



Augusta Health | UKG Benefits 2024-2025 Team Member Job Aid

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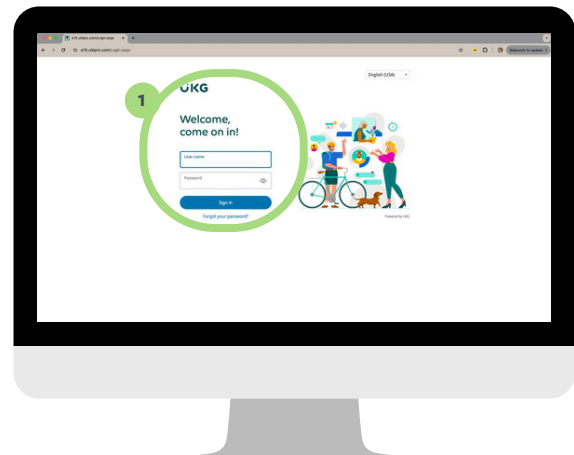
Section 1

How to Access Your UKG Benefit Enrollment for Open Enrollment, New Hires, and Life Events

1 Log into UKG/Ultipro

(New System Users or for Password Resets, [please start here](#))

- a. Username: your 5-digit team member ID
- b. Password: Use Date of Birth - MM/DD/YYYY to login, ONLY if it is your first time logging in or you are resetting your password.



→ **Please note:**

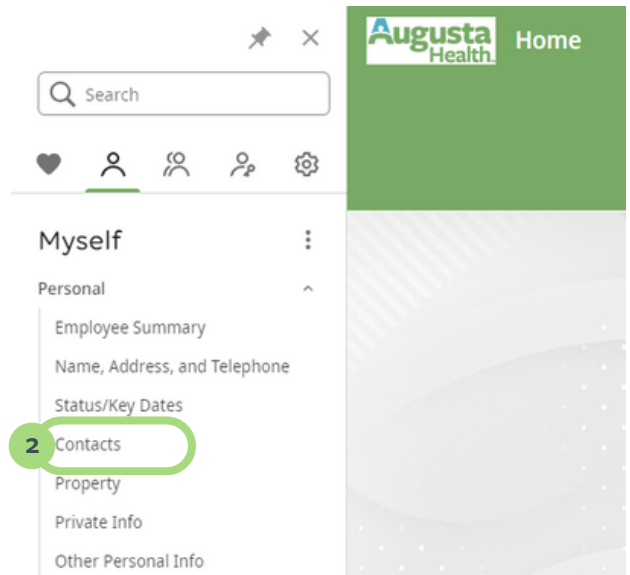
When resetting your UKG/Ultipro password or logging in for the first time, you'll use your date of birth. You will then be prompted to personalize it with a new 15-character password.

Section 2

Adding or Changing Your Beneficiaries and Dependents

2 Verifying Beneficiaries and Dependents

- a. View summary information.
- b. To edit information about a beneficiary or dependent, select the Name.
- c. Click Edit. (Edit the information, as needed.)
- d. Click Save.
- e. To add a new beneficiary or dependent, click the Add button in the upper right hand corner. (Make sure Social Security Number, Date of Birth, and Gender are added.)



Contacts

+ add |
 🖨 print |
 ? help |
 >

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

Section 2 (continued)

Adding or Changing Your Beneficiaries and Dependents

Please note:

Any person you are adding to your benefit plans as a Dependent must be a spouse and/or 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: Dependent
 Beneficiary
 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

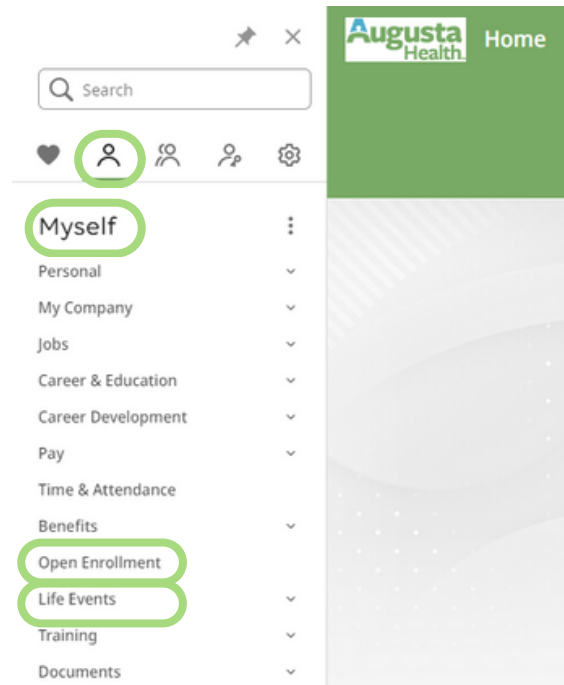
Dependent
 Beneficiary
 Emergency contact

Section 3

Accessing your Benefit Enrollment Event

Follow these steps:

- Click the Side Navigation Menu (3 bars in the upper left corner).
- Select Myself (icon of a person).
- From the Myself Menu select (as applicable):
 - a. Open Enrollment
 - b. Life Event / New Hire
 - c. Life Event / My status Has Changed

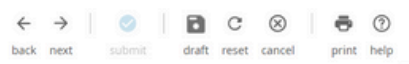


Section 4

Enrolling in your Benefit Plans

Select or Decline a plan.

Medical



Select a Plan

Use the options below to choose or decline a plan.

You may choose to enroll in one of the medical plans below. Please review the information in the [Team Member Benefits site](#) for more details.

- **To enroll:** Select your plan by clicking the name of the plan and then selecting the applicable option. If you are adding dependents (spouse/children) to your plan, you will need to select their individual names once you have selected your medical plan.
- **To decline:** select "I Decline..." button.

I decline Medical plans.

HDHP with HSA

HDHP with HSA Plan Information

Please refer to the Benefits Guide on the [Team Member Benefits site](#) for detailed information about each medical plan, such as deductibles, covered benefits, networks, premiums, etc.

Options

Employee Child Full Time \$116.31

Current Plan
as of 10/14/2024

▶ HDHP with HSA

- To Select, click the radio button next to the plan name.
- If you choose anything other than employee only you must elect the dependents to be enrolled in the plan.
- To decline, click the I decline button above plans presented.
- Select Next.

Follow the above steps for all benefits offered.

- Depending on the benefit you are electing, additional fields may appear.
- 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.

Section 4 (continued)

For Health Savings, Flexible Spending, and Dependent Care Accounts:
Elect either your contribution per paycheck or annual contribution.

Flexible Spending Account

Select a Plan

Use the options below to choose or decline a plan.

A **Flexible Spending Account (FSA)** allows employees to contribute tax-free dollars into an account that can be used throughout the year on qualified medical, dental and vision or qualified dependent care expenses — reducing out-of-pocket costs. **Please review the information in the [Team Member Benefits site](#) for more details.**

We offer three different types of accounts:

1. A **Full Purpose Medical FSA** that covers general-purpose health expenses for employees enrolled in the HDHP medical plan.
2. A **Limited Purpose Dental and Vision FSA** that covers dental & vision expenses for those that are enrolled in the HDHP ONLY.
3. A **Dependent Care FSA** that lets participants save money on day care expenses for children up to

[Read more](#)

I decline the Flexible Spending Account plan.

Flexible Spending Account

\$640.00 Biweekly*

Enter amount for:

Contribution per pay check

\$640.00

Annual contribution

\$3,200.00

Beneficiaries

For plans that require beneficiaries to be added:

EE Supplemental Life

I decline EE Supplemental Life plans.

Supplemental Life Employee

\$25.40 Biweekly*

Benefit Amount

Benefit amount

\$500,000.00

The maximum benefit amount value is \$500,000.00

Coverage start date*: 10/15/2024

*Estimated values

Enroll Beneficiaries

Name	Primary	Secondary
<input checked="" type="checkbox"/>	<input checked="" type="radio"/> 100	<input type="radio"/>
	100.00%	0.00%

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%.

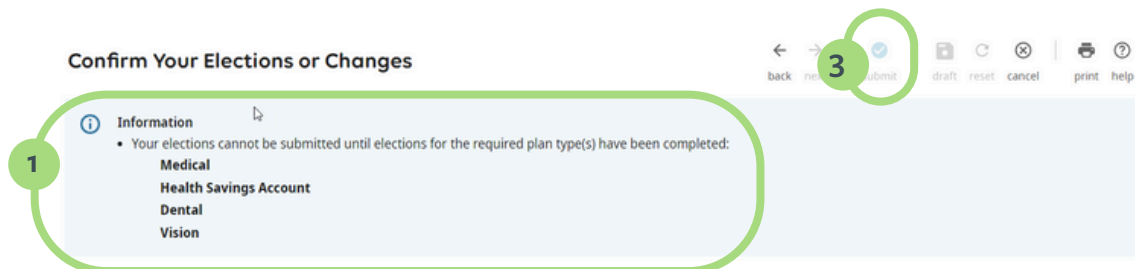
Section 5

Review and Submit

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.

Please note the following:

1. If you do NOT see a blue box above your elections, your elections can be submitted.
2. If you need to make any edits to your elections, you may do so by selecting the plan name in the navigation pane to the left to return to that benefits election page.
3. If the Submit button is grayed out, then you have not completed all elections or have not completed them correctly.



This page shows a summary of the changes you are about to make. Please verify your changes carefully before submitting.

Please note the following:

- **If the Submit button is grayed out, then you have not completed all elections or have not completed them correctly.**
- Please review the information in the blue box above. You must take action to resolve any issues before submitting your election.
If you do NOT see a blue box above, your elections can be submitted.
- If you need to make any edits to your elections, you may do so by selecting the plan name in the navigation pane to the left to return to that benefits election page.

When you are satisfied with your changes, click the "Submit" button (upper right).

NOTE:

- Once you have completed your elections, any subsequent changes will only be allowed if you experience a qualifying life event and make any necessary benefit changes within 30 days of the life event. Otherwise, changes may be made during our next annual open enrollment period.
- Once you submit your elections, you will not be able to modify these elections. If you need to make additional changes prior to your 30 day window for elections, contact a member of HR at HumanResources@AugustaHealth.com or 540-332-4700.

If you do not click "Submit," your elections will not be final.

- 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.



submit

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!