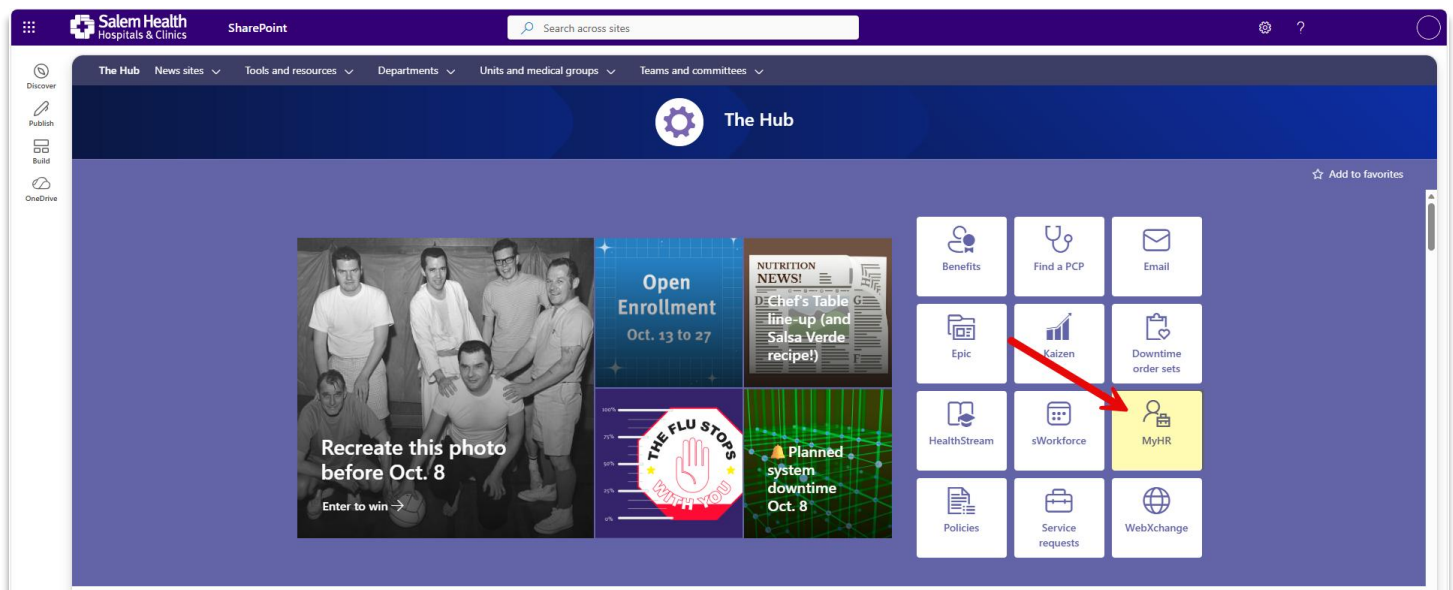


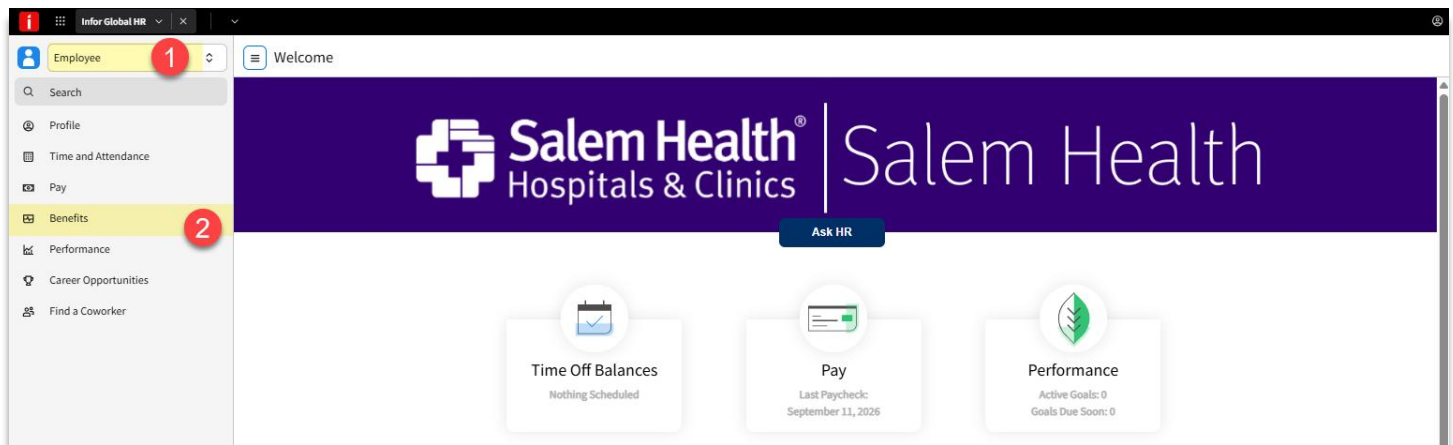
MyHR login assistance: If you need assistance with your username, password, or experience technical difficulties, contact the Solution Center at 503-814-HELP.

Open Enrollment

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

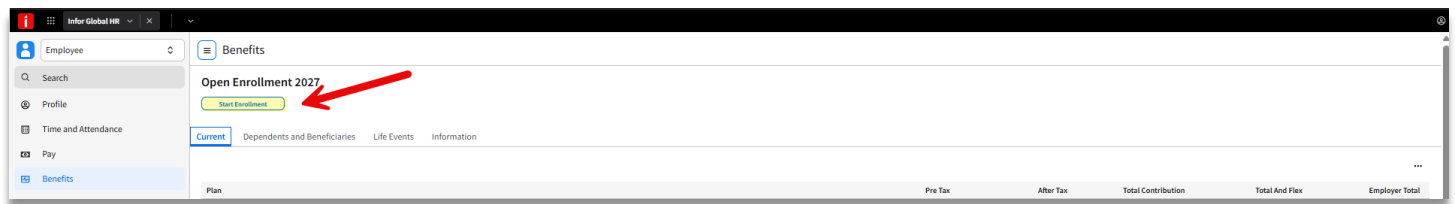


From your Employee Role, click on the Benefits tab.



Start Open Enrollment

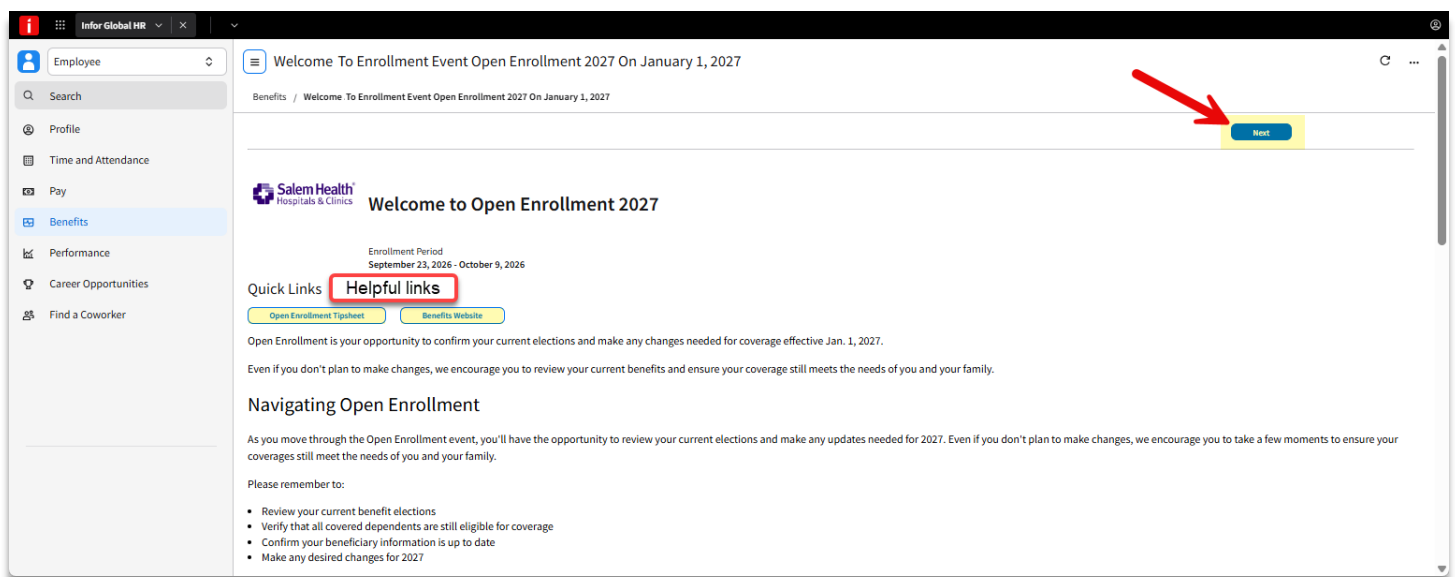
Click on the Start Enrollment button.



Review Open Enrollment 2027 information

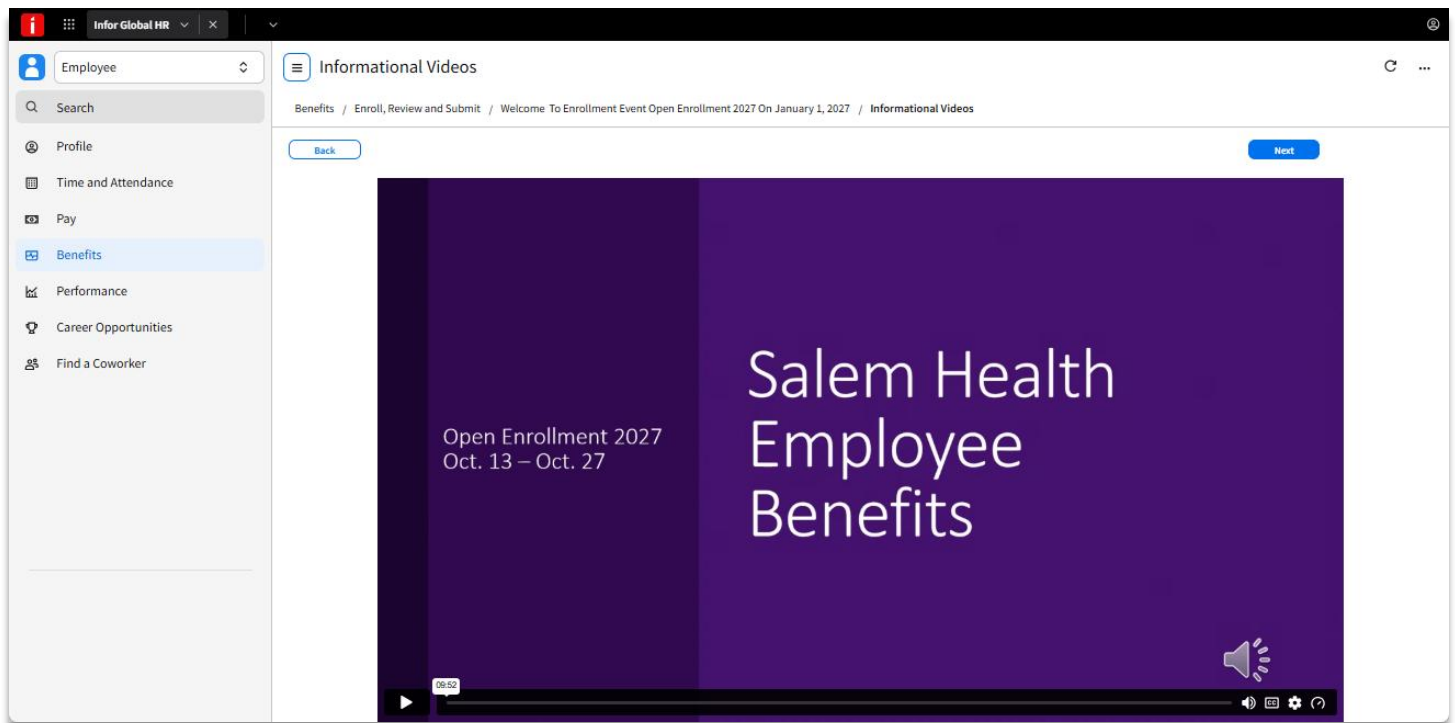
Be sure to review the Open Enrollment 2027 information on this page!

Click on Next or Back to move between your screens.



2027 Open Enrollment Overview

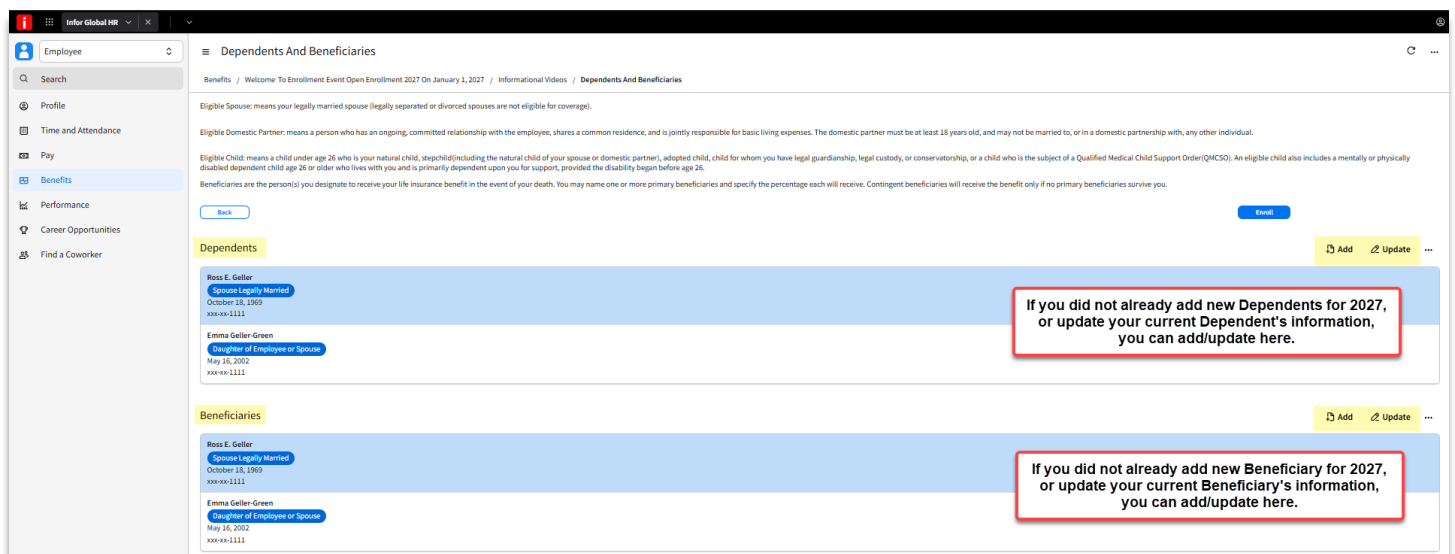
Watch the overview of 2027 benefits, then click Next.



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 2027” in the subject line for urgent assistance.



If you will be covering new Dependents or have new Beneficiaries in 2027, 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 * Middle Name Last Name *
☐ Additional Naming Options

Personal Information
Relationship * Birthdate * Gender *
Student Disabled

Identification Number
Country/Jurisdiction Identification Number
Identification Number is the Social Security Number

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

Click on the 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.

2

- Daughter of Employee or 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 or Spouse
- Son of Employee Court Order
- Son of Domestic Partner
- Spouse Legally Married

3

How to Add Beneficiary

Add Beneficiary

Please Note: This form is used solely to designate Beneficiaries. To add a new Dependent to any benefit coverage(s), you must create and submit a new Life Event through the Life Event tab.

☐ Add a Will or Trust as Beneficiary

Name

First Name

Middle Name

Last Name

Jack

Bing

☐ Additional Naming Options

Personal Information

Relationship

Birthdate

Gender

SON

5/6/2004

Male

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

Country/Jurisdiction

Enter your address here

☐ Enter Address Manually

Cancel

Submit

1

Add Beneficiary Information

2

Enter the Beneficiary's information where applicable.

3

RELATIONSHIP

If the Beneficiary Relationship is not listed in the drop-down field (e.g. Daughter, Son, Spouse), leave the Relationship type blank. If error message pops up, click OK.

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

Employee

Dependents And Beneficiaries

Search

Profile

Time and Attendance

Pay

Benefits

Performance

Course Enrollment

Back

Enroll

Benefits / Welcome To Enrollment Event Open Enrollment 2027 On January 1, 2027 / Informational Videos / Dependents And Beneficiaries

Eligible Spouse: means your legally married spouse (legally separated or divorced spouses are not eligible for coverage).

Eligible Domestic Partner: means a person who has an ongoing, committed relationship with the employee, shares a common residence, and is jointly responsible for basic living expenses. The domestic partner must be at least 18 years old, and may not be married to, or in a domestic partnership with, any other individual.

Eligible Child: means a child under age 26 who is your natural child, stepchild (including the natural child of your spouse or domestic partner), adopted child, child for whom you have legal guardianship, legal custody, or conservatorship, or a child who is the subject of a Qualified Medical Child Support Order (QMCSO). An eligible child also includes a mentally or physically disabled dependent child age 26 or older who lives with you and is primarily dependent upon you for support, provided the disability began before age 26.

Beneficiaries are the person(s) you designate to receive your life insurance benefit in the event of your death. You may name one or more primary beneficiaries and specify the percentage each will receive. Contingent beneficiaries will receive the benefit only if no primary beneficiaries survive you.

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)	✓	✓

* EE Child(ren) – the employee's child(ren)

** DP Child(ren) – the domestic partner's child(ren)

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

2027 Benefit Options

The information below will assist with your 2027 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.

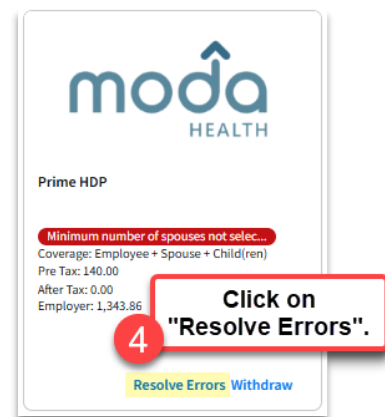
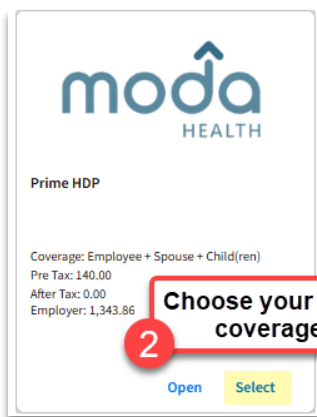
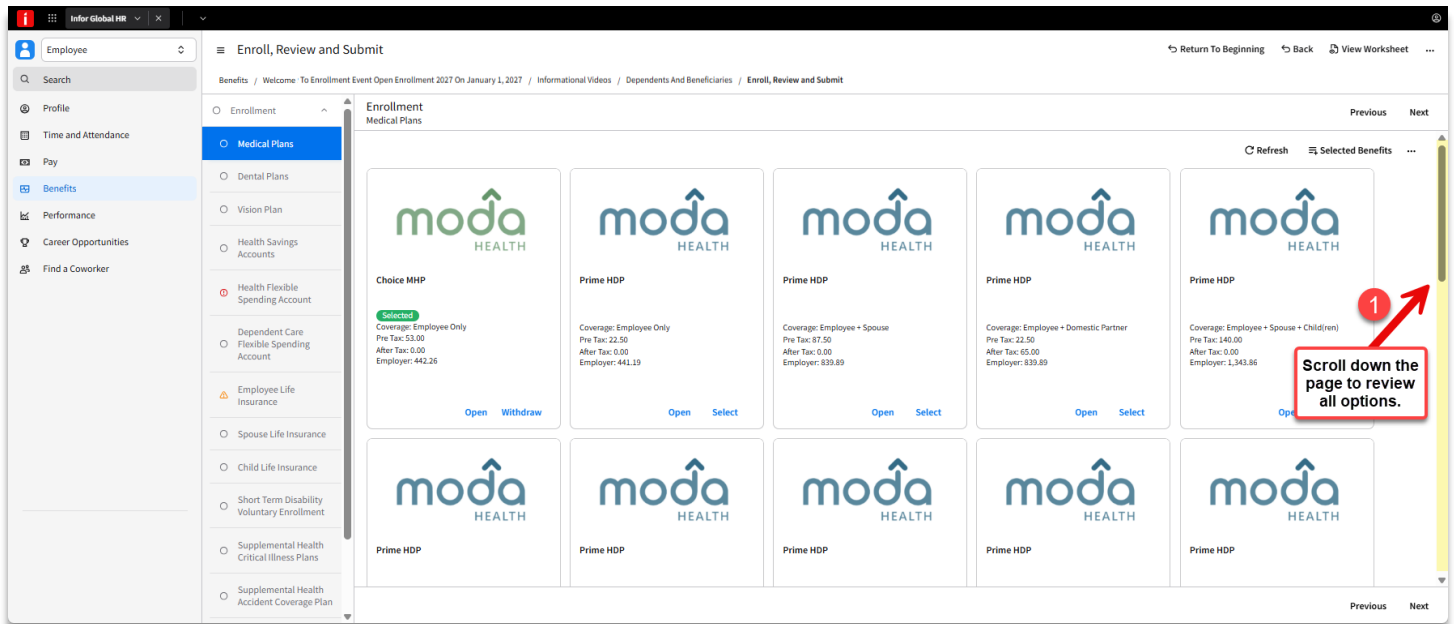
The screenshot shows the 'Enrollment Medical Plans' screen. On the left is a sidebar with navigation links: Employee, Search, Profile, Time and Attendance, Pay, Benefits (selected), Performance, Career Opportunities, and Find a Coworker. The main content area displays a grid of Modà Health plan options. The first row includes 'Choice MHP' (selected) and four 'Prime HDP' plans. The second row shows five more 'Prime HDP' plans. Each plan card displays the Modà Health logo, plan name, coverage details, and pre-tax/after-tax costs. A red arrow points to the bottom of the plan list with a text box that reads: 'Scroll down the page to review all options.'

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 spouses not selected; Please select at least 1; Minimum number of other dependents not selected; Please select at least 1; Minimum number of dependents not selected; Please select at least 2

This Plan

Prime HDP

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

Current Plan

Choice MHP

Coverage: Employee Only

Pre Tax: 47.50

After Tax: 0.00

Employer: 394.69

Enrolled Dependents

No Dependents Enrolled

Enroll Dependents **Add Dependents** **Create New Dependent**

Additional Information

Benefit Start
1/1/2027

[View Plan Document](#)

Cancel Submit

Medical Plans

All eligible dependents are enrolled

This Plan

Prime HDP

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

Current Plan

Choice MHP

Coverage: Employee Only

Pre Tax: 47.50

After Tax: 0.00

Employer: 394.69

Enrolled Dependents

Ross Geller
SPOUSE
October 18, 1969
xxx-xx-1111

Emma Geller-Green
DAUGHTER
May 16, 2002
xxx-xx-1111

Erica Bing
DAUGHTER
May 6, 2004
xxx-xx-1111

Additional Information

Cancel Submit

moda HEALTH

Prime HDP

Selected

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

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 screenshots show the 'Enroll, Review and Submit' page for an employee. The left sidebar contains navigation links: Employee, Search, Profile, Time and Attendance, Pay, Benefits, Performance, Career Opportunities, Find a Coworker, Inbasket, Notifications, Report Catalog, and More. The main content area is titled 'Enroll, Review and Submit' and shows the 'Medical Plans' section. The 'WAIVE Health Plan' option is highlighted with a red box and a red circle with the number 2. A red arrow points to the bottom of the page with the text '1 Scroll to the bottom of the page to see all Coverage Options.' The second screenshot shows the 'WAIVE Health Plan' option selected with a green checkmark and a red circle with the number 4. A red box at the top right of the second screenshot contains the text '3 WAIVE Health Plan successfully enrolled'.

Medical Plans

Coverage	Pre Tax	After Tax	Employer
Coverage: Employee + Domestic Partner + DP Child(ren)	\$3.00	\$0.00	\$1,323.35
Coverage: Employee + Domestic Partner + BOT (Child(ren))	\$8.75	\$172.75	\$1,323.35
Coverage: Employee + EE Child(ren)	\$14.50	\$0.00	\$766.97
Coverage: Employee + DP Child(ren)	\$14.50	\$71.50	\$766.97
Coverage: Employee + EE & DP Child(ren)	\$88.75	\$35.75	\$766.97

WAIVE Health Plan

Coverage: Pre Tax: 0.00 After Tax: 0.00 Employer: 0.00

3 WAIVE Health Plan successfully enrolled

4

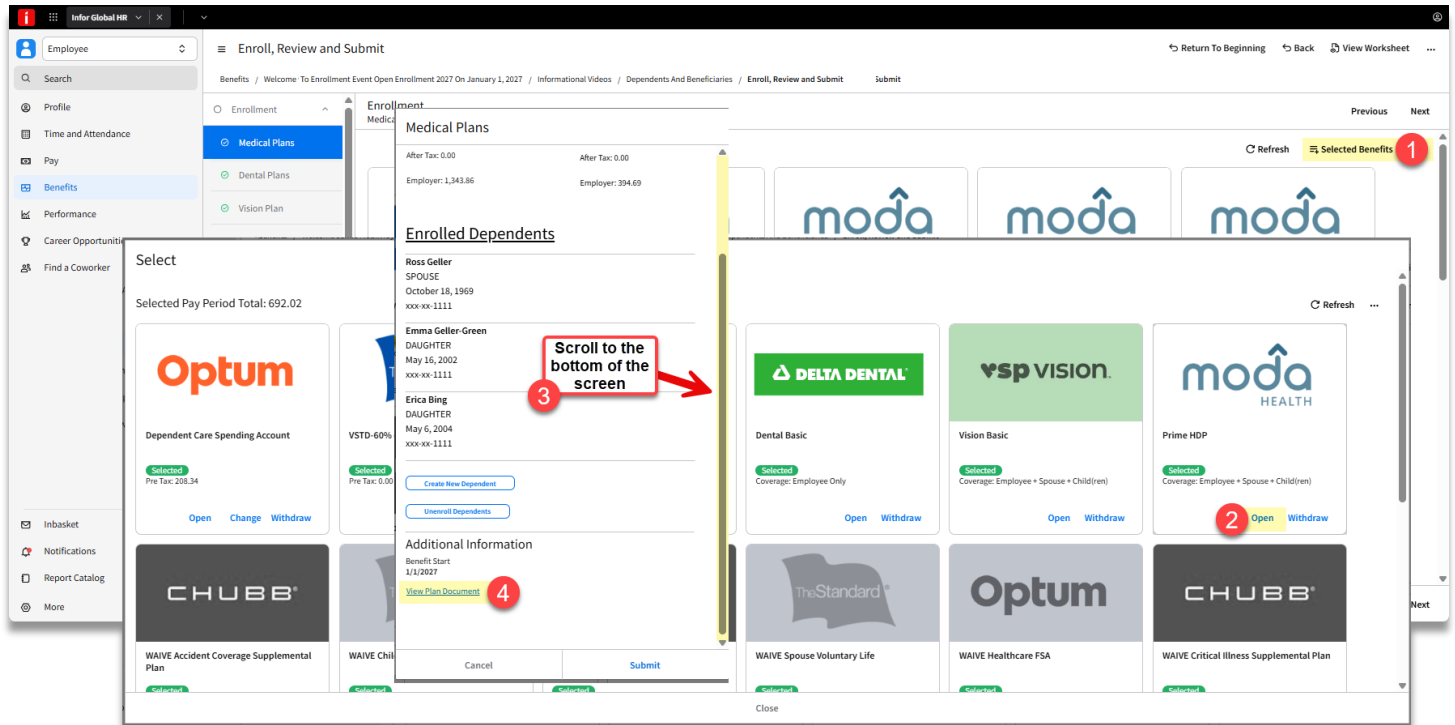
Medical Plans

Coverage	Pre Tax	After Tax	Employer
Coverage: Employee Only	\$22.50	\$0.00	\$441.19
Coverage: Employee + Spouse	\$7.50	\$0.00	\$839.89
Coverage: Employee + Domestic Partner	\$22.50	\$65.00	\$839.89
Coverage: Employee + Spouse + Child(ren)	\$140.00	\$0.00	\$1,343.86

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. **Scroll** to the bottom of the pop-out screen.
4. 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:

moda
HEALTH

Prime HDP

Minimum number of spouses not selec...

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

1

Click on "Resolve Errors".

Resolve Errors

Withdraw

Medical Plans

Minimum number of spouses not selected; Please select at least 1; Minimum number of other dependents not selected; Please select at least 1; Minimum number of dependents not selected; Please select at least 2

This Plan

Prime HDP

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

Current Plan

Choice MHP

Coverage: Employee Only

Pre Tax: 47.50

After Tax: 0.00

Employer: 394.69

Enroll Dependents

No Dependents Enrolled

2

Add Dependents

3

Add a new Dependent here if missed in prior steps.

Enroll Dependents

Create New Dependent

Additional Information

Benefit Start
1/1/2027

[View Plan Document](#)

Cancel

Submit

Enroll Dependent

Select Dependents To Enroll *

Geller, Ross E., Geller-Green, E...

All

☒ Geller, Ross E.

☒ Geller-Green, Emma

☒ Bing, Erica

0 selected (20 maximum)

Enroll Dependent

Select Dependents To Enroll *

Geller, Ross E., Geller-Green, E...

4

5

Cancel

Submit

Medical Plans

All eligible dependents are enrolled

This Plan

Prime HDP

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

Current Plan

Choice MHP

Coverage: Employee Only

Pre Tax: 47.50

After Tax: 0.00

Employer: 394.69

Enrolled Dependents

7

Ross Geller
SPOUSE
October 18, 1969
xxx-xx-1111

Emma Geller-Green
DAUGHTER
May 16, 2002
xxx-xx-1111

Erica Bing
DAUGHTER
May 6, 2004
xxx-xx-1111

Create New Dependent

Unenroll Dependents

Additional Information

Cancel

8

Submit

Enroll Dependent

6

The following action 'Enroll Dependent' completed

moda
HEALTH

Prime HDP

9

Selected

Coverage: Employee + Spouse + Child(ren)

Pre Tax: 140.00

After Tax: 0.00

Employer: 1,343.86

Open

Withdraw

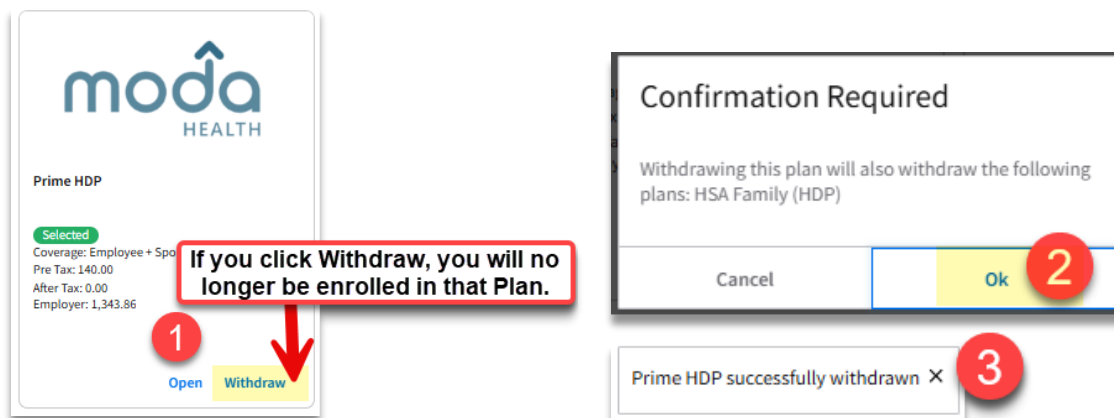
Open Enrollment TIP Sheet

Page 11 of 27

10/09/2026

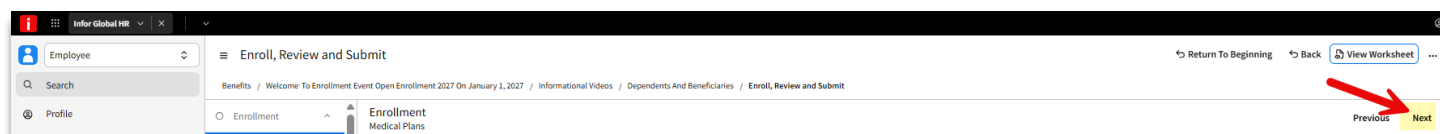
How to Withdraw:

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



Next Benefit Plan

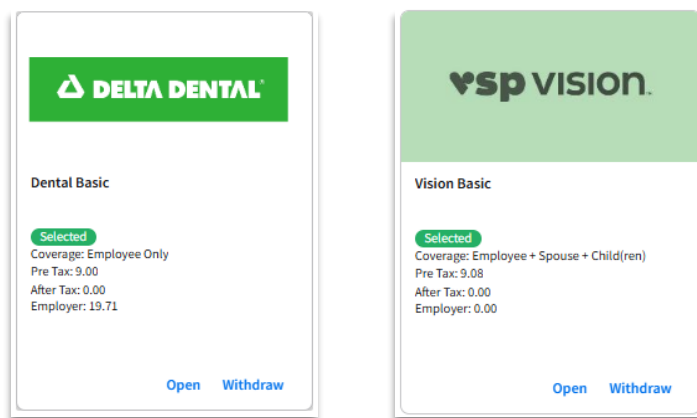
Click Next to review the next plan elections.



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:
 - \$875* employee only Prime HDP coverage (HSA Single)
 - \$1,750* employee plus one or more dependents Prime HDP coverage (HSA Family)

*Employer contributions are prorated for new participants effective Feb. 01, 2027 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 [2027 HSA benefit webpage](#).

Plan	Enrollment	Min & Max
HSA Single (HDP)	• Elect if enrolled in the High Deductible Plan if you have Employee Only coverage. • If you do <u>not</u> enroll in coverage, you will <u>not</u> receive employer contributions to your HSA.	\$0.24 - \$3,625 per year
WAIVE HSA	• Elect if not enrolled in the High Deductible Plan. • Elect if you do not wish to receive employer contributions or contribute your own pretax dollars to your HSA.	N/A
HSA Family (HDP)	• Elect if enrolled in the High Deductible Plan and are covering any dependents. • If you do <u>not</u> enroll in coverage, you will <u>not</u> receive employer contributions to your HSA.	\$0.24 - \$7,250 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.

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 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.

If you are enrolling in the Prime Plan (HDP) and NOT contributing to a Health Savings Account (HSA), you can enroll in the Healthcare Flexible Spending Account.

Plan	Enrollment	Min & Max
Healthcare FSA (MHP opt)	- Elect to have pre-tax dollars deducted from your paycheck to pay for healthcare expenses for you and your dependents. - Available if enrolled in Prime – HDP and not eligible to participate in the Health Savings Account. See the above HSA section for more information or HSA benefit web page.	\$1 - \$3,400 per year
WAIVE Healthcare FSA	- Elect if not enrolled in the Medical Home Plan. - Elect if you do not wish to have pre-tax dollars deducted from your paycheck.	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.

The screenshot shows the Optum enrollment portal. On the left is a navigation menu with options like Profile, Time and Attendance, Pay, Benefits, Performance, Career Opportunities, and Find a Coworker. The main area is titled 'Enroll, Review and Submit' and shows the 'Enrollment' step for the 'Health Flexible Spending Account'. Two cards are displayed: 'Healthcare FSA (MHP opt)' and 'WAIVE Healthcare FSA'. Both cards show 'Pre Tax: 0.00', 'After Tax: 0.00', and 'Employer: 0.00'. A red circle with the number 1 and the text 'Select your Plan.' points to the 'Select' button on the 'Healthcare FSA (MHP opt)' card.

The screenshot shows the 'Enroll In Healthcare FSA (MHP opt)' form. The 'Enrollment' section has a 'Pre Tax' field with a value of 3,400.00. A red circle with the number 2 points to this field. Below it is the 'Annual Number Of Contributions' set to 24. A dropdown menu for 'Annual Total By Year End' is highlighted with a red circle with the number 3. The 'Limits' section shows an annual limit of 24.00 - 3,400.00. At the bottom, there is a 'Submit' button highlighted with a red circle with the number 4.

The screenshot shows the Optum confirmation screen. It displays the Optum logo and the text 'Healthcare FSA (MHP opt) successfully enrolled'. Below this, it shows 'Selected' with a green checkmark, 'Pre Tax: 141.67', 'After Tax: 0.00', and 'Employer: 0.00'. At the bottom are buttons for 'Open', 'Change', and 'Withdraw'. A red circle with the number 5 points to the confirmation message.

Dependent Care Flexible Spending Account

Dependent Care Flexible Spending Account (DCFSA)

You can elect pre-tax dollars from your paycheck to be placed into a Dependent Care Flexible Spending Account to help pay for daycare or eldercare expenses.

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	• Elect to have pre-tax dollars deducted from your paycheck to pay for <u>daycare</u> or <u>eldercare</u> expenses. • Do <u>not</u> elect this plan to pay for dependent healthcare expenses. • You may enroll in this plan regardless of your medical plan selection.	\$0.24 - \$5,000 per year
WAIVE Dependent Care Spending	• Elect if you do <u>not</u> have dependents with daycare or eldercare expenses. • Elect if you do <u>not</u> wish to receive employer contributions to your Dependent Care FSA.	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 Optum enrollment portal for the Dependent Care Flexible Spending Account. The interface includes a left sidebar with navigation options like Profile, Time and Attendance, Pay, Benefits, Performance, Career Opportunities, and Find a Coworker. The main content area is titled 'Enroll, Review and Submit' and shows the 'Enrollment' step for the 'Dependent Care Flexible Spending Account'. Two options are presented: 'Dependent Care Spending Account' and 'WAIVE Dependent Care Spending'. Both options show a 'Pre Tax: 0.00' and 'After Tax: 0.00' status, with an 'Employer: 104.17' contribution for the first option. A red callout box with the number '1' and the text 'Select your Plan.' points to the 'Select' button for the 'Dependent Care Spending Account' option. The bottom of the screen shows a page number '50'.

Enroll In Dependent Care Spending Account

Enrollment

Pre Tax

25,000.00

Amount

Annual Number Of Contributions

24

Limits

Annual

5,000.00

Annual Total By Year End

Annual Total By Year End

Additional Year To Date Contribution

Per Pay Period

Cancel

Submit

Optum

Dependent Care Spending Account

Selected

Pre Tax: 208.34

After Tax: 0.00

Employer: 104.17

Dependent Care Spending Account successfully enrolled

Open

Change

Withdraw

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.

Employee Life Insurance

Enrollment

Employee Life Insurance

Medical Plans

Dental Plans

Vision Plan

Health Savings Accounts

Health Flexible Spending Account

Dependent Care Flexible Spending Account

Employee Life Insurance

Spouse Life Insurance

Child Life Insurance

Short Term Disability Voluntary Enrollment

Amount subject to evidence of insur...

Coverage Amount: 250,000.00

Subject to EOI: 50,000.00

Pre Tax: 0.00

After Tax: 18.75

Employer: 0.00

Open Change Withdraw

WAIVE Employee Voluntary Life

Coverage Amount: 0.00

Subject to EOI: 0.00

Pre Tax: 0.00

After Tax: 0.00

Employer: 0.00

Open Select

Elect to Enroll, Change, or WAIVE Voluntary Life Coverage

Select, Change or Withdraw your current Coverage

Update Selection

Employee Voluntary Life

Coverage Amount

300,000.00

Coverage Increments

25,000.00

Coverage Limits

25,000.00 - 600,000.00

Subject To EOI

50,000.00

Annual Number Of Contributions

24

Cancel Submit

Enter your Coverage Amount in increments of \$25,000

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.

This screenshot shows the 'Enroll, Review and Submit' page for Spouse Life Insurance. The left sidebar contains navigation links: Employee, Search, Profile, Time and Attendance, Pay, Benefits (highlighted), Performance, Career Opportunities, and Find a Coworker. The main content area is titled 'Enrollment Spouse Life Insurance' and features two cards: 'Spouse Voluntary Life' and 'WAIVE Spouse Voluntary Life'. Both cards show coverage details: Coverage Amount: 0.00, Subject to EOI: 0.00, Pre Tax: 0.00, After Tax: 0.00, and Employer: 0.00. Red callout boxes with numbers 1 and 2 provide instructions: '1 Elect to Enroll, Change, or WAIVE Voluntary Life Coverage' points to the 'Select' button on the WAIVE card, and '2 Select, Change or Withdraw your current Coverage' points to the 'Open' button on the Spouse Voluntary Life card.

This screenshot shows the 'Enroll In Spouse Voluntary Life' form. It includes fields for 'Coverage Amount' (set to 300,000.00), 'Coverage Increments' (25,000.00), 'Coverage Limits' (25,000.00 - 300,000.00), and 'Annual Number Of Contributions' (24). A red callout box with number 3 points to the 'Coverage Amount' field. Another red callout box with number 4 points to the 'Submit' button at the bottom right. A central red callout box with text 'Enter your Coverage Amount in increments of \$25,000' is also present.

This screenshot shows the 'Spouse Voluntary Life' card. It displays coverage details: Coverage Amount: 25,000.00, Subject to EOI: 275,000.00, Pre Tax: 0.00, After Tax: 5.96, and Employer: 0.00. A red callout box with number 5 points to the 'Evidence of Insurability confirmation' text, which is highlighted in a blue box. The card also has buttons for 'Open', 'Change', and 'Withdraw'.

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

Enroll, Review and Submit

Benefits / Welcome Jamie McGilvray To Enrollment Event Open Enrollment 2027 On January 1, 2027 / Informational Videos / Dependents And Beneficiaries / Enroll, Review and Submit

Enrollment

Child Life Insurance

Medical Plans

Dental Plans

Vision Plan

Health Savings Accounts

Health Flexible Spending Account

Dependent Care Flexible Spending Account

Employee Life Insurance

Spouse Life Insurance

Child Life Insurance

Short Term Disability Voluntary Enrollment

Child(ren) Voluntary Life

Coverage Amount: 0.00
Subject to EOI: 0.00
Pre Tax: 0.00
After Tax: 0.00
Employer: 0.00

Open Select

WAIVE Child Voluntary Life

Coverage Amount: 0.00
Subject to EOI: 0.00
Pre Tax: 0.00
After Tax: 0.00
Employer: 0.00

Open Select

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

2 Select, 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

10,000.00

Coverage Increments

10,000.00

Coverage Limits

10,000.00 - 10,000.00

Annual Number Of Contributions

24

Cancel

Submit

3 Enter your Coverage Amount of \$10,000

4

TheStandard

Child(ren) Voluntary Life

Minimum number of dependents not se...

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

5

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

Pre Tax: 0.00

After Tax: 0.28

Employer: 0.00

Enrolled Dependents

No Dependents Enrolled

Enroll Dependents **Add Dependents**

Create New Dependent

Additional Information

Benefit Start 1/1/2027

[View Plan Document](#)

Cancel Submit

Enroll Dependent

Select Dependents To Enroll *

Geller-Green, Emma, Bing, Erica

All

☒ Geller-Green, Emma

☒ Bing, Erica

0 selected (20 maximum)

Cancel Submit

Enroll Dependent

Select Dependents To Enroll *

Geller-Green, Emma, Bing, Erica

Cancel Submit

Enroll Dependent

The following action 'Enroll Dependent' completed

Enrolled Dependents

Emma Geller-Green

DAUGHTER

May 16, 2002

xxx-xx-1111

Erica Bing

DAUGHTER

May 6, 2004

xxx-xx-1111

Create New Dependent

Unenroll Dependents

Additional Information

Benefit Start 1/1/2027

[View Plan Document](#)

Cancel Submit

TheStandard

Child(ren) Voluntary Life

Selected

Coverage Amount: 10,000.00

Subject to EOI: 0.00

Pre Tax: 0.00

After Tax: 0.28

Employer: 0.00

Open Change Withdraw

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 $\geq 60\%$ 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)

- **Employees that had already enrolled effective 01/01/2026** (or if you enrolled at your initial new hire eligibility date): **14 days** for accident or illness.
- **Employees that enroll during Open Enrollment for 01/01/2027 have a Late Entrant Waiting Period:** If you enroll after your initial new hire eligibility date, disabilities due to illness, pregnancy, or mental health conditions are subject to a 60-day waiting period during your first 12 months of coverage.

For more information, visit the [2027 Disability benefit webpage](#).

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 [2027 Voluntary Benefit webpage](#).

The screenshot shows the 'Enroll, Review and Submit' page for Supplemental Health Critical Illness Plans. The page is divided into a left sidebar with navigation links (Employee, Profile, Time and Attendance, Pay, Benefits, Performance, Career Opportunities, Find a Coworker) and a main content area. The main content area has a sub-header 'Enrollment Supplemental Health Critical Illness Plans' and a grid of 10 plan options. Each plan option is a card with a 'CHUBB' logo, the plan name 'Critical Illness Plan - \$10,000 Coverage', and details about coverage and costs. A red box highlights the 'Select' button for the first plan, with a callout saying 'Elect to Enroll, Change, or WAIVE Critical Illness Coverage'. A red arrow points to the right side of the page with a callout saying 'Scroll down the page to review all Plan Options.'

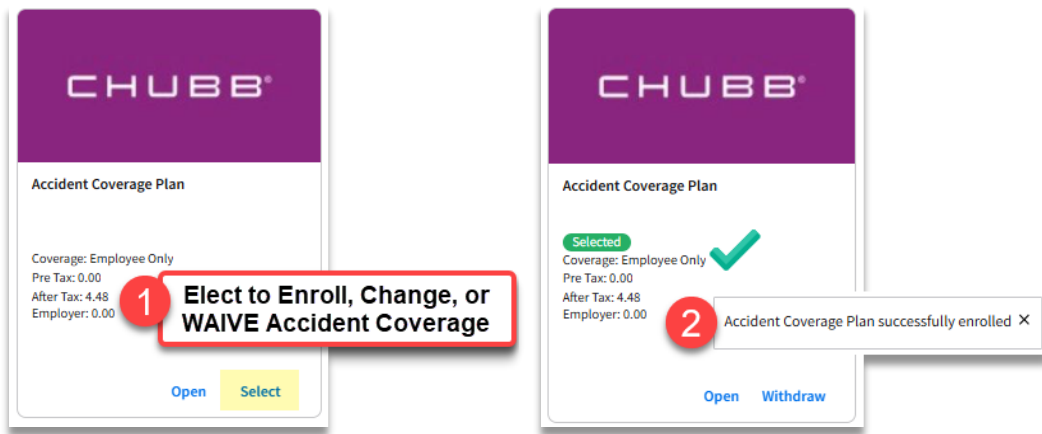
The two screenshots show the 'Critical Illness Plan - \$10,000 Coverage' plan. The left screenshot shows the plan details and a 'Select' button. The right screenshot shows the plan details and a 'Withdraw' button, with a green checkmark and a callout saying 'Critical Illness Plan - \$10,000 Coverage successfully enrolled'.

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 [2027 Voluntary Benefit webpage](#).

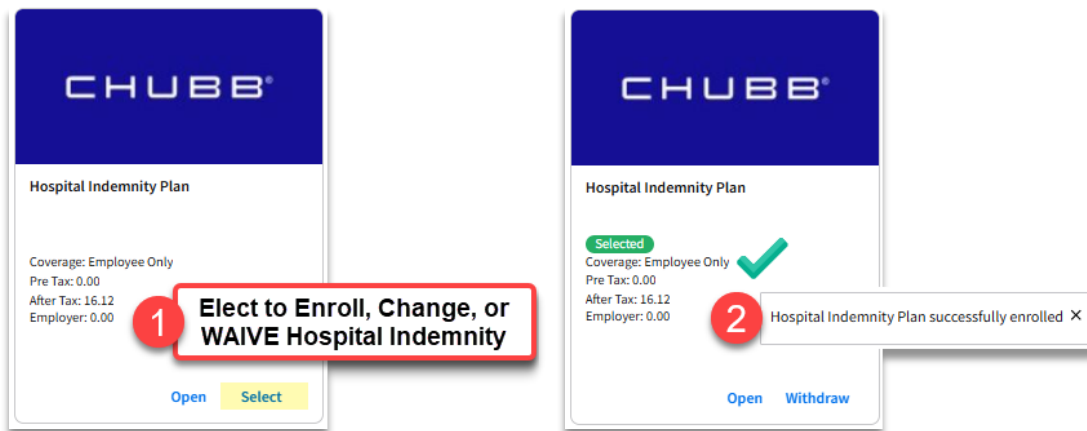


Supplemental Health Hospital Indemnity Plan

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 [2027 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.

Enroll, Review and Submit

Review and Submit

Submit Your Enrollment

Errors, Warnings, And Messages

Cost Summary

Type	Cost / Percent	
	Employee	Employer
Medical Plans	140.00	1,343.86
Dental Plans	9.00	19.71
Vision Plan	9.08	0.00
Health Savings Accounts	302.09	0.00
Health Flexible Spending Account	0.00	0.00
Dependent Care Flexible Spending Account	208.34	104.17
Employee Life Insurance	18.75	0.00
Spouse Life Insurance	5.96	0.00
Child Life Insurance	0.28	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

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

Evidence of Insurability

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

No Errors

No Errors

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

Submit

Affirm and sign for your enrollment elections

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

Rachael Green

1

Date

10/13/2026

2

Cancel

Submit

3

Click View Confirmation.

Submitted Confirmation

Benefits / Enroll, Review and Submit / Submitted Confirmation



Thank you for participating in Open Enrollment!

Please allow a few minutes for your confirmation email to arrive.

Click to print confirmation

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.

Open Enrollment TIP Sheet

Page 26 of 27

10/09/2026

Enrollment Confirmation

Enrollment Date: January 1, 2027

Medical Plans

Plan	Options	Pre Tax	Employer
Prime HDP	Employee + Spouse + Child(ren)	140.00	1,343.86
Dependent	Relationship	Birthdate	
Geller, Ross E.	Spouse Legally Married	10/18/1969	
Geller-Green, Emma	Daughter of Employee or Spouse	05/16/2002	
Bing, Erica	Daughter of Employee or Spouse	05/06/2004	

Dental Plans

Plan	Options	Pre Tax	Employer
Dental Basic	Employee Only	9.00	19.71

Vision Plan

Plan	Options	Pre Tax	
Vision Basic	Employee + Spouse + Child(ren)	9.08	
Dependent	Relationship	Birthdate	
Geller, Ross E.	Spouse Legally Married	10/18/1969	
Geller-Green, Emma	Daughter of Employee or Spouse	05/16/2002	
Bing, Erica	Daughter of Employee or Spouse	05/06/2004	

Health Savings Accounts

Plan	Pre Tax
HSA Family (HDP)	302.09

Health Flexible Spending Account

Plan	
WAIVE Healthcare FSA	

Dependent Care Flexible Spending Account

Plan	Pre Tax	Employer
Dependent Care Spending Account	208.34	104.17

Employee Life Insurance

Plan	Coverage Amount				After Tax
Employee Voluntary Life	250,000.00				18.75
Beneficiary	Relationship	Birthdate	Primary Or Contingent	Percent	Amount
Geller, Ross E.	Spouse Legally Married	10/18/1969	Primary	100.000%	0.00

Spouse Life Insurance

Plan	Coverage Amount	After Tax
Spouse Voluntary Life	25,000.00	5.96
Dependent	Relationship	Birthdate
Geller, Ross E.	Spouse Legally Married	10/18/1969

Page 1 | October 7, 2026 |

Enrollment Confirmation continued...

Child Life Insurance

Plan	Coverage Amount	After Tax
Child(ren) Voluntary Life	10,000.00	0.28
Dependent	Relationship	Birthdate
Geller-Green, Emma	Daughter of Employee or Spouse	05/16/2002
Bing, Erica	Daughter of Employee or Spouse	05/06/2004

Short Term Disability Voluntary Enrollment

Plan	After Tax
VSTD-60% of Covered Comp	4.76

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

Affirm and sign for your enrollment elections

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: Rachael Green

Signature Date: 10/13/2026

Page 2 | October 7, 2026 |

Congratulations!

You have successfully completed your 2027 Open Enrollment.

Please note that you may revisit the Open Enrollment portal any time between **Oct. 13** and **Oct. 27, 2026** to review or make changes to your elections. Only your most recently submitted elections will be processed at year-end.