

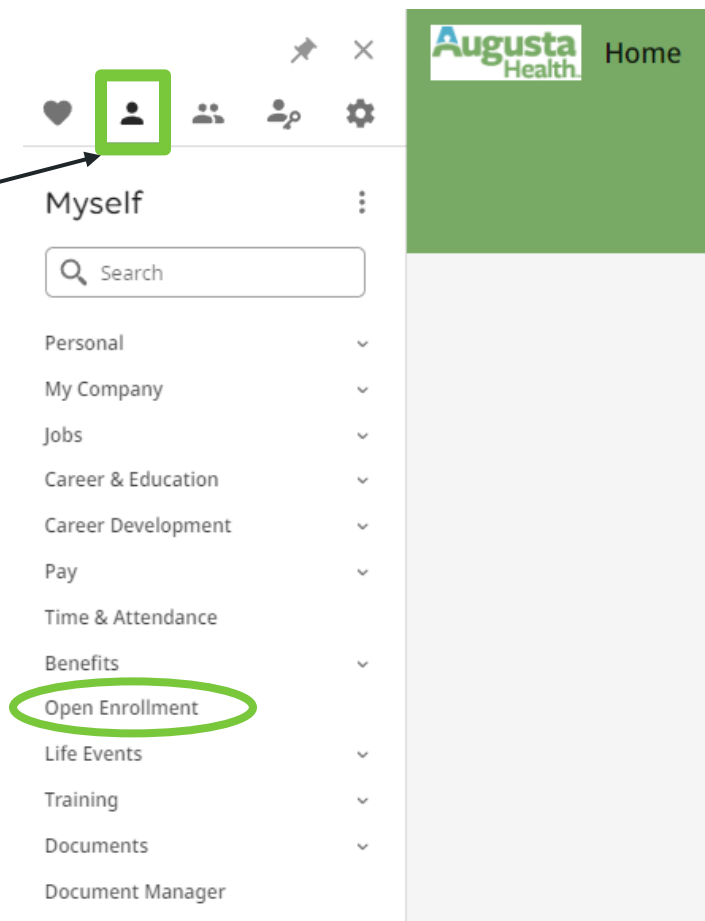
# OPEN ENROLLMENT ELECTIONS

Open enrollment is 10/22/2023 to 11/4/2023.

Your changes will take effect January 1, 2024. You **MUST** enroll if you are enrolling in a Flexible Spending and/or Dependent Care Account.

## How to Access Open Enrollment:

1. Log into UKG/Ultipro
2. Select Menu
3. Myself
4. Open Enrollment
5. 2024 Open Enrollment.



## Open Enrollment

Description	Session Open Date	Session Close Date	Status
<a href="#">Open Enrollment 2024</a>	10/16/2023	11/04/2023	In Progress

## **Begin Open Enrollment**

The About Open Enrollment page is the starting point for making open enrollment elections. Scroll to review the information listed here.

### **Select Next on Tool bar in top Right-Hand corner.**

Note: At any time, you can use the Draft button to enter and save some information now and continue the election later.

The screenshot shows the August Health website interface. On the left is a vertical navigation menu with the following items: 'About Open Enrollment' (highlighted), 'Verify Beneficiary And Dependent Information', 'Medical', 'Dental', 'Vision', and 'Health Savings Account'. The main content area is titled 'About Open Enrollment' and features the August Health logo. Below the logo, it says 'Welcome to August Health's Annual Open Enrollment Session!'. The text continues: 'Augusta Health strives to provide you with a valuable, responsive, and flexible benefits package. Annual Open Enrollment is your opportunity to review all your benefit options and to elect the coverage options that are most beneficial to you and your family including options for medical, dental, vision, accident coverage (AD&D), voluntary life insurance, health savings account and flexible spending accounts.' It also states: 'Open enrollment begins October 22, 2023 and ends at midnight on November 4, 2023. If you do nothing, your benefits will remain the same except for FSA and Dependent Care.' In the top right corner, there is a toolbar with icons and labels for 'back', 'next', 'submit', 'draft', 'reset', 'cancel', 'print', and 'help'.

## **Verifying Beneficiaries and Dependents**

6. View summary information.
7. To edit information about a beneficiary or dependent, select the **Name**
8. Click **Edit**. Edit the information, as needed.
9. Select **Save**.
10. To add a new beneficiary or dependent, click the **Add** button and follow steps 7A-7B.
11. Select **Next**.

Name ↑	Relationship	Designation
<a href="#">Mouse Jr., Mickey</a>	None	<input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Emergency contact
<a href="#">Mouse, Minnie</a>	Spouse	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact

**Any person you are adding to your benefit plans is a Dependent both spouse and children. Social Security numbers, birth dates, and gender are required to add each Dependent to your plans. The designation for each also needs to be checked to add a Dependent or Beneficiary to your plans. If these fields are not checked or completed, you will not be able to proceed with adding your family members.**

## Add/Change Contact

 delete | 
  save | 
  reset | 
  cancel | 
  print | 
  help

### Designation

Select at least one designation for this contact. **Note:** Identifying this record as a **Dependent** or **Beneficiary** only makes them eligible for consideration, it does not automatically add them to any benefit plans.

Relationship	None	Designation	<input type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary <input type="checkbox"/> Emergency contact
--------------	------	-------------	--

## Mouse Jr., Mickey

 cancel | 
  edit | 
  print | 
  help

### Personal

SSN	123-45-6789
Date of birth	10/05/2007
Gender	Male

Date of marriage  
 Date of divorce  
 Employer  
 Occupation

### Designation

Relationship	None
<input checked="" type="checkbox"/> Dependent <input type="checkbox"/> Beneficiary <input type="checkbox"/> Emergency contact	

## Enrolling in your Benefit Plans

Select or Decline plan.

1. To Select, click the radio button next to the plan name.
2. If you choose anything other than employee only you must elect the dependents to be enrolled in the plan.
3. To decline, click the I decline button above plans presented.
4. Select **Next**
5. **Your current plan elections can be seen in the right-hand corner within the Current Plan box.**

### Medical

← → | ✓ | 📄 ↺ ⊗ | 🖨️ ⓘ  
back next submit draft reset cancel print help

### Select a Plan

Use the options below to choose or decline a plan.



Augusta Health offers 2 medical plan options the POS Plan and the HDHP Plan, both provide comprehensive coverage. Please review the plan summaries and detailed information provided to the right hand side of each option.

In addition, we are continuously partnering with Quantum Health. With unlimited access to care coordinators, you can get assistance with billing, claims, pricing, and finding a provider. You can receive assistance via the mobile app, on the web, or by calling the toll free

[Read more](#)

**Current Plan**  
as of 12/17/2023  
No current plans for this type.

I decline Medical plans.

POS Plan

#### Options

<input type="radio"/> Employee Child Full Time	\$159.69
<input type="radio"/> Employee Child Part Time	\$287.08
<input type="radio"/> Employee Children FT	\$243.69
<input type="radio"/> Employee Children PT	\$438.46
<input type="radio"/> Employee Full Time	\$74.77
<input type="radio"/> Employee Part Time	\$164.21

#### POS Plan Plan Information

##### Point of Service (POS) Plan

Higher Premiums  
Lower Deductible  
2 Networks:

- Augusta Preferred
- Aetna Primary

[AH PPO Plan Summary](#)

78 Medical Center Drive  
Fishersville, VA 22939  
augustahealth.com

800-932-0262  
540-332-4000

**Follow the above steps for all benefits offered.**

- Depending on the benefit you are electing, additional fields may appear.
- For a HSA or FSA plan type, you may select to enter a flat dollar per paycheck amount or a yearly contribution amount.
- For a plan with beneficiaries, you are required to enter applicable beneficiary information as well as percentages for primary and secondary beneficiaries. See steps below.
- Evidence of insurability (EOI) may be required for life insurance plans. If applicable, a message will appear. The maximum benefit amount that can be elected will be displayed.

**Beneficiaries**

For plans that require beneficiaries to be added:

**EE Supplemental Life**

Elect up to \$500,000 in supplemental life insurance through Reliance. The guaranteed issue amount is the amount of insurance that you may elect without providing evidence of good health. If you enroll as a new hire, the guaranteed issue amount is the lesser of five times earnings or \$250,000. No medical information is required. Amounts over \$250,000 will require evidence of good health.

[Evidence of Insurability Form.pdf](#)

I decline EE Supplemental Life plans.

Supp Life

\$0.92 Biweekly\*

Benefit Amount

Desired benefit amount

The maximum benefit amount value is \$500,000.00

Coverage start date\*: 01/01/2024

\*Estimated values

**Enroll Beneficiaries**

Name	Primary	Secondary
<input checked="" type="checkbox"/> Minnie Mouse	<input checked="" type="radio"/> 100	<input type="radio"/> <input type="text"/>

**Click the check box next to the name of the beneficiary. Enter the percentage amount for the beneficiary. Primary beneficiaries must total 100%. Secondary beneficiaries, if selected, must also total 100%.**

## Review and Submit Elections

Review the election information on the Confirm Your Changes page. This page contains personal information and benefits selected and declined. Return to the applicable pages to make any changes, if needed. If there are any errors or information needed these notifications will be shown at the top of this screen.

Confirm Your Elections or Changes

← → | ✓ | 📄 ↺ | ✕ | 🖨️ ⓘ  
back next submit draft reset cancel print help



**You have made it through our 2024 Open Enrollment!** Please make sure to hit **SUBMIT** in the top right hand corner of this page to confirm your new elections.

Effective 12/18/2023

This page shows a summary of the changes you are about to make. Any errors or information needed will also pop up at the top of this page indicating the plan and the issue or information needed. If you need assistance please contact Human Resources.

Please verify your changes carefully before submitting.

1. If you need to make any edits you can do so by selecting the plan type or plan description hyperlink to return to the election page.
2. When you are satisfied with your changes, please click the **Submit** button on the toolbar in top right hand corner.

I hereby authorize Augusta Health Care, Inc., or its designee, (collectively, "Augusta Health") to withhold from my wages each pay period of my employment. This authorized withholding is to cover the portion of benefit premiums for which I have elected and am responsible, including amounts that I may owe for premiums for members of my family. Should the cost of my portion of benefit premiums increase in the future, I authorize Augusta Health to withhold from my wages such increased amount, unless I otherwise revoke this authorization. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

As a reminder Augusta Health does offer additional benefits at 100% employer cost. This would include our Short Term Disability, Long Term Disability, Employee Assistance with CANOPY, workers compensation.

If you would also like to make changes to your Retirement Contributions at this time, please visit the Prudential website at: [www.prudential.com/login](http://www.prudential.com/login).

Select **Submit** in upper right-hand corner on toolbar to complete your elections. Click **Ok**. If the popup does not appear, please ensure you do not have popups blocked in UltiPro.

---

nz17.ultipro.com says

You are about to finish and submit your elections. Continue?

OK

Cancel

---

A confirmation screen will appear.

**PRINT THIS PAGE FOR YOUR RECORDS!**

78 Medical Center Drive  
Fishersville, VA 22939  
augustahealth.com

800-932-0262  
540-332-4000