Sisters of St. Mary of Oregon Ministries Corporation

2027 Employee Benefits Enrollment Guide

January 1, 2027 – December 31, 2027



Contents

Benefits Contact Information 3

Introduction..... 4

Eligibility and Enrollment 5

Benefit Glossary 6

Medical and Prescription: Base Plan 7

Medical and Prescription: Buy-Up Plan 8

TextCare Virtual Care 9

Medical Plan Costs 11

Dental Benefits 12

Dental Plan Costs..... 13

Flexible Spending Account (FSA) 14

Group Term Life, AD&D, Supplemental Life, and Disability 15

Voluntary Benefits 16

Additional Programs 17

403(b) Retirement 18

Notices, Special Rights, and Privacy..... 19

Benefits Contact Information

Benefit	Provider/Contact	Phone	Email/Website
Medical	Moda	(888) 393-2940	modahealth.com
Managed Dental	Willamette Dental Insurance Inc.	(855) 433-6825	willamettedental.com
Dental PPO	Standard Insurance Co.	(800) 547-9515	standard.com
Life/AD&D Vol Life/AD&D Long-Term Disability	Unum	(866) 679-3054	unum.com
Employee Assistance Program (EAP)	Unum	(800) 854-1446	unum.com/support/employees/life-balance
FSA	WEX	(866) 451-3399	wexinc.com
Care Navigation HRA	Garner	(866) 761-9586	getgarner.com
Text Care Virtual Care	One to One Health		-
Pet Insurance	Spot	(888) 343-2340	spotpet.link/ssmo
403(b)	Empower	N/A	empower.com
403(b) Account Manager	Diana Frost	(503) 941-2378	dfrost@tpgrp.com
Benefits Account Manager	Sarah Ferong	(503) 608-3226	sferong@tpgrp.com

This brochure summarizes the benefit plans that are available to SSMO Ministries Corporation eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.

Introduction

We recognize our ultimate success depends on our talented and dedicated workforce. We appreciate the contributions each employee makes in furthering the mission of the Sisters of St. Mary of Oregon and so, one of our goals is to provide a comprehensive program of competitive benefits to attract and retain the best employees.

Through our benefit programs we strive to support the needs of our employees and their families by providing a benefit package that is easy to understand, easy to access and affordable. The senior executive management team is proud to bring you this year's benefit package with some great enhancements and while keeping increases as minimal as possible.

We continue to offer long-term disability and basic life insurance for all benefit eligible employees at no cost. Please review the plan documents during this enrollment to help you choose the type of plan and level of coverage that is right for you and your family.

If you have questions or concerns, please email Human Resources: hr@ssmoministries.org.

You can also review our benefit offerings via Paycom.

Sincerely,
Annessa Moon, HR Director

Benefit Highlights - What Is New for 2027?

- **Medical:** Our medical plans are changing for 2027. For 2027, the available plan options will be a $400 PPO and a $1,000 PPO plan.
- **New for 2027!** SSMO Ministries Corporation will offer TextCare, a 24/7 text-based primary care service.
- **New for 2027!** SSMO Ministries Corporation will offer a voluntary Hospital Indemnity plan which provides added financial support to help with out-of-pocket expenses if you or a covered family member is hospitalized.

2027 Benefits Overview

- Medical, Rx
- Vision
- Dental
- Flexible Spending Account (FSA)
- Group Life and AD&D
- Voluntary Life and AD&D
- Long-Term Disability
- Voluntary Accident Insurance
- Voluntary Hospital Indemnity Insurance
- Employee Assistance Program (EAP)
- Virtual Health Services
- 403(b) Plan
- Pet Insurance

Eligibility and Enrollment

Eligibility
Regular employees of SSMO Ministries Corporation, SSMO Foundation, VCES, VCMS, and VCHS regularly scheduled at least 24 hours a week are eligible for benefits. Benefits begin on the first of the month following or coinciding with date of hire. You may elect Medical, Dental, Voluntary Life/AD&D coverage for dependents including your legal spouse, registered domestic partner, or dependent children. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of state registered domestic partners.

General Enrollment Information
1. Carefully review the plan information in this Benefits Guide and contact HR if you have any questions.
2. Carefully review the appropriate level of coverage and be sure to indicate which of your eligible dependents are to be covered under each plan.
3. Please complete enrollment/changes online through the benefits portal.

Benefit Election Changes
If you experience a life event change during the plan year such as marriage, divorce, birth or adoption of a child, or a spouse/registered domestic partner losing or gaining other coverage, you could qualify to make changes to your benefit plans. You are required to notify HR within 30 days of the date of the event to make benefit plan changes. Failure to notify HR within 30 days may disqualify you and require you to wait until the next open enrollment to make plan changes. Open enrollment each year will allow you to add dependents and make changes to your coverage elections. Please contact HR at HR@ssmoministries.org for more information.

When Coverage Ends
Your benefit plan participation and the participation of your eligible dependents will end on the last day of the month in which you end employment with SSMO Ministries Corporation. Coverage may also end if you fail to pay your share of an applicable premium, if your eligibility status changes, and/or if you submit false eligibility or claims information.

Benefit Glossary

The following definitions should help you understand your benefit plans. Remember, you have access to In-Network and Out-of-Network providers. Our Medical and Dental network providers have contracted rates that can be much lower than Out-of-Network providers. Your out-of-pocket expense may be lower by using In-Network providers.

Co-Insurance
The percentage of cost-sharing between what you and the insurance company must pay, after any applicable deductible has been met.

Co-Pay
The set dollar amount that you must pay to a provider when services are rendered.

Calendar Year Deductible (CYD)
The amount you pay before co-insurance is paid. You only need to meet your deductible once per calendar year.

Network
The group of providers who are approved for services and are available for treatment under the insurance company's contract.

Outpatient
A patient who receives treatment at a hospital or outpatient facility without being admitted overnight.

Calendar Year Out-of-Pocket Maximum
The most you pay during a policy period (Jan. 1 - Dec. 31, 2027) before your medical insurance begins to pay 100% of the allowed amount. This limit never includes your premium, balance billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, out-of-network payments or other expenses toward this limit.

Provider
Any facility, person, or entity recognized for payment by the insurance company.

Unusual, Customary and Reasonable (UCR)
The determined going rate for like services in the same area. The insurance company's co-insurance percentage that they pay is taken from the UCR amount for that service. You are responsible for your co-insurance percentage plus all of the amount that exceeds UCR. UCR is used only when services are provided by an Out-of-Network provider.



Medical and Prescription: Base Plan

SSMO Ministries Corporation is pleased to offer you and your eligible dependents options for medical coverage through Moda Health. The following table is an overview of covered services. For full plan details, refer to the Summary of Benefits and Coverage.

Moda Connexus Base Plan		
Plan Features	**In-Network**	**Out-of-Network**
Calendar Year Deductible Individual Family	$1,000 $3,000	
Out of Pocket Maximum Individual Family	$3,500 $10,500	
Carrier Coinsurance	20%	40%
Preventive Care		
Preventive Care	Covered in Full	Not Covered
Physicians Services		
Primary Care/Naturopath Visits	First 3 Visits $0 copay 4+ Visits $20 copay (no deductible)	40% after deductible
Specialist Visits	$30 copay (no deductible)	40% after deductible
Outpatient Lab/X-Ray	20% (no deductible)	40% after deductible
Advanced Imaging (CAT, PET, MRI, etc.)	20% (no deductible)	40% after deductible
Inpatient Hospital	20%	40% after deductible
Outpatient Surgery	20%	40% after deductible
Urgent Care	$20 copay (no deductible)	40% after deductible
Emergency Room Care	$250 copay + 20% (no deductible)	
Mental Health/Substance Abuse Outpatient	First 3 Visits $0 copay 4+ Visits $20 copay (no deductible)	40% after deductible
Alternative Care		
Chiropractic 16 visits max per year	20% (no deductible)	40% after deductible
Acupuncture 16 visits max per year	20% (no deductible)	40% after deductible
Massage Therapy (LMT) 30 visits max per year (visit max a combined PT/OT/ST/LMT)	$0 copay (no deductible)	$0 copay (no deductible)
Vision (Age 19+)		
Exam | 1 exam every 12 months	Covered at 100%	Covered at 100% up to $45 allowance
Frames and Lenses	Covered at 100% up to $200 allowance	
Pharmacy Benefit		
Generic (Tier 1)	$2 copay Value Medication List; $15 copay	
Preferred (Tier 2)	$30 copay	
Non-Preferred Brand (Tier 3)	$50 copay	
Mail Order	3x copay for 90-day supply; Required for maintenance medications	Not Covered

Medical and Prescription: Buy-Up Plan

SSMO Ministries Corporation is pleased to offer you and your eligible dependents options for medical coverage through Moda Health. The following table is an overview of covered services. For full plan details, refer to the Summary of Benefits and Coverage.

Moda Connexus Buy-Up Plan		
Plan Features	**In-Network**	**Out-of-Network**
Calendar Year Deductible Individual Family	$400 $1,200	
Out of Pocket Maximum Individual Family	$2,500 $7,500	
Carrier Coinsurance	20%	40%
Preventive Care		
Preventive Care	Covered in Full	Not Covered
Physicians Services		
Primary Care/Naturopath Visits	First 3 Visits $0 copay 4+ Visits $15 copay (no deductible)	40% after deductible
Specialist Visits	$15 copay (no deductible)	40% after deductible
Outpatient Lab/X-Ray	20% (no deductible)	40% after deductible
Advanced Imaging (CAT, PET, MRI, etc.)	20% (no deductible)	40% after deductible
Inpatient Hospital	20%	40% after deductible
Outpatient Surgery	20%	40% after deductible
Urgent Care	$15 copay (no deductible)	40% after deductible
Emergency Room Care	$150 copay + 20% (no deductible)	
Mental Health/Substance Abuse Inpatient Outpatient	First 3 Visits $0 copay 4+ Visits $15 copay (no deductible)	40% after deductible
Alternative Care		
Chiropractic 16 visits max per year	20% (no deductible)	40% after deductible
Acupuncture 16 visits max per year	20% (no deductible)	40% after deductible
Massage Therapy (LMT) 30 visits max per year (visit max a combined PT/OT/ST/LMT)	$0 copay (no deductible)	$0 copay (no deductible)
Vision (Age 19+)		
Exam | 1 exam every 12 months	Covered at 100%	Covered at 100% up to $45 allowance
Frames and Lenses	Covered at 100% up to $200 allowance	
Pharmacy Benefit		
Generic (Tier 1)	$2 copay Value Medication List; $15 copay	
Preferred (Tier 2)	$30 copay	
Non-Preferred Brand (Tier 3)	$50 copay	
Mail Order	3x copay for 90-day supply; Required for maintenance medications	Not Covered

Your virtual primary care office

Convenient care for your entire household, wherever you are.

textcare

24/7
on-demand access

<5 min
typical response

$0
visits for household

Care in a few taps

Connect by text or video call.



A dedicated care team

A primary care provider serves as the quarterback of your household's care, supported by a physician, medical assistant, and benefits and care navigator.



Your care team can help with:

- **Diagnose and treat**
  Get help with common health concerns.
- **Preventive care**
  Coordinate labs and consultations.
- **Prescriptions**
  Write and refill medications as appropriate.
- **Coordinated care**
  Arrange referrals, specialists, imaging, and in-person care.
- **Pediatric needs**
  Treat acute pediatric concerns.

Follow-up after every visit, every time.

TextCare virtual primary care

garner

Garner Health: Get reimbursed when you see the best doctors

What is Garner?

Garner is a free healthcare benefit offered by your employer that works alongside your health plan.

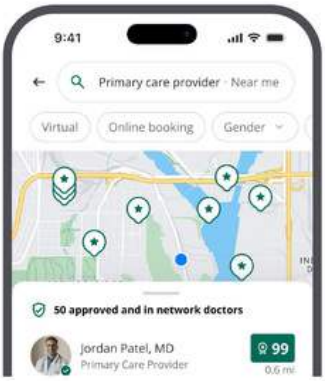
Use the Garner app to find the best doctors in your network with available appointments

Garner will reimburse medical bills **up to your benefit amount for you or your family**

Follow the steps below to get reimbursed

1

Find Top Providers in the Garner app



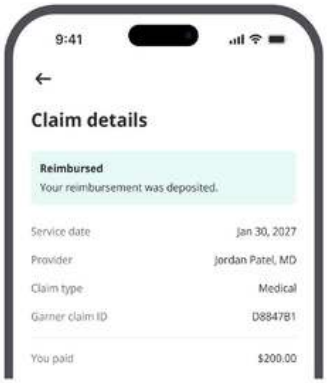
2

Add Top Providers to your Care Team before your visit



3

Get reimbursed for medical bills



Get reimbursed up to your benefit amount for you or your family

Scan the QR code to create an account

garner.guide/create-my-account

Need our help?

Send a message to the Garner Concierge through in-app chat, call (866) 761-9586, or email concierge@getgarner.com, Monday through Friday, 8:00 a.m. to 10:00 p.m. ET.

© Garner Health Technology, Inc

SH-HRA-1-EN-081326

Medical Plan Costs

All withholdings are based on a monthly (12 pay periods) employee contribution under each plan option. All employee contributions will be deducted from payroll pre-tax. SSMO Ministries Corporation pays a flat percentage amount toward the medical premiums to significantly discount the employee contributions. Please refer to the summary plan description for complete plan details.

Medical & Rx			
Tier	**Employee Cost**	**Employer Cost**	**Total Premium**
Moda Base Plan $1,000 PPO Contribution Per Month			
Employee Only	$117.11	$1,053.95	$1,171.06
Employee & Spouse / RDP	$527.99	$1,819.58	$2,347.56
Employee & Child(ren)	$442.93	$1,661.18	$2,104.11
Family	$874.03	$2,463.88	$3,337.91
Moda Buy Up Plan $400 PPO Contribution Per Month			
Employee Only	$163.18	$1,036.67	$1,199.86
Employee & Spouse / RDP	$614.88	$1,790.41	$2,405.29
Employee & Child(ren)	$521.24	$1,634.61	$2,155.85
Family	$995.55	$2,424.43	$3,419.99

RDP - Registered Domestic Partner



Dental Benefits

SSMO Ministries Corporation offers two dental plan options through Willamette Dental Insurance and Standard Insurance. The Willamette Dental plan provides coverage exclusively through Willamette Dental locations, while the Standard PPO plan allows you to see both in-network and out-of-network providers, with lower costs when you stay in network. Below is a brief comparison of the two plans. Please refer to the benefit summaries for complete plan details.

Willamette Dental Group Insurance, Inc.	
Plan Features	**In-Network Only**
Calendar Year Deductible	None
Deductible: Waived for preventive	None
Annual Maximum	Unlimited
Office Visit (General/Specialist)	$10 copay / $30 copay
Diagnostic & Preventive Care (exams, cleaning, x-rays)	Covered at 100%
Basic Restorative Care (fillings, simple oral surgery, endodontics)	Copays vary; see schedule of benefits
Major (crowns, inlays, onlays)	Copays vary; see schedule of benefits
Orthodontia Adults and Dependent Children to age 26	$2,500 copay

Standard Insurance Company		
Plan Features	**In-Network**	**Out-of-Network**
Calendar Year Deductible	$50 (per person) $150 (per family)	
Deductible: Waived for preventive	Yes	
Annual Maximum	$1,750 per member	$1,250 per member
Diagnostic & Preventive Care (exams, cleaning, x-rays)	Covered at 100%	Covered at 100%
Basic Restorative Care (fillings, simple oral surgery, endodontics)	Covered at 80%	Covered at 80%
Major (crowns, inlays, onlays)	Covered at 50%	Covered at 50%
Orthodontia Dependent Children to age 26 only	50% (deductible waived) to a lifetime maximum benefit of $1,500	

Dental Plan Costs

All withholdings are based on a monthly (12 pay periods) employee contribution under each plan option. All employee contributions will be deducted from payroll pre-tax. SSMO Ministries Corporation pays a flat percentage amount toward the dental premiums to significantly discount the employee contributions. Please refer to the summary plan description for complete plan details.

Dental			
Tier	**Employee Cost**	**Employer Cost**	**Total Premium**
Willamette Dental			
Employee Only	$6.91	$62.15	$69.05
Employee & Spouse / RDP	$35.03	$114.37	$149.40
Employee & Child(ren)	$43.93	$130.92	$174.85
Family	$72.09	$183.21	$255.30
The Standard Dental PPO			
Employee Only	$5.00	$44.96	$49.96
Employee & Spouse / RDP	$25.34	$82.74	$108.08
Employee & Child(ren)	$31.79	$94.73	$126.52
Family	$52.13	$132.51	$184.64

RDP - Registered Domestic Partner

Flexible Spending Account (FSA)

SSMO Ministries Corporation offers Flexible Spending Accounts (FSAs) through WEX. An FSA allows you to set aside money from your paycheck on a pre-tax basis to pay for eligible health care or dependent care expenses. Because your contributions are deducted before taxes are calculated, participating in an FSA may help reduce your taxable income.

You must re-enroll each year if you want to participate in a Health Care or Dependent Care FSA. The 2027 FSA plan year runs from **Jan. 1 - Dec. 31, 2027.**

FSA Plans Allow Employees to Defer Money On a Pre-tax Basis For:

- **Health Care FSA:** You may contribute up to **$3,500 annually*** to pay for eligible out-of-pocket medical, dental, and vision expenses, including copays, deductibles, coinsurance, prescription medications, and certain over-the-counter expenses.
    - **Minimum Rollover:** You may roll over a minimum of **$100** of unused Health Care FSA funds into the following plan year. The rollover amount is determined after the plan's 90-day run-out period and will be added to any amount you elect for the new plan year.
    - **Maximum Rollover:** You may roll over up to **$700*** of unused Health Care FSA funds into the following plan year. The rollover amount is determined after the plan's **90-day run-out period** and will be added to any amount you elect for the new plan year. Unused funds above the $700* rollover limit will be forfeited. **The rollover applies only to the Health Care FSA and does not apply to the Dependent Care FSA.**
    - **FSA Debit Card:** The FSA debit card provides a convenient way to pay for eligible health care expenses directly from your FSA.
- **Dependent Care FSA:** You may contribute up to **$7,500* annually if married filing jointly,** or **$3,750* annually if married filing separately,** to pay for eligible dependent care expenses. Eligible expenses generally include care for a qualifying child under age 13 or an eligible spouse or dependent who is unable to care for themselves. The care must allow you and your spouse, if applicable, to work or attend school full time.

**2027 IRS maximums are projected at this time and are subject to change.*



Reminder
You must re-enroll each year in the Health Care and/or Dependent Care FSA to take advantage of these benefits. Your share of medical, dental, and/or vision contributions will be automatically deducted from your paycheck on a pre-tax basis.

Group Term Life, AD&D, Supplemental Life, and Disability

Group Term Life Insurance
SSMO Ministries Corporation provides Employer Paid Group Term Life to all eligible employees at no cost. This plan will pay your beneficiary a flat $10,000 benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) Insurance
In the event of your death or dismemberment due to an accident this policy will pay an additional benefit to your beneficiary.

Supplemental Life Insurance and AD&D Insurance
You may purchase additional life insurance and AD&D insurance in $10,000 increments to the lesser of $500,000 or 5x your annual salary. You can purchase coverage for your spouse in $1,000 increments not to exceed 100% of the employee amount to a maximum of $500,000. Children are eligible for up to 100% of the employee amount not to exceed $10,000.

If you enroll during your initial enrollment period, or are newly eligible, you may elect up to $150,000 without answering any medical questions. Spouses are eligible for up to $25,000 without answering medical questions. All child amounts are covered with no medical questions. If you decline coverage during your initial eligibility period and decide to enroll at a future date you will be required to submit Evidence of Insurability (EOI).

Remember to designate a beneficiary at the time of enrollment. If you have existing coverage remember to review your beneficiary designations. If you have had a recent family status change (marriage, birth, divorce, or death), you may want to update your beneficiary information. In the event of a claim, benefits will be paid to the beneficiary on file.

Note: Group Term Life Insurance/AD&D, Supplemental Life/AD&D and Spouse benefits begin to reduce at age 65.

Long-Term Disability In addition to life insurance, SSMO Ministries Corporation also provides long-term income protection through Unum in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $6,000. Benefit payments begin after 90 days of disability and continue until Social Security Normal Retirement Age with ADEA. Please see the summary plan description for complete plan details.



Why Should I Enroll in Supplemental Life/AD&D Coverage?

- Group rates can be more affordable than the individual market
- AD&D coverage provides coverage for serious injuries or death caused by accidents
- Premiums are automatically payroll deducted
- Extra protection for your family in the event of a claim to assist with covering expenses like mortgages, education, or daily living

Voluntary Benefits

Supplemental insurance plans are a valuable way for employees to protect their future by combining the convenience of payroll deductions with competitive group rates. These voluntary benefits enable employees to customize their insurance package to meet their specific needs. They are appropriate for single as well as married individuals and these benefits may be continued upon termination of employment.

Accident Insurance
Accident Insurance provides 24-hour coverage that can supplement existing medical coverage and help covered employees pay the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in a schedule of benefits.

Hospital Indemnity Insurance
New for 2027! Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit when a covered individual is hospitalized, and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to pay the out-of-pocket expenses and extra bills that can occur due to hospitalization. Lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

Employee Monthly Contributions		
	Accident Insurance	Hospital Indemnity Insurance
Employee Only	$9.75	$15.25
Employee & Spouse	$17.67	$27.96
Employee & Child(ren)	$24.09	$21.52
Family	$32.01	$34.23



Why Choose Voluntary Benefits
Voluntary benefits can provide additional financial protection when unexpected medical events, accidents, or hospital stays result in out-of-pocket expenses.

- Pays you in the event of an accident
- The money is yours to use as you see fit, whether that's paying bills, mortgage, food, or covering the cost of medical care your medical insurance does not cover.

Wellness Benefits
The Voluntary Accident and Hospital Indemnity plans each include a $50 Health Screening Benefit paid annually to all covered persons who complete an annual preventative health screening. Please refer to the Benefit Summaries for qualified health screenings.

Additional Programs

Spot Pet Health Insurance
SSMO Ministries Corporation values the health and well-being of each team member's furry family members. You may enroll in the Spot Pet Health Insurance at any time!

Your monthly premium is paid directly to Spot and is based on your pet's breed, age, and ZIP code.

Spot Accident & Illness Coverage:

- Pets are covered from head-to-tail for unexpected accidents and injuries
- Spot plans cover exams and qualified illnesses and related treatment, surgeries, and medications
- Spot plans cover vet bills for:
  - Vet Exam Fees
  - Dental Illnesses
  - Microchip Implantation
  - X-rays & Tests
  - And much more…
- Visit any vet in the U.S. or Canada
  - Submit your claims online
  - Get cash back for covered vet bills

To find your premium and sign up today, please visit: spotpet.link/ssmo

Additional Spot Perks

- $20 Off Rover Pet Sitting
- 20% Off Pet DNA Kit
- 45% Off Pet Meds through Koala
- 25% Off Fable Pet Gear
- $50 Off Litter-Robot 4
- Plus more

Employee Assistance Program (EAP)
Life doesn't always go as planned. We all experience times when personal challenges or unexpected situations affect our well-being at home or at work. SSMO Ministries Corporation offers an Employee Assistance Program (EAP) through Unum's Life Balance program as a confidential resource available to you and your household members, providing support for a wide range of personal, family, financial, and emotional concerns. Professional counselors can help assess your situation, identify options, develop solutions, and connect you with additional resources when needed.

It's free. Your employer covers the cost of the initial assessment, short-term counseling, and referral services. If ongoing counseling or treatment is needed, your counselor will help you explore available options.

It's confidential. Life Balance is administered by an independent counseling service to help ensure your privacy. No one at work will know you have used the EAP unless you choose to share that information. Your participation will not be included in your personnel file.

Help is just a call or click away. Contact Life Balance at 800-854-1446 or visit Unum Life Balance for support and resources.

403(b) Retirement Plan

Don't miss out on your Sisters of St. Mary of Oregon Ministries Corporation 403(b) Plan benefits! The 403(b) is a valuable benefit that can help you save for a secure and comfortable future. **Plan update: We are transferring our plan to Empower effective Dec. 9, 2026**

Plan Details:

Eligibility

- Deferrals
  - Age 18
- Employer Contributions
  - Age 18 & 12 months of service
  - Note - employees hired prior to Dec. 10, 2026, will continue to be eligible at 6 months of service
- Plan Entry
  - Deferrals - immediate upon reaching eligibility
  - Employer Contributions - monthly

Employer Contributions

- Employer Non-Elective
  - Discretionary, based on years of service

Rollovers Accepted

- Have an old 403(b) or 401(k) plan? You may be able to roll it into your new plan.

Benefits of Enrolling

Convenience

- Easy payroll deductions
- You control your savings rate and can increase it over time

Tax Advantages

- Pre-tax and Roth options available. Each has unique advantages, you choose which one is right for you.

Investment Access

- The Partners Group provides ongoing fiduciary investment oversight, including quarterly reviews of the plan's investment options and recommendations regarding fund additions, replacements, or retention as appropriate.

Portability

- **When you leave the organization, you may roll over your account to a new employer or an IRA.**

Ready to Enroll? Access your Paycom system to review enrollment instructions.

Questions?

- Reach out to your HR Contact or dedicated TPG Retirement Team
  - Human Resources: hr@ssmoministries.org
  - Diana Frost: dfrost@tpgrp.com
  - Kyle Hagmeier: khagmeier@tpgrp.com

See your Summary Plan Description and Investment Option Summary for further plan details. Advisory services offered through TPG Financial Advisors, LLC, an SEC-Registered Investment Advisor and a wholly owned subsidiary of The Partners Group, LLC

Notices, Special Rights, and Privacy

Special Rights - Qualifying Life Events
If you are declining enrollment for yourself or your dependents due to other coverage, you may be able to enroll later if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards it) if you request enrollment within 31 days. If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may also be able to enroll later if you request enrollment within 31 days of the event. To request special enrollment or obtain more information about your Special Enrollment Rights, contact Human Resources. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan. There are also other ways of proving you have creditable coverage. Please contact Human Resources if you need help demonstrating creditable coverage.

Privacy Policy
You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. For example, a physician or hospital is required to provide you with a Notice of Privacy Practices at your first visit. You will be required to sign an acknowledgement indicating that you received the Notice of Privacy Practices. If you have health insurance coverage, the insurance company or health plan will also provide you with a Notice of Privacy Practices immediately after you are enrolled in the plan. It is important that you read the Notice of Privacy Practices in order to understand your rights and know who to contact if you feel your privacy rights have been violated.

Women's Healthcare Rights Act
Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Call your plan administrator for more information.

General Reminders
Health and welfare benefits are not vested benefits and are subject to change at the sole discretion of SSMO Ministries Corporation. SSMO Ministries Corporation reserves the sole and exclusive right to alter, reduce or eliminate any pay practice, policy or benefit at any time without advance notice except where required by law.

Please do not enroll dependents that are not eligible for our benefit plans. To knowingly do so will result in their removal from the benefit plans, your repayment of benefits paid, and possible disciplinary action.

Every effort has been made to assure that the information provided in this benefit guide is accurate. In all cases, however, the benefit plans will be administered in accordance with the governing plan documents, insurance contracts, and Company policies. These documents are available to plan participants upon request.


SISTERS
of ST. MARY
of OREGON
MINISTRIES
CORPORATION