



Augusta Health | UKG Benefits 2026 Team Member Job Aid

(Life Events & New Hires)

Section 1

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

1 Log into UKG

You can access UKG in two ways:

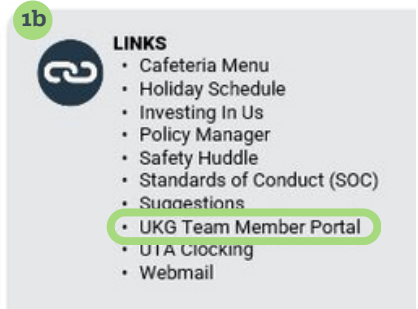
Method 1: Logged into the Augusta Health Network

- 1a Go to Pulse (desktop shortcut).
- 1b Scroll down to the bottom > Under Links > Click on UKG Team Member Portal.

(No User ID or password required.)

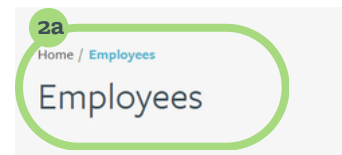
PLEASE NOTE:

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



Method 2: Off the Augusta Health Network (Internet Access)

- 2a Visit: www.augustahealth.com/employees
- 2b Select UltiPro.
- 2c Enter your User ID (Employee ID #) and Password for UKG.



Work Resources for Employees

- o Health Stream
- o Secure Login
- o UltiPro
- o Webmail
- o Open Enrollment / Benefits
- o Investing in Us
- o Hospital Affiliation Verification
- o Volunteering Opportunities
- o Employee Parking Map



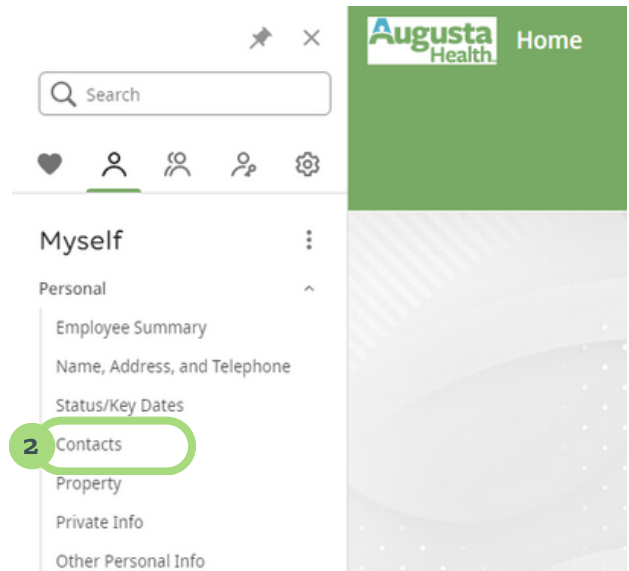
If you need help resetting a password to please contact the IT Service Desk at (540) 332.5555 or ITHelp@AugustaHealth.com

Section 2

Adding or Changing Your Beneficiaries and Dependents

2 Verifying Beneficiaries and Dependents

- View summary information.
- To edit information about a beneficiary or dependent, select the Name.
- Click Edit. (Edit the information, as needed.)
- Click Save.
- 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

Status Active		
Name ↑	Relationship	Designation
Mouse, Minnie	Spouse	☒ Beneficiary ☒ Dependent ☒ Emergency contact
Mouse Jr., Mickey	None	☐ Beneficiary ☒ Dependent ☐ 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

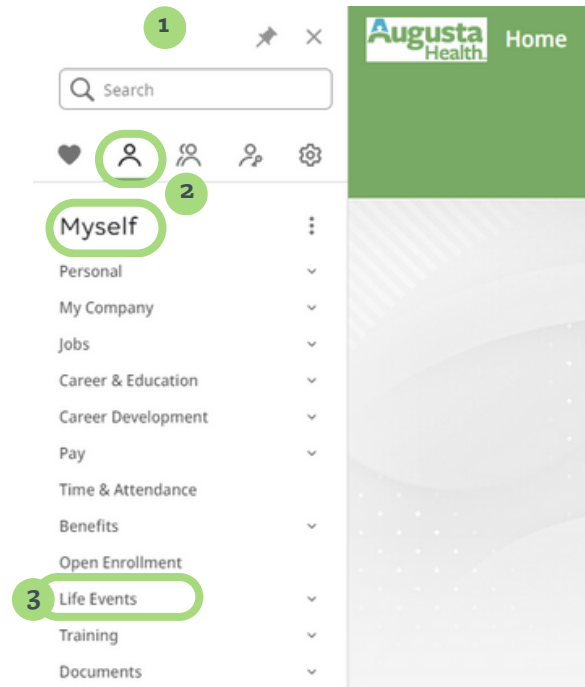
Relationship None
☒ Dependent
☐ Beneficiary
☐ Emergency contact

Section 3

Accessing your Benefit Enrollment Event

Follow these steps:

- 1 Click the Side Navigation Menu (3 bars in the upper left corner).
- 2 Select Myself (icon of a person).
- 3 From the Myself Menu select Life Events.



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.

←

→

submit

draft

reset

cancel

print

help

back

next

submit

draft

reset

cancel

print

help

Current Plan

as of 10/14/2024

▶ 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.

○ HDHP with HSA

Options

○ Employee Child Full Time

\$116.31

- 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)

Flexible Spending Accounts (FSA) and Dependent Care Accounts:

For these accounts, you'll need to elect either your contribution per paycheck or your total annual contribution.

Please note:

- Team members enrolled in the POS medical plan are eligible for the full Medical Flexible Spending Account (FSA).
- Team members with any other medical plan may choose the Limited Purpose FSA, which can be used for dental and vision expenses only.

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 not 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

☐ Annual contribution

Health Savings Account (HSA)

If you are enrolling in a High Deductible Health Plan (HDHP), you are eligible for a Health Savings Account (HSA).

Please note:

- You must be enrolled in a qualifying HDHP to participate in an HSA.
- You cannot decline the HSA. If you do not wish to make personal contributions, simply elect \$0 for your contribution amount.
- Electing \$0 allows you to still receive the employer contribution into your HSA account.

Type Information

[print](#)

A Health Savings Account (HSA) is a tax-advantaged savings account that individuals can use to pay for qualified medical expenses. **To be eligible for an HSA, you must be enrolled in the High Deductible Health Plan (HDHP).** View your current coverage, if any, in the box to the right (click the arrow).

NOTE: If you are enrolled in the HDHP medical option, you cannot decline the HSA. To receive only the employer contribution, simply enroll in the HSA and select \$0 for your personal contribution.

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 enter your contribution amount, either per pay check or annual.
- To decline, select "I Decline Health Savings Account plans."

[Close](#)

Section 4 (continued)

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

The maximum benefit amount value is \$500,000.00

Coverage start date*: 10/15/2024

*Estimated values

 Enroll Beneficiaries

Name	Primary	Secondary
☒	☒ 100	☐
	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

Viewing Your Enrolled Benefits

When you click the carrot (▼) or toggle button next to a section header, a dropdown will appear showing all benefits you're currently enrolled in.

Current Plan
as of 12/31/2025

▼ **POS Plan**

Your cost
\$211.38 Biweekly

Option
Employee Spouse Full Time

Plan Dependents

Before submitting your benefits elections, take a moment to review all of your selections carefully.

- 1 If you do not see a blue box above your elections, your elections are complete and ready to submit.

If the Submit button is grayed out, this indicates that:

- Not all elections have been completed, or
- One or more selections were entered incorrectly.



- If you do see a blue box, this means there's a section that still needs your attention. The blue box will list the name of the section you need to return to in order to complete or correct your election.



About Open Enrollment
Verify Beneficiary And Dependent Information
Medical
Health Savings Account
Dental
Vision
Flexible Spending Account
Full Purpose Medical FSA
Limited Flexible Spending Account
Dependent Care FSA
Group Term Life Insurance
Group Term Life
EE Supplemental Life
Accidental Death/Dismembr
Group AD&D
Voluntary AD&D Employee
Spouse Vol Life/AD&D
Voluntary Life Spouse
Voluntary AD&D Spouse

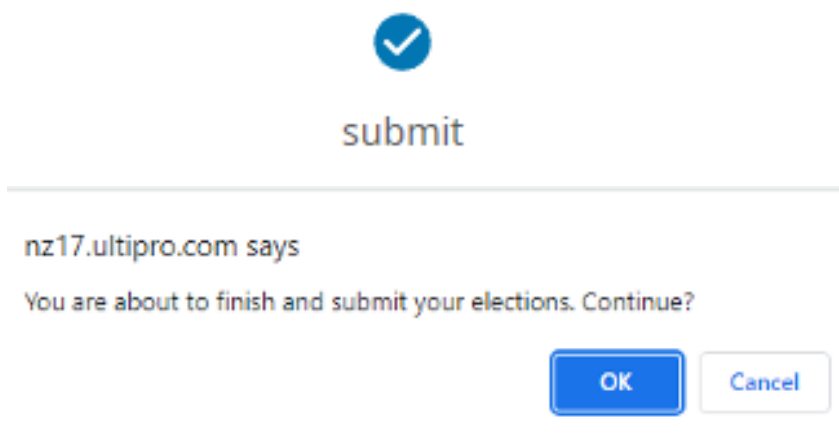
Confirm Your Elections or Changes

Information

- Your elections cannot be submitted until elections for the required plan type(s) have been c

Medical
Health Savings Account
Dental
Vision
Flexible Spending Account
Full Purpose Medical FSA
Limited Flexible Spending Account
Dependent Care FSA
Group Term Life Insurance
Group Term Life
EE Supplemental Life
Accidental Death/Dismembr
Supplemental AD&D Employee
Group AD&D
Spousal Supplemental Life
Supplemental Life Spouse
Supplemental AD&D Spouse
Child Supplemental Life
Supplemental Life Child
Supplemental AD&D Child
Voluntary Products
Accident Insurance
Hospital Indemnity Insurance
Critical Illness Employee
Critical Illness Spouse
Critical Illness Child

- Once all elections are complete, review the information on the [Confirm Your Changes](#) page. This page includes your personal details and all benefits selected or declined.
- If you notice any errors or missing information, return to the applicable page(s) to make corrections. Any notifications or required actions will appear at the top of the screen.
- 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 UKG.



A confirmation screen will appear.

Print this page for your records!

Need help? We're here for you!

If you have questions or need help with your benefits enrollment, contact us at:

 HumanResources@AugustaHealth.com

 (540) 332-4700