



Augusta Health | UKG Benefits 2027 Team Member Job Aid

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Section 1

How to Access Your UKG Benefit Enrollment for Open Enrollment

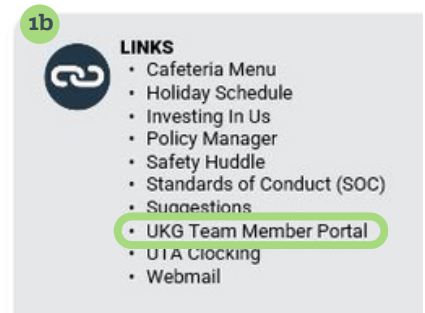
1 Log into UKG

You can access UKG in two ways:

Method 1: Logged into the Augusta Health Network

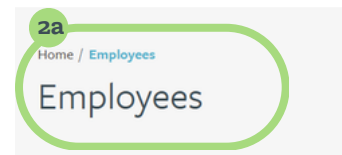
- 1a Go to Pulse (desktop shortcut).
- 1b Scroll down to the bottom > Under Links > Click on UKG Team Member Portal.

(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

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



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.

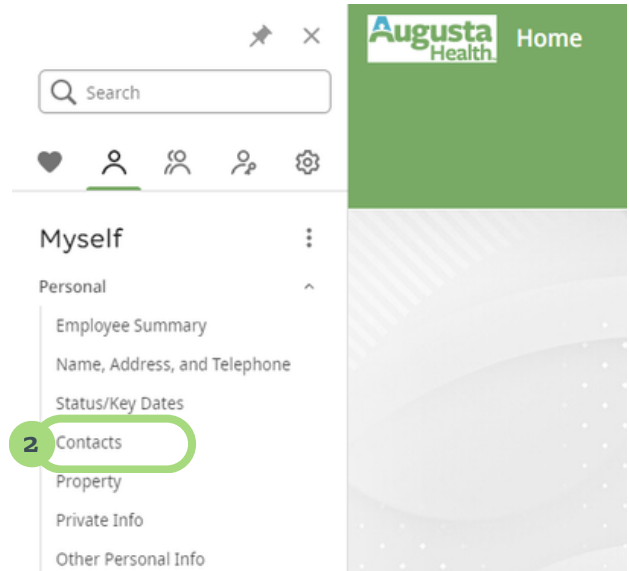
If you need help resetting a password please contact the IT Service Desk at (540) 332.5555 or ITHelp@AugustaHealth.com

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, Gender, and Relationship Type 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

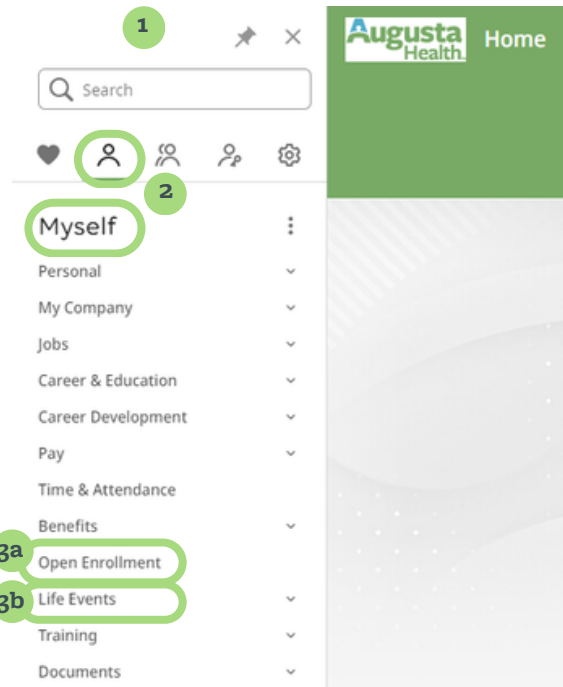
☒ Dependent
 ☐ Beneficiary
 ☐ Emergency contact

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 Choose the option that applies to you:
 - 3a. **OPEN ENROLLMENT**
 - If you are completing your annual Open Enrollment elections, select Open Enrollment from the Myself menu.
 - 3b. **LIFE EVENT**
 - If you are newly hired or completing a mid-year benefit change due to a qualifying life event (birth, marriage, etc.), select Life Events from the Myself menu.



Section 4

Enrolling in your Benefit Plans

Select or Decline a plan.

Medical

←

→

✓

📄

↺

✕

🖨

?

back

next

submit

draft

reset

cancel

print

help

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.

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.

PAGE 05

Section 4 (continued)

Working Spouse Surcharge

As part of your benefits enrollment, you will be asked to complete the Working Spouse Surcharge question after making your medical election.

You must select an option before you can continue your enrollment.

- About Open Enrollment
- Verify Beneficiary And Dependent Information
- Medical
- Working Spouse Surcharge
- Working Spouse Surcharge**
- Health Savings Account



PLEASE NOTE:

The Working Spouse Surcharge applies only if you are covering a spouse on an Augusta Health medical plan and your spouse has access to medical coverage through their own employer. If this applies, a \$46.15 bi-weekly surcharge will be added.

(The surcharge does not apply if your spouse does not have access to employer-sponsored medical coverage, such as a spouse who is not employed, is retired, has Medicare, or works for Augusta Health.)

Working Spouse Surcharge
Select a plan
Use the options below to choose a plan.
Complete this attestation if you are enrolling or continuing coverage for your spouse under an Augusta Health medical plan. If your spouse is eligible for comprehensive group medical coverage through their employer but declines that coverage and remains enrolled in an Augusta Health medical plan, a working spouse surcharge will apply.
The working spouse surcharge is intended to encourage eligible spouses to enroll in medical coverage available through their own employer and to help share the cost of healthcare coverage between employers. The surcharge is \$100.00 per month, deducted as \$46.15 per bi-weekly pay period.

☐ Working Spouse Surcharge
Options

☐ No coverage available.	\$0.00
☐ Not adding a spouse.	\$0.00
☐ Yes, coverage available.	\$46.15

Which Option Should You Choose?

1 No coverage available.

- Select this option if you are covering your spouse through Augusta Health and your spouse does not have medical coverage available through their employer.
- Examples include a spouse who is not employed, is retired, or has Medicare/Medicaid.

2 Not adding a spouse.

- Select this option if you are not covering a spouse on your Augusta Health medical plan.
- This includes team members who are not married or who have a spouse but are not enrolling that spouse in Augusta Health medical coverage.

3 Yes, coverage available.

- Select this option if you are covering your spouse through Augusta Health and your spouse has medical coverage available through their own employer.
- A \$46.15 bi-weekly surcharge will apply if you select this option.

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 Augusta Health POS medical plan or who do not elect an Augusta Health medical plan are eligible for the full Medical Flexible Spending Account (FSA).
- Team members enrolled in another 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.



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