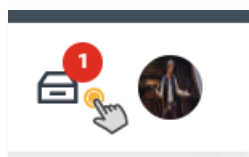


Workday Instructions for Open Enrollment

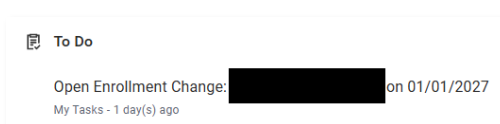
You can access your Open Enrollment task in four (4) different ways.

Follow one of the options below:

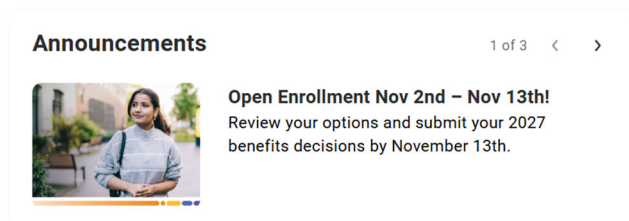
1. My Tasks



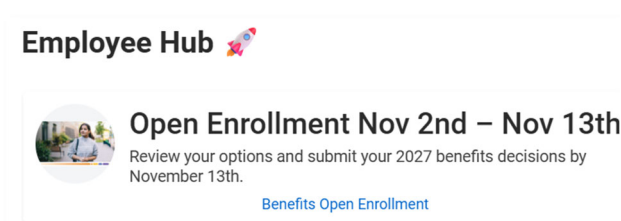
2. To Do



3. Announcement



4. Employee Hub



Workday Instructions for Open Enrollment

Health Care Elections

Your current benefit elections will automatically continue into 2027, except for Flexible Spending Account (FSA) elections. To contribute to a Health Care or Dependent Care FSA in 2027, you must actively enroll and select a new contribution amount during Open Enrollment. If you participate in the Health Savings PPO, review your Health Savings Account (HSA) election and consider whether you want to adjust your contribution for 2027.

Click **Manage** to change, waive, or add/drop dependents to the plan or **Enroll** to elect a new benefit.

Open Enrollment

Projected Total Cost Per Paycheck
\$403.28

Health Care and Accounts

UPDATED

Medical

Aetna Traditional PPO

Cost per paycheck

\$300.00

Coverage

Employee + Spouse

Dependents

1

Manage

Dental

Guardian PPO Dental

Cost per paycheck

\$23.00

Coverage

Employee + Spouse

Dependents

1

Manage

Vision

Waived

Enroll

Critical Illness

Waived

Enroll

Select a plan, then click **Confirm and Continue**.

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Spouse.

3 items

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
Aetna Health Savings PPO	☐ Select ☒ Waive	\$187.00	\$783.00
Aetna Traditional PPO	☒ Select ☐ Waive	\$300.00	\$772.56
Kaiser HMO Southern CA	☐ Select ☒ Waive	\$114.00	\$455.60

Confirm and Continue

Cancel

Workday Instructions for Open Enrollment

Next, you will be able to choose the coverage tier by choosing an option from **Coverage**. If you choose a Coverage tier other than **Employee Only**, select the Dependents you want to enroll. To add dependents not on the list, choose **Add New Dependent**.

Medical - Aetna Health Savings PPO

Projected Total Cost Per Paycheck
\$141.92

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage ★ Search

Plan cost per paycheck

Add New Dependent

1 item

Select	Dependent
☐	Employee Only
☐	Employee + Child(ren)
☐	Employee + Spouse
☐	Employee + Domestic Partner
☐	Employee + Dom Partner + Children
☐	Family

If you will be adding the new dependent as a beneficiary on your life insurance plans, click **Use as Beneficiary**. If not, leave it unchecked.

Add My Dependent From Enrollment

☐ Use an Existing Beneficiary or Emergency Contact

☒ Create Dependent

Use as Beneficiary ☒

Check "Use as Beneficiary" box if you want the option to select the dependent as a beneficiary for life insurance plans.

OK **Cancel**

Workday Instructions for Open Enrollment

Enter your dependent's name, personal information, national ID (i.e., Social Security number). Mandatory fields are marked with a *.

Add My Dependent From Enrollment

0/100

Name

Country * United States of America

Recommended

+ Singapore + United Kingdom

+ Belgium + Germany

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Gender *

Citizenship Status

Tobacco Use Uses Tobacco

* ☐ Yes ☐ No

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Save Cancel

Your home address is automatically selected for your dependent. To use a different address for a dependent, either click the list symbol and select another address on file or click the X to enter a new address.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Address

Use Existing Address X

Country United States of America

Address Line 1

Address Line 2

City

State California

Postal Code

County

Save Cancel

Workday Instructions for Open Enrollment

Health Savings PPO Only: Health Savings Account (HSA) Elections

If you enroll in the Health Savings PPO, you are eligible to make pre-tax contributions to the Health Savings Account.

Click **Select** then **Confirm and Continue** and enter the annual amount or the per paycheck amount that you want to contribute. If you do not want to contribute to the HSA, enter \$0.00 (do not select **Waive**). You will still receive the Illumina contribution if you do not contribute to your HSA.

HSA

Projected Total Cost Per Paycheck
\$152.28

Plans Available

Select a plan or Waive to opt out of HSA.

1 item

Benefit Plan	*Selection	You Contribute (Bi-weekly)	Company Contribution (Bi-weekly)
Health Equity Health Savings Account	☒ Select ☐ Waive		

Confirm and Continue Cancel

Your total HSA contribution includes both your contributions and Illumina's contribution. Be sure the combined amount does not exceed the IRS annual contribution limit. Workday will notify you if your election exceeds the allowed amount. If you are age 55 or older, you may contribute an additional \$1,000 as an HSA catch-up contribution.

HSA - Health Equity Health Savings Account

Projected Total Cost Per Paycheck
\$245.62

Contribute

Per Paycheck 134.62 Annual 3,500.00

Remaining Paychecks 26 Enter Annual Amount

Maximum Annual Amount: \$4,500.00

Summary

Annual Company Contribution \$1,000.00 Take ILMN contribution into account for total annual contribution

Total Annual HSA Contribution \$4,500.00

Workday Instructions for Open Enrollment

Flexible Spending Account (FSA) Elections

If you enroll in the Traditional PPO, Kaiser HMO, Quartz HMO, or if you waive medical coverage, you can enroll in the Health Care FSA. You can enroll in the Dependent Care FSA regardless of your medical plan enrollment.

Healthcare FSA

Projected Total Cost Per Paycheck
\$190.92

Plans Available

Select a plan or Waive to opt out of Healthcare FSA.

1 Item ⌵ ⌶ ⌵

Benefit Plan	*Selection	You Contribute (Bi-weekly)
Health Equity Healthcare FSA	☒ Select ☐ Waive	

Click **Select** on the plan and enter the annual amount or the per paycheck amount that you want to contribute.

Dependent Care FSA - Health Equity Dependent Care FSA

Projected Total Cost Per Paycheck
\$381.54

Contribute

Per Paycheck Annual

Remaining Paychecks 26

Minimum Annual Amount: \$1.00

Maximum Annual Amount: \$5,000.00

Summary

Total Annual Contribution \$5,000.00

Workday Instructions for Open Enrollment

Core Life/AD&D Insurance, Supplemental Life, and Disability Plans

You are automatically enrolled in Core Life/AD&D insurance, Short Term Disability, and Long Term Disability. These benefits are fully paid by Illumina.

You have the option to elect supplemental life insurance for yourself, your spouse or domestic partner, and your children. Click on **Enroll** and choose the coverage amount desired.

You may elect up to \$300,000 in Supplemental Life coverage for yourself without providing Evidence of Insurability (EOI). You may also elect Supplemental Life coverage for your spouse or domestic partner.

If you elect more than \$50,000 in Supplemental Life coverage for your spouse or domestic partner, Sun Life must approve an EOI before coverage above that amount can take effect. Workday will show your full election, but deductions for coverage over \$50,000 will not start until approval is received. The maximum spouse or domestic partner coverage is \$100,000, and child(ren) coverage defaults to \$10,000.

Insurance



Core Life/AD&D
Sun Life 2x Salary (Employee)

Cost per paycheck **Included**

Coverage 2 X Salary

Manage >



Supplemental Life
Waived

Enroll >



Supplemental Spouse Life
Waived

Enroll >



Supplemental Child Life
Waived

Enroll >



Short Term Disability
Sun Life (Disability Payments Not Taxed) (Employee)

Cost per paycheck **Included**

Coverage 60% of Salary

Manage >



Long Term Disability
Sun Life (Disability Payments Not Taxed) (Employee)

Cost per paycheck **Included**

Coverage 66.67% of Salary

Manage >

Workday Instructions for Open Enrollment

Beneficiary Designations

Core Life/AD&D and Supplemental Life for yourself require you to designate at least one beneficiary to receive the benefit if something happens to you. The primary beneficiary for Supplemental Spouse/Domestic Partner Life and Supplemental Child Life is you, the employee.

Click **Manage** to confirm your existing beneficiaries or to make changes. Next, click **Confirm and Continue**.

Core Life/AD&D

Projected Total Cost Per Paycheck
\$111.00

Plans Available
You must select a plan.

1 item

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
Sun Life 2x Salary (Employee)	☒ Select ☐ Waive	Included	\$9.01

Confirm and Continue Cancel

Click on the + sign to add a row, then the list symbol. Click to select from your list of Existing Beneficiary Persons or Trusts. Or click **Add New** to enter a new beneficiary.

When adding a new beneficiary, please make sure to add their best contact number along with a required address.

Core Life/AD&D - Sun Life 2x Salary (Employee)

Projected Total Cost Per Paycheck

Coverage

Calculated Coverage

Coverage 2 X Salary

Plan cost per paycheck Included

Beneficiaries
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 0 items

Beneficiary	Percentage
No items available.	

Workday Instructions for Open Enrollment

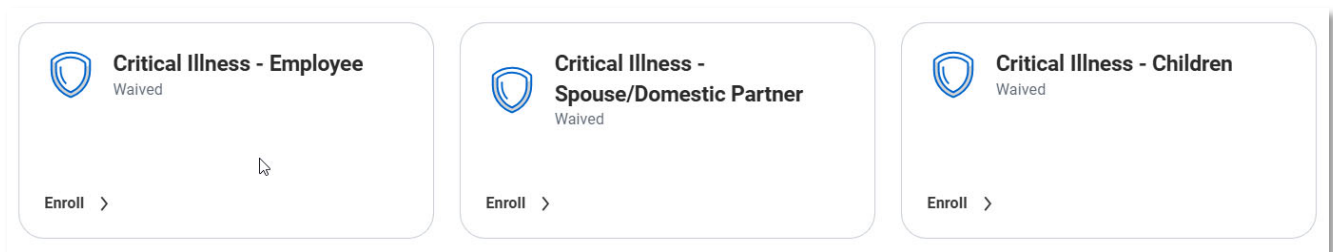
Each life insurance plan will require a Primary beneficiary. You can designate one individual or multiple individuals and split the benefit amount between them. Enter the percentage that each beneficiary will receive, and make sure the total adds up to 100%.

You can also choose to elect secondary beneficiary/beneficiaries in case the primary beneficiary/beneficiaries are deceased when the benefit is paid. This also needs to add up to 100%. Click **Save** when done.

Supplemental Health Insurance Plans – Group Accident, Hospital Indemnity, and Critical Illness*

Group Accident, Hospital Indemnity, and Critical Illness are Supplemental Health Insurance plans available through Sun Life at group rates. If you were enrolled in any of these plans through MetLife in 2026, your coverage will automatically transition to Sun Life for 2027.

New in 2027: Critical Illness coverage will display a separate tile for each tier of coverage: Employee, Spouse/Domestic Partner, and Children.



Click **Manage** to confirm your covered dependents or make changes or **Enroll** to elect coverage for the first time.

If you are enrolling in Critical Illness coverage for the first time, you must first enroll in coverage for yourself. Once you have elected your coverage, you may also enroll your spouse or domestic partner and/or eligible children. Their coverage amount will be 50% of your elected amount.

You must identify each spouse, domestic partner, or child you wish to cover under the Critical Illness plan. Eligible children must be under age 26.

Workday Instructions for Open Enrollment

Legal Plan and EAP

If you were enrolled in the Legal Plan in 2026, your coverage will automatically continue in 2027. New enrollment in the Legal Plan is only available during Open Enrollment.

Legal Plan

Projected Total Cost Per Paycheck

\$190.92

Plans Available

Select a plan or Waive to opt out of Legal Plan.

1 item

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
MetLife Legal Plan	☒ Select ☐ Waive	\$10.66	

You are automatically enrolled in Lyra Health, our Employee Assistance Program. Lyra is provided at no cost to you.

EAP

Projected Total Cost Per Paycheck

\$152.28

Plans Available

1 item

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
Lyra Mental Health	☒ Select ☐ Waive	Included	\$2.22

Workday Instructions for Open Enrollment

View Summary and Submit

When you have completed your elections and returned to the plan tiles screen, click **Review and Sign** to review your elections.

Scroll down to review all your elections, dependent information, and beneficiaries for accuracy. Your total employee bi-weekly cost will be in the top right corner. The total shown may include the cost of spouse or domestic partner Supplemental Life coverage above \$50,000, which is subject to EOI. Deductions for the coverage amount above \$50,000 will not begin unless and until Sun Life approves the EOI.

View Summary

Projected Total Cost Per Paycheck
\$190.92

Confirm and Submit Your Enrollment
Please review your selected benefits below. Confirm the choices you are making are accurate, and that you have assigned beneficiaries for your life insurance coverage.

If you need to make additional changes, click 'cancel.'

If you do not click 'submit' by the end of Open Enrollment your changes will not be applied for 2026.

Selected Benefits: 8 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Aetna Health Savings PPO	01/01/2026	12/21/2025	Employee Only			\$49.00
Dental Guardian PPO Dental	01/01/2020	12/29/2019	Employee Only			\$13.00
Vision VSP PPO Vision	01/01/2020	12/29/2019	Employee Only			\$2.00

Submit

Cancel

Electronic Signature

If all is correct and accurate, review the acknowledgment, check the box next to **I Accept** and then click **Submit**.

Electronic Signature

The above reflects the benefits that I have elected and grants authorization to my employer to make the necessary payroll deductions. I understand that I cannot make changes to my elected benefits, or enroll in any currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". Pursuant to IRS Section 125 rules, I understand that I must notify Illumina, Inc. of a "Qualified Family Status Change" within 31 days from the date of occurrence.

If I elect a Group Accident, Critical Illness or Hospital Indemnity plan, I am confirming that I am not on a medical leave of absence.

I Accept ☒

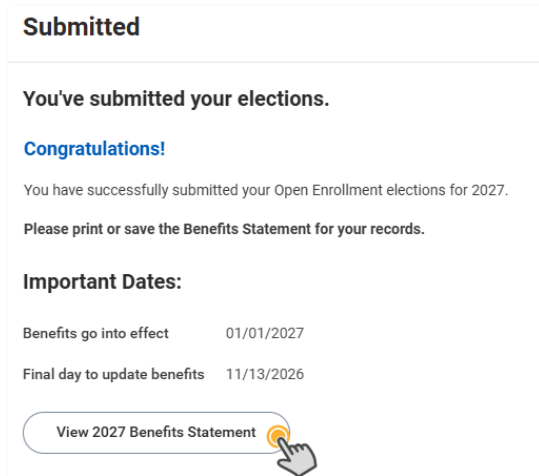
Submit

Cancel

Workday Instructions for Open Enrollment

Print Benefit Summary

Next, you will see a confirmation screen showing that your enrollment has been submitted. Click **View 2027 Benefits Statement** to view and print a copy for your records.



Making Changes to your Open Enrollment Elections

You can make changes to your Open Enrollment elections through the last day of Open Enrollment, November 13, 2026:

1. From your Workday home page, click **Open Enrollment** under **Announcements**.
2. Select **Employee Benefits Open Enrollment Selection** and click **Continue**.
3. Make your benefit elections or updates.
4. Check box next to **I Accept**. Click **Submit** to save your revised elections.

