



Augusta Health | UKG Benefits 2026 Team Member Job Aid

(Open Enrollment)

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Section 1

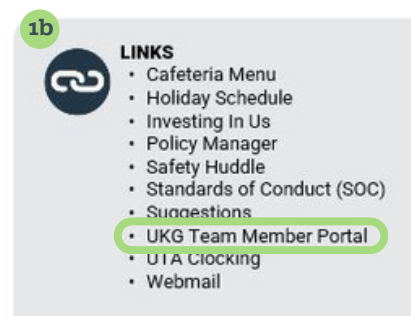
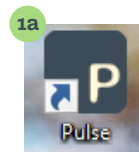
How to Access Your UKG Benefit Enrollment for Open Enrollment

1 Log into UKG

You can access UKG in two ways:

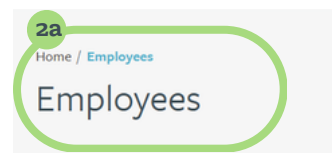
Method 1: Logged into the Augusta Health Network

- 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.)



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



PLEASE NOTE:

When resetting your UKG/UKG 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.

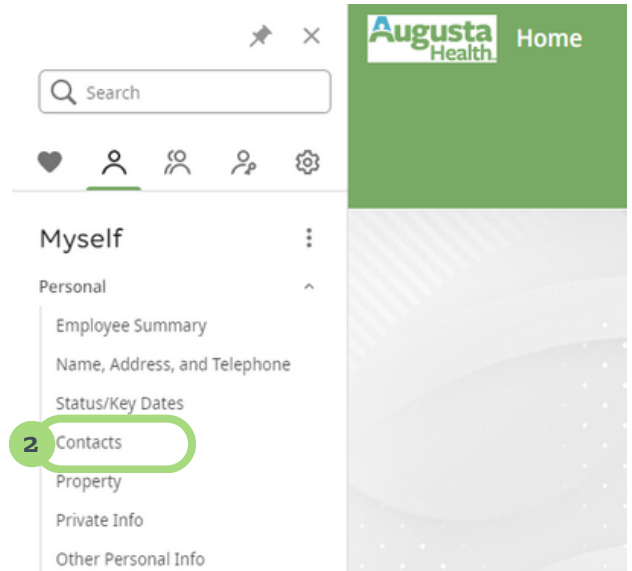
If you need help resetting a password to please contact the IT Service Desk at (540) 332.5555 or ITHelp@AugustaHealth.com

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

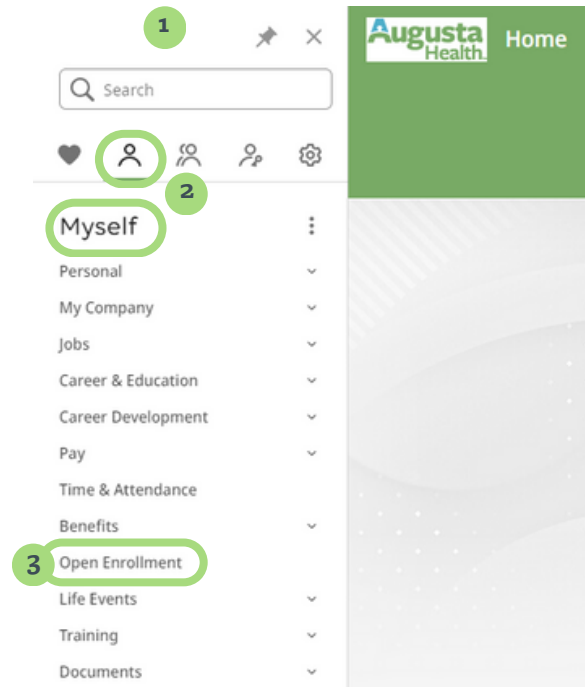
Relationship None
☒ Dependent
☐ Beneficiary
☐ Emergency contact

Section 3

Accessing your Benefit Enrollment Event

Follow these steps:

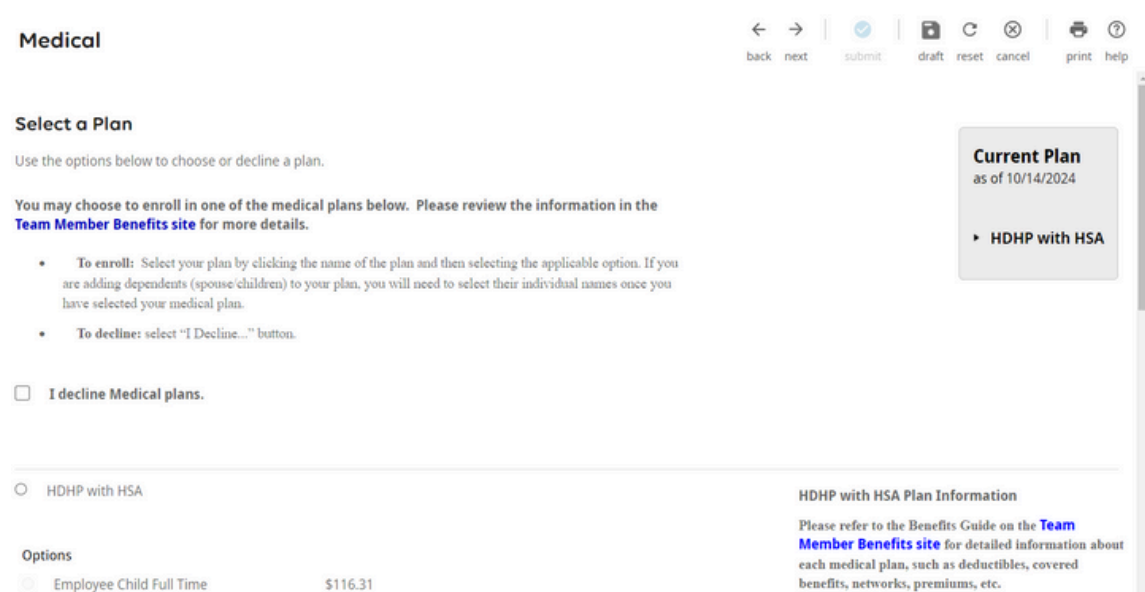
- 1 Click the Side Navigation Menu (3 bars in the upper left corner).
- 2 Select Myself (icon of a person).
- 3 From the Myself Menu select Open Enrollment



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

Options

☒ Employee Child Full Time \$116.31

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.

back next submit draft reset cancel print help

- 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

\$640.00

☐ Annual contribution

\$3,200.00

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.



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!

Section 6

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

Or, meet 1:1 by phone with a licensed benefits counselor for personalized support in choosing benefits and enrolling in UKG.

Schedule your appointment:

Scan the QR code or visit

calendly.com/the-cason-group/augusta-health



scan here