are **not eligible** to participate in an HSA include anyone:*

- Covered by any other health plan that is not a qualified High Deductible Health Plan (HDHP).
- Currently enrolled in Medicare or TRICARE.
- Covered by a Health Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA), including through a Spouse's coverage.
- Cannot have received Veterans Administration (VA) benefits within the past three months except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
- Cannot be claimed as a dependent on another individual's tax return.

For more information, visit the [2026 HSA benefit webpage](#).

Plan	Enrollment	Min & Max
HSA Single (HDP)	<ul style="list-style-type: none"><li>• Elect if enrolled in the High Deductible Plan if you have Employee Only coverage.</li><li>• <b>If you do <u>not</u> enroll in coverage, you will <u>not</u> receive employer contributions to your HSA.</b></li></ul>	\$0.24 - \$3,550 per year
WAIVE HSA	<ul style="list-style-type: none"><li>• Elect if not enrolled in the High Deductible Plan.</li><li>• Elect if you do not wish to receive employer contributions or contribute your own pretax dollars to your HSA.</li></ul>	N/A
HSA Family (HDP)	<ul style="list-style-type: none"><li>• Elect if enrolled in the High Deductible Plan and are covering any dependents.</li><li>• <b>If you do <u>not</u> enroll in coverage, you will <u>not</u> receive employer contributions to your HSA.</b></li></ul>	\$0.24 - \$7,050 per year

If you are enrolled in the Medical Home Plan, or do not select a Health Savings Account (HSA), you must select the WAIVE HSA Plan in order to proceed.

Employee

Open Enrollment 2026

Enrollment

Health Savings Account

Optum

HSA Single (HDP)

Pre Tax: 0.00  
Total: 0.00  
Employer: 0.00

Optum

WAIVE HSA

Pre Tax: 0.00  
Total: 0.00  
Employer: 0.00

Optum

HSA Family (HDP)

Pre Tax: 0.00  
Total: 0.00  
Employer: 0.00

1 Select your Plan.

Enroll In HSA Single (HDP)

Enrollment

Pre Tax

3,550.00

Annual Number Of Contributions

24

Limits

Annual

3,550.00

Annual Total By Year End

Additional Year To Date Contribution

Per Pay Period

Cancel

Submit

4

Optum

HSA Single (HDP)

Selected

Pre Tax: 147.92  
Total: 147.92  
Employer: 0.00

5 HSA Single (HDP) successfully enrolled X

Open Change Withdraw

# Healthcare Flexible Spending Account

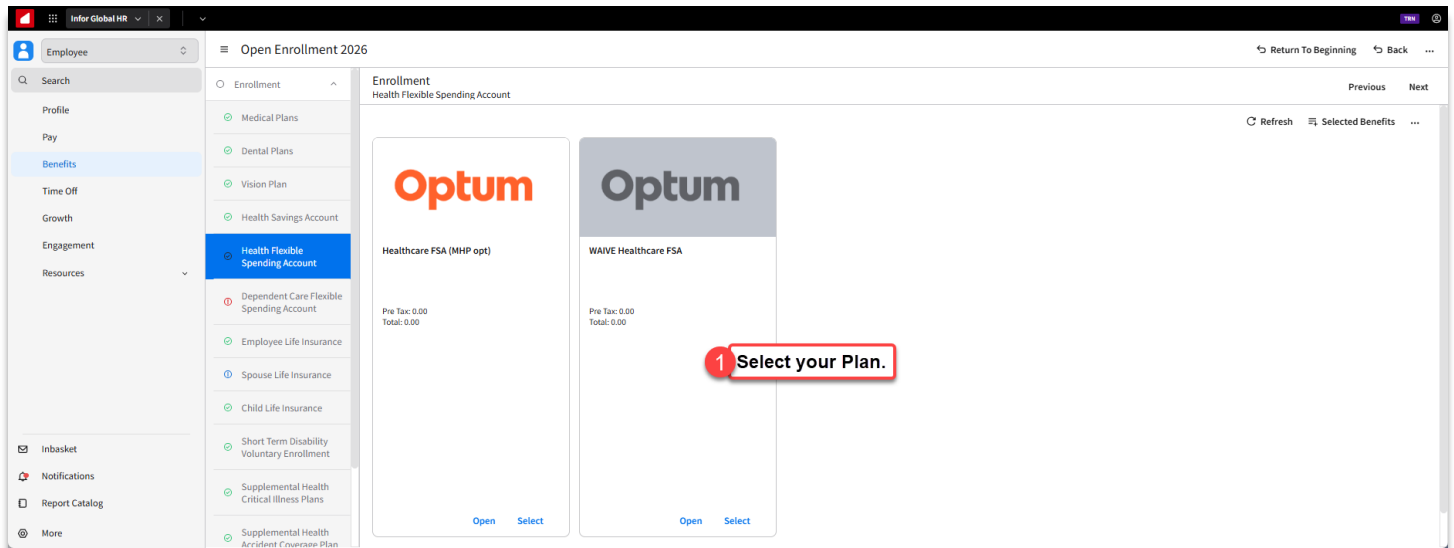
## Healthcare FSA (MHP opt)

You can elect pre-tax dollars from your paycheck to be placed into a Flexible Spending Account (FSA) to help pay for health-related, daycare, or eldercare expenses.

**If you are enrolling in the Prime Plan (HDP) and contributing to a Health Savings Account (HSA) or accepting Salem Health contributions, you cannot enroll in the Healthcare Flexible Spending Account.**

Plan	Enrollment	Min & Max
Healthcare FSA (MHP opt)	<ul style="list-style-type: none"> <li>Elect to have pre-tax dollars deducted from your paycheck to pay for healthcare expenses for you and your dependents.</li> <li>Available if enrolled in Prime – HDP and <b>not eligible</b> to participate in the Health Savings Account. See the above <a href="#">HSA section</a> for more information or <a href="#">HSA benefit web page</a>.</li> </ul>	\$0.24 - \$3,300 per year
WAIVE Healthcare FSA	<ul style="list-style-type: none"> <li>Elect if not enrolled in the Medical Home Plan.</li> <li>Elect if you do not wish to have pre-tax dollars deducted from your paycheck.</li> </ul>	N/A

If you do not want to participate in a Flexible Savings Account you must select the WAIVE Healthcare FSA in order to proceed.



Enroll In Healthcare FSA (MHP opt)

**Enrollment**

Pre Tax 3,300.00 Amount

Annual Number Of Contributions: 24

**Limits**

Annual: 24.00 - 3,300.00

Annual Total By Year End

Additional Year To Date Contribution

Per Pay Period

Cancel Submit

**Optum**

Healthcare FSA (MHP opt)

Selected

Pre Tax: 137.50  
Total: 137.50

5 Healthcare FSA (MHP opt) successfully enrolled X

Open Change Withdraw

## Dependent Care Flexible Spending Account

### Dependent Care Flexible Spending Account (DCFSA)

Salem Health will contribute a maximum of \$2,500 (\$104.17 per pay period) towards your eligible Dependent Care expenses.

- Participants do not have to contribute their own funds to be eligible for the employer contribution (elect \$0.00).

**You are eligible to enroll in the Dependent Daycare Flexible Spending Account (DCFSA) regardless of which medical plan you choose.**

For more information, visit the [FSA benefit webpage](#).

Plan	Enrollment	Min & Max
Dependent Care Spending Account	<ul style="list-style-type: none"> <li>Elect to have pre-tax dollars deducted from your paycheck to pay for <u>daycare</u> or <u>eldercare</u> expenses.</li> <li>Do <u>not</u> elect this plan to pay for dependent healthcare expenses.</li> <li>You may enroll in this plan regardless of your medical plan selection.</li> </ul>	\$0.24 - \$5,000 per year
WAIVE Dependent Care Spending	<ul style="list-style-type: none"> <li>Elect if you do <u>not</u> have dependents with daycare or eldercare expenses.</li> <li>Elect if you do <u>not</u> wish to receive employer contributions to your Dependent Care FSA.</li> </ul>	N/A



If you do not want to participate in a Flexible Savings Account (Dependent Care/Healthcare FSA) you must select the WAIVE Healthcare FSA and/or WAIVE Dependent Care Spending in order to proceed.

The screenshot shows the 'Open Enrollment 2026' page. On the left is a navigation menu with 'Benefits' selected. The main area is titled 'Enrollment' and 'Dependent Care Flexible Spending Account'. It displays two options: 'Optum Dependent Care Spending Account' and 'Optum WAIVE Dependent Care Spending'. Both show 'Pre Tax: 0.00' and 'Total: 0.00'. A red callout box with the number '1' and the text 'Select your Plan.' points to the 'Optum' logo area.

The screenshot shows the 'Enroll In Dependent Care Spending Account' form. It has sections for 'Enrollment' and 'Limits'. In the 'Enrollment' section, the 'Pre Tax' amount is '5,000.00' (marked with a red '2'), and the 'Annual Number Of Contributions' is '24'. A dropdown menu is open, showing 'Annual Total By Year End' (marked with a red '3'). The 'Limits' section shows an 'Annual' limit of '5,000.00'. At the bottom, there are 'Cancel' and 'Submit' buttons, with the 'Submit' button marked with a red '4'.

The screenshot shows the confirmation screen for the 'Optum Dependent Care Spending Account'. It displays 'Selected' in a green box, 'Pre Tax: 208.34', and 'Total: 208.34' with a green checkmark. A red callout box with the number '5' and the text 'Dependent Care Spending Account successfully enrolled X' is overlaid on the screen. At the bottom are 'Open', 'Change', and 'Withdraw' buttons.

# Employee Life Insurance

If you wish to purchase additional life insurance beyond employer-paid Basic Life Insurance (1x your annual salary), you may elect voluntary life insurance, up to a maximum of \$600,000, pending Evidence of Insurability (EOI) review.

## During Open Enrollment:

- For employees with active coverage, you may increase your coverage in \$25,000 increments up to a total of \$100,000.
- Coverage amounts greater than \$300,000 will be subject to evidence of insurability.
- If you do not have current coverage and want to enroll, any requested amount will be subject to the Evidence of Insurability review.

See [Life Insurance webpage](#) on the benefits website for further details.

Open Enrollment 2026

Enrollment

Employee Life Insurance

Employee Voluntary Life (Selected)

Coverage Amount: 250,000.00  
Subject to EOI: 0.00  
After Tax: 18.75  
Total: 18.75

WAIVE Employee Voluntary Life

Coverage Amount: 0.00  
Subject to EOI: 0.00  
After Tax: 0.00  
Total: 0.00

1 Elect to Enroll, Change, or WAIVE Voluntary Life Coverage

2 Change or Withdraw your current Coverage

Update Selection

Employee Voluntary Life

Coverage Amount

400,000.00

Coverage Increments

25,000.00

Coverage Limits

25,000.00 - 600,000.00

Annual Number Of Contributions

24

1 Enter your coverage amount in increments of \$25,000

2 Submit

TheStandard

Employee Voluntary Life

Amount subject to evidence of insurability...

Coverage Amount: 250,000.00  
Subject to EOI: 150,000.00  
After Tax: 18.75  
Total: 18.75

2 Evidence of Insurability confirmation

# Spouse Life Insurance

For Spouse/Domestic Partner coverage, you may increase life insurance elections, up to a maximum of \$600,000, pending Evidence of Insurability review.

## During Open Enrollment:

- For Spouse/Domestic Partner's with active coverage, you may increase your coverage \$25,000.
- Coverage amounts greater than \$50,000 will be subject to evidence of insurability.
- If you do not have current coverage and want to enroll, any requested amount will be subject to the Evidence of Insurability review.

See [Life Insurance webpage](#) on the benefits website for further details.

The screenshot shows the 'Open Enrollment 2026' interface. On the left is a navigation menu with options like Profile, Pay, Benefits, Time Off, Growth, Engagement, and Resources. The 'Benefits' section is expanded, showing various plan categories. The 'Spouse Life Insurance' option is highlighted. The main content area displays two cards: 'Spouse Voluntary Life' and 'WAIVE Voluntary Spouse Life'. Both cards show a coverage amount of 0.00 and are subject to Evidence of Insurability (EOI). A red box with a '1' points to the 'Elect to Enroll, Change, or WAIVE Voluntary Life Coverage' button on the 'WAIVE' card. Another red box with a '2' points to the 'Change or Withdraw your current Coverage' button on the 'Spouse Voluntary Life' card.

This screenshot shows the 'Enroll In Spouse Voluntary Life' form. It includes a section for 'Enrollment' with a note: 'Must be enrolled in one of the following plans to enroll in this plan: Employee Voluntary Life'. Below this, there are fields for 'Coverage Amount' (set to 600,000.00), 'Coverage Increments' (25,000.00), 'Coverage Limits' (25,000.00 - 600,000.00), and 'Annual Number Of Contributions' (24). A red box with a '1' points to the 'Coverage Amount' field. At the bottom, there are 'Cancel' and 'Submit' buttons. A red box with a '2' points to the 'Submit' button.

This screenshot shows the details for 'Spouse Voluntary Life'. It features the 'The Standard' logo and the plan name. Below, it states 'Amount subject to evidence of insurability...'. The coverage details are: Coverage Amount: 25,000.00, Subject to EOI: 575,000.00, After Tax: 1.25, and Total: 1.25. A red box with an upward-pointing arrow and the text 'Evidence of Insurability confirmation' is positioned over the 'Subject to EOI' field. At the bottom, there are 'Open', 'Change', and 'Withdraw' buttons.

# Child Life Insurance

For Child(ren) Life (ages birth to Age 26), you may elect \$10,000. Select your Child(ren) under the Enroll Dependents screen

Employee

Open Enrollment 2026

Enrollment  
Child Life Insurance

Child(ren) Voluntary Life

WAIVE Child Voluntary Life

1 Elect to Enroll, Change, or WAIVE Voluntary Life Coverage

2 Change or Withdraw your current Coverage

## Enroll In Child(ren) Voluntary Life

### Enrollment

Must be enrolled in one of the following plans to enroll in this plan: Employee Voluntary Life

Coverage Amount

1 10,000.00

Coverage Increments

10,000.00

Coverage Limits

10,000.00 - 10,000.00

Annual Number Of Contributions

24

Cancel Submit

2

TheStandard

Child(ren) Voluntary Life

Minimum number of dependents not se...

Coverage Amount: 10,000.00  
Subject to EOI: 0.00  
After Tax: 0.28  
Total: 0.28

3

Resolve Errors Change Withdraw

Child Life Insurance

**Minimum number of dependents not selected; Please select at least 1**

**This Plan**      **Current Plan**

Child(ren) Voluntary Life      No Current Benefit to display

Coverage Amount: 10,000.00

Subject to EOI: 0.00

After Tax: 0.28

Total: 0.28

**Enrolled Dependents**

No Dependents Enrolled

**4** Add dependents

**5** Add new dependent here if missed in prior steps

**Enroll Dependents**

**Create New Dependent**

Additional Information

Benefit Start  
1/1/2026

[View Plan Document](#)

Cancel      Submit

**Enroll Dependent**

Select Dependents To Enroll \*

de Beauvoir, Simone

All

☒ de Beauvoir, Simone **5**

0 selected (20 maximum)

**Enroll Dependent**

Select Dependents To Enroll \*

de Beauvoir, Simone **6**

Cancel      **7** Submit

Child Life Insurance

**All eligible dependents are enrolled**

**This Plan**      **Current Plan**

Child(ren) Voluntary Life      No Current Benefit to display

Coverage Amount: 10,000.00

Subject to EOI: 0.00

After Tax: 0.28

Total: 0.28

**8** Enroll Dependent

The following action 'Enroll Dependent' completed

**Enrolled Dependents**

Simone de Beauvoir **9**

DAUGHTER ✓

January 9, 2008

**Create New Dependent**

**Unenroll Dependents**

Additional Information

Benefit Start  
1/1/2026

[View Plan Document](#)

Cancel      **10** Submit

**TheStandard®**

Child(ren) Voluntary Life

**Selected**

**All eligible dependents are enrolled**

Coverage Amount: 10,000.00

Subject to EOI: 0.00

After Tax: 0.28

Total: 0.28 **11** ✓

**Open**      **Change**      **Withdraw**

**NEW!**

## Short Term Disability Voluntary Enrollment

**What it is:** Optional, employee-paid coverage that replaces part of your income if **your own health condition** keeps you from working for a short time.

**Benefit amount: 60% of weekly pay, up to \$4,000/week.** If Oregon Paid Leave already covers ≥60% of your weekly pay, you'll still receive a **minimum \$25/week** from STD.

**Benefit duration:** Up to **90 days** from the date of disability (includes the waiting period).

**Who might want it:** Higher earners who want to **supplement Oregon Paid Leave**, and anyone who wants income protection if their Oregon Paid Leave benefit is **exhausted or not available** for their own disability.

**What it costs:** Premiums are based on **your age** and **your Salem Health earnings**. The amount listed in your event is your **per-paycheck premium**. *Your per paycheck premium may vary slightly from month to month for employees that earn variable shift based compensation (shift differential).*

**Waiting periods** (first disability after you enroll)

- **Enroll during Open Enrollment (for 2026): 14 days** for accident or illness.
- **Enroll later (such as at next year's Open Enrollment):** For your **first 12 months** of coverage, the wait is **14 days for accident** and **60 days for illness**

Now is the  
best time  
to Enroll!

For more information, visit the [2026 Disability benefit webpage](#).

The screenshot displays the 'Open Enrollment 2026' interface. On the left, a sidebar lists various benefit categories, with 'Short Term Disability Voluntary Enrollment' highlighted. The main content area shows two options: 'VSTD-60% of Covered Comp' and 'WAIVE Voluntary Short Term Disability'. A red box with a '1' points to the 'Elect to Enroll, Change, or WAIVE Voluntary Life Coverage' button. Another red box with a '2' points to the 'Change or Withdraw your current Coverage' button. Below these, a larger view shows the 'VSTD-60% of Covered Comp' option selected, with a green checkmark and a confirmation message: 'VSTD-60% of Covered Comp successfully enrolled'. A red box with a '2' points to the 'Withdraw' button.

## Supplemental Health Critical Illness Plan

Lump-sum protection is for major health events. This benefit pays a tax-free lump sum directly to you if you're diagnosed with a serious condition like cancer, heart attack, or stroke. The funds can be used however you choose—medical bills, transportation, lost wages, or living expenses.

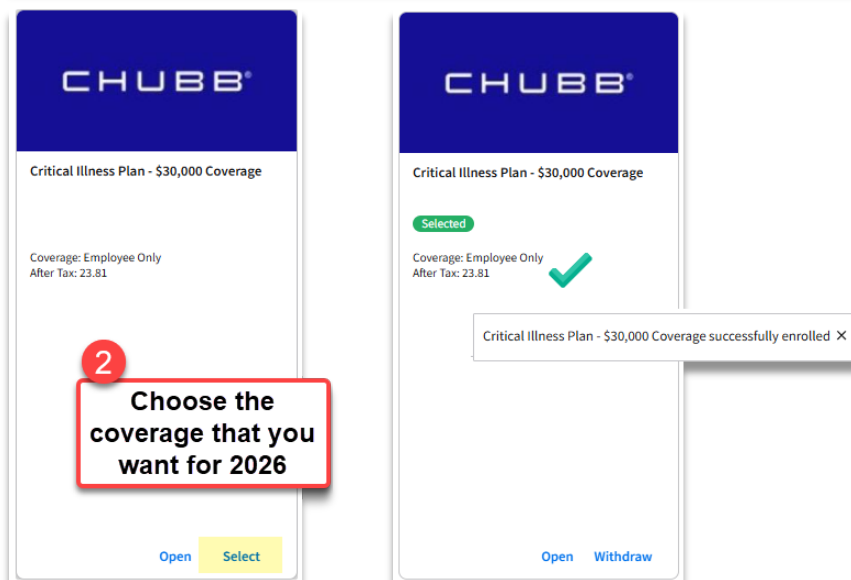
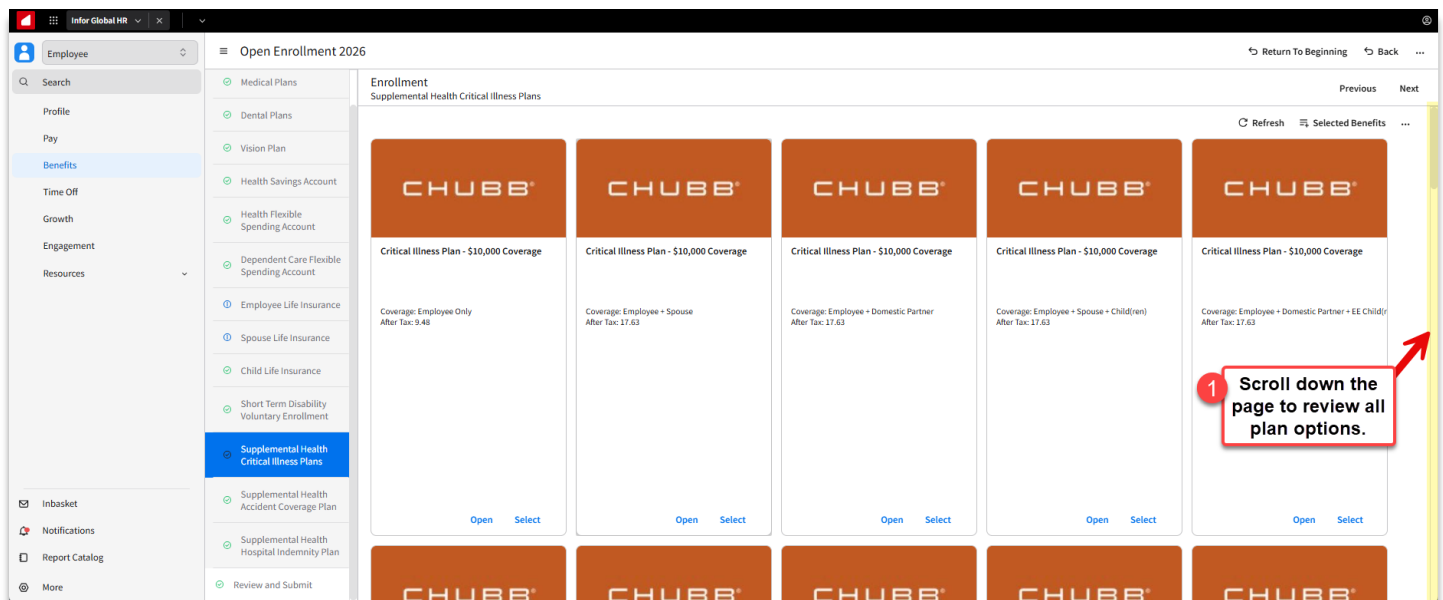
**Why consider it?** It provides financial breathing room during a difficult time, includes advocacy and support services, and ensures you're not alone when facing a major diagnosis.

You have the option between the following coverage amounts:

- \$10,000
- \$20,000
- \$30,000
- Or Waive (\$0)

Premiums are based on the employee's age; the premium cost listed in your enrollment event is your per paycheck premium cost.

For more information, visit the [2026 Voluntary Benefit webpage](#).

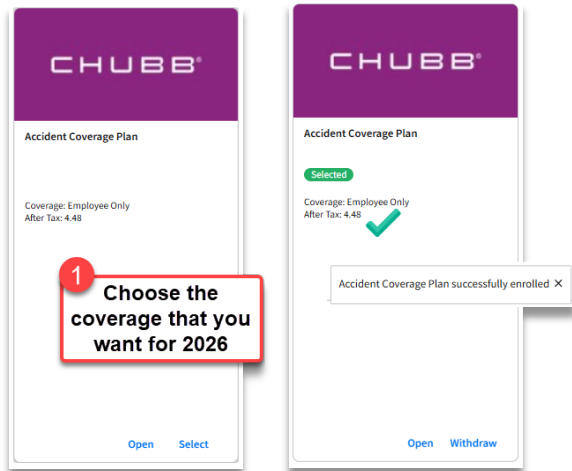


## Supplemental Health Accident Coverage Plan

Stay financially protected when accidents happen. Whether it's a sports injury, slip and fall, or broken bone, this coverage pays cash benefits for ER visits, fractures, x-rays, surgeries, and more. Chubb has customized this plan to pay an increased benefit if you are admitted to the Salem Health hospital or visit a Salem Health emergency room.

**Why consider it?** Benefits are paid directly to you regardless of your medical coverage, and it's ideal for active individuals, families with kids, or anyone who faces out of pocket expenses after an accident.

For more information, visit the [2026 Voluntary Benefit webpage](#).

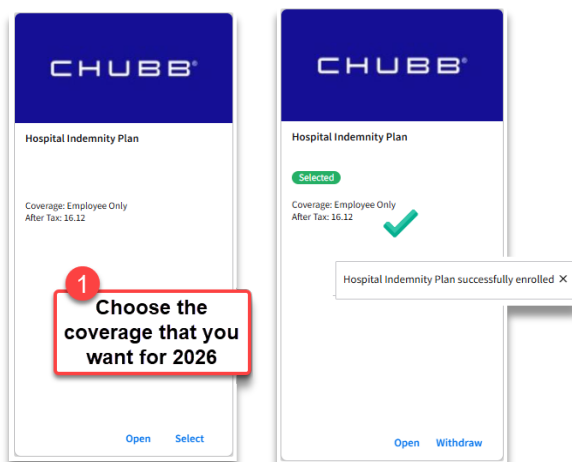


## Supplemental Health Hospital Indemnity Plan

Protect your finances from hospital-related costs. Even with health insurance, hospital stays can bring unexpected out-of-pocket expenses like deductibles, copays, and non-covered services. This plan pays cash benefits directly to you when you are admitted to the hospital, visit the ER, or have outpatient surgery.

**Why consider it?** It provides a financial cushion during recovery, can be used for any purpose (rent, travel, groceries), and is **especially helpful if you're on a high-deductible health plan**.

For more information, visit the [2026 Voluntary Benefit webpage](#).





# Review, Submit & Confirm

Once you've made all your plan elections, click on Submit.

You **MUST** submit your enrollment by clicking the SUBMIT button below. If you have revised your elections after clicking SUBMIT, you must SUBMIT again for them to be saved.

The screenshot shows the 'Open Enrollment 2026' interface. On the left is a navigation menu with 'Benefits' selected. The main area is titled 'Review and Submit' and includes a 'Submit Your Enrollment' button (callout 3), a 'Click Submit when ready to elect 2026 benefits. If the Submit button is missing, you will need to resolve errors listed below before you can submit.' warning (callout 2), and a 'Cost Summary' table (callout 1).

**Cost Summary Table:**

Type	Cost / Percent	
	Employee	Employer
Medical Plans	125.00	1,199.87
Dental Plans	53.50	58.46
Vision Plan	20.93	0.00
Health Savings Account	0.00	0.00
Health Flexible Spending Account	137.50	0.00
Dependent Care Flexible Spending Account	208.34	104.17
Employee Life Insurance	18.75	0.00
Spouse Life Insurance	1.25	0.00
Child Life Insurance	0.28	0.00
Short Term Disability Voluntary Enrollment	4.45	0.00

## If you receive any Errors, Warnings, and Messages:

Refer to the symbol key below. Only the red **Errors** must be resolved before submitting.

## Error message example:

### Errors, Warnings, And Messages

#### Errors

- Supplemental Health Accident Coverage Plan - Must select at least one plan for enrollment group

#### Warnings

- Critical Illness Plan - \$10,000 Coverage - Not all eligible dependents are enrolled
- Dental Basic - Not all eligible dependents are enrolled
- Vision Basic - Not all eligible dependents are enrolled
- Prime HDP - Not all eligible dependents are enrolled

#### Messages

- Employee Voluntary Life - Amount subject to evidence of insurability: 500,000.00
- Spouse Voluntary Life - This amount exceeds the Guarantee Issue Limit and will be subject to Evidence of Insurability.; Amount subject to evidence of insurability: 500,000.00

## Symbol Key

❗ = Errors ❗

These must be corrected before you can submit.



= Warning.

Meaning, all eligible dependents may not be enrolled. This could be due to duplicate dependent profiles. Review warnings then proceed with submitting.



= Evidence of Insurability

Voluntary life coverage amount may be subject to EOI. You may proceed.



= No Errors

Once all ❗ Errors messages have been resolved, sign, date, then click on Submit.

**Submit**

Open Enrollment Affirmation that employee acknowledges by signature

I affirm that I have selected the above benefit options and authorize deductions from my pay as appropriate.

- I understand that my elections for Medical, Dental, Vision, and/or Health Care FSA are for a full year unless I experience a [qualifying life event](#) (marriage, death, divorce, birth/adoption of a child(ren), or loss of employment) allowing me to change coverage.
- I understand that my elections for Dependent Care FSA are for a full year unless I have a qualified change impacting eligible dependents.
- I understand that my elections for Voluntary Life Insurance, Supplemental Short-Term Disability, Accident, Critical Illness, and/or Hospital Indemnity are for a full year unless I request mid-year termination. Please click [here](#) to view the Accident, Critical Illness, and Hospital Indemnity enrollment authorizations and disclosures.
- I understand that my per paycheck premiums for Short-Term Disability may vary slightly from month to month due to variable shift differential compensation, when applicable.
- I understand that under certain circumstances I may owe for premiums not taken by deductions.
- I further understand and acknowledge that the Hospital may pursue means of collecting these amounts.
- I further affirm that the [dependents](#) I have enrolled are eligible per Salem Health policies and the dates that I have reported are correct and accurate.

By signing the signature line, I am enrolling in benefits and acknowledge that the information I provided is true.

Click into the signature box and type your first and last name on the signature line.

Signature  
Catherine Deneuve ❶

Date  
10/21/2025 ❷

Cancel Submit ❸

Click View Confirmation.

Inform Global HR

Employee

Search

Profile

Pay

Benefits

Time Off

Growth

Engagement

Resources

**Salem Health®**  
Hospitals & Clinics

Click to print confirmation

Thank you for participating in Open Enrollment!

[View Confirmation](#) [Return To Enrollment](#)

Submit  
Enrollment submitted

Review your Confirmation sheet thoroughly. Be sure you have selected the correct plans and covered dependents.

**A copy of your Confirmation sheet will be emailed to your work Outlook email address.**

### Enrollment Confirmation

**Enrollment Date:** January 1, 2026

### Medical Plans

Plan	Options	Pre Tax	Total Contribution
Prime HDP	Employee + Spouse + Child(ren)	125.00	125.00
Dependent	Relationship		Birthdate
de Maupassant, Guy	Spouse Legally Married		12/04/1982
de Beauvoir, Simone	Daughter of Employee or Spouse		01/09/2008

## Dental Plans

Plan	Options	Pre Tax	Total Contribution	Employer
Dental Basic	Employee + Spouse + Child(ren)	39.00	39.00	52.88
Dependent	Relationship			Birthdate
de Maupassant, Guy	Spouse Legally Married			12/04/1982
de Beauvoir, Simone	Daughter of Employee or Spouse			01/09/2008

## Vision Plan

Plan	Options	Pre Tax	Total Contribution
Vision Basic	Employee Only	3.26	3.26

### Health Savings Account

Plan	Pre Tax	Total Contribution
HSA Family (HDP)	293.75	293.75

### Health Flexible Spending Account

Plan
WAIVE Healthcare FSA

### Dependent Care Flexible Spending Account

Plan	Pre Tax	Total Contribution
Dependent Care Spending Account	208.34	208.34

### Employee Life Insurance

Plan	Coverage Amount		After Tax	Total Contribution	
Employee Voluntary Life	250,000.00		18.75	18.75	
Beneficiary	Relationship	Birthdate	Primary Or Contingent	Percent	Amount
		08/01/1946	Primary	33.000%	0.00
		07/14/1949	Primary	23.000%	0.00
		07/02/1971	Primary	34.000%	0.00
		04/24/1996	Contingent	50.000%	0.00
		11/26/1997	Contingent	50.000%	0.00

### Spouse Life Insurance

Plan	Coverage Amount	After Tax	Total Contribution
Spouse Voluntary Life	25,000.00	1.25	1.25

Page 2 | October 16, 2025 |

## Enrollment Confirmation For Jamie McGilvray continued.

### Child Life Insurance

Plan	Coverage Amount	After Tax	Total Contribution
Child(ren) Voluntary Life	10,000.00	0.28	0.28
Dependent	Relationship		Birthdate
de Beauvoir, Simone	Daughter of Employee or Spouse		01/09/2008

### Short Term Disability Voluntary Enrollment

Plan	After Tax
VSTD-60% of Covered Comp	4.45

## Supplemental Health Critical Illness Plans

Plan	Options	After Tax
Critical Illness Plan - \$10,000 Coverage	Employee Only	9.48

## Supplemental Health Accident Coverage Plan

Plan	Options	After Tax
Accident Coverage Plan	Employee Only	4.48

## Supplemental Health Hospital Indemnity Plan

Plan	Options	After Tax
Hospital Indemnity Plan	Employee Only	16.12

Open Enrollment Affirmation that employee acknowledges by signature

I affirm that I have selected the above benefit options and authorize deductions from my pay as appropriate.

- understand that my elections for Medical, Dental, Vision, and/or Health Care FSA are for a full year unless I experience a qualifying life event (marriage, death, divorce, birth/adoption of a child), or loss of employment allowing me to change coverage.
- understand that my elections for Dependent Care FSA are for a full year unless I have a qualified change impacting eligible dependents.
- understand that my elections for Voluntary Life Insurance, Supplemental Short-Term Disability, Accident, Critical Illness, and/or Hospital Indemnity are for a full year unless I request mid-year termination. Please click here to view the Accident, Critical Illness, and Hospital Indemnity enrollment authorization and disclosures.
- understand that my pay paycheck premiums for Short-Term Disability may vary slightly from month to month due to variable shift differential compensation, when applicable.
- understand that under certain circumstances I may owe for premiums not taken by deductions.
- further understand and acknowledge that the Hospital may pursue means of collecting these amounts.
- further affirm that dependents I have enrolled are eligible per Salem Health policies and the dates that I have reported are correct and accurate.

Click into the signature box and type your first and last name on the signature line.

**Signature:** Catherine Deneuve

Signature Date: 10/21/2025

Page 2 | October 16, 2025 |

# Congratulations!

You have successfully completed your 2026 Open Enrollment.

Please note that you may revisit the Open Enrollment portal any time between Oct. 21 and Nov. 4, 2025 to review or make changes to your elections. Only your most recently submitted elections will be processed at year-end.