



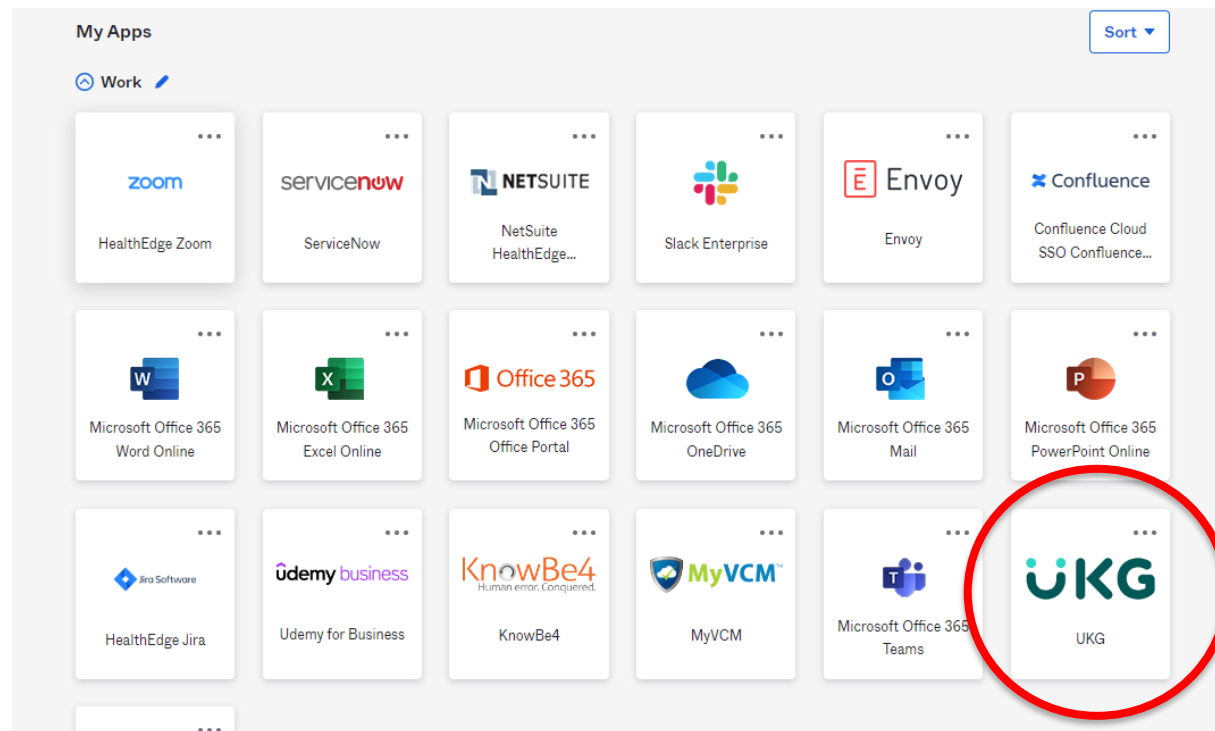
# UKG Step-by-Step Enrollment Guide

## 2023 Open Enrollment

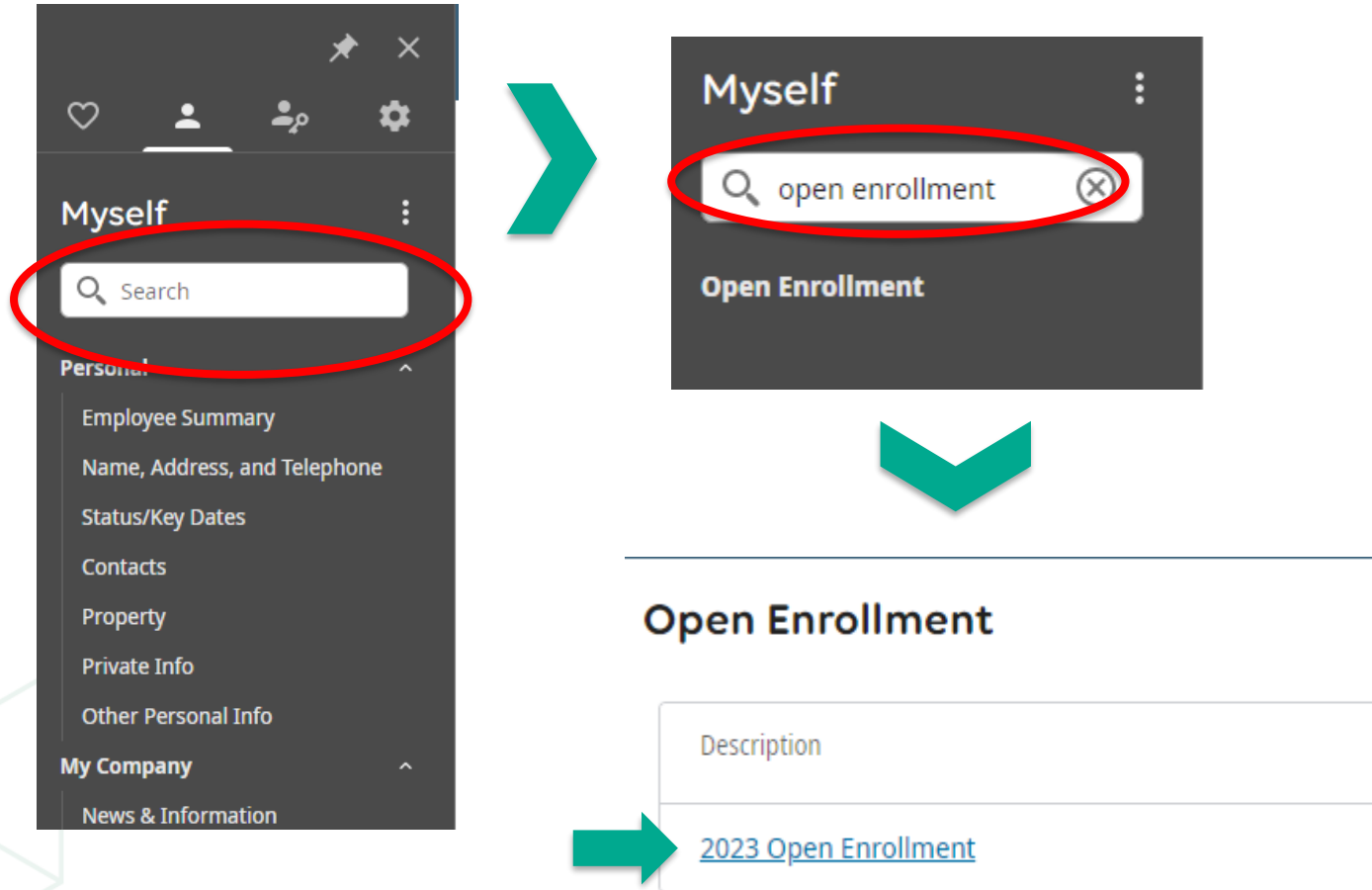


# UKG is accessible through Okta

<https://healthedge.okta.com/app/UserHome>



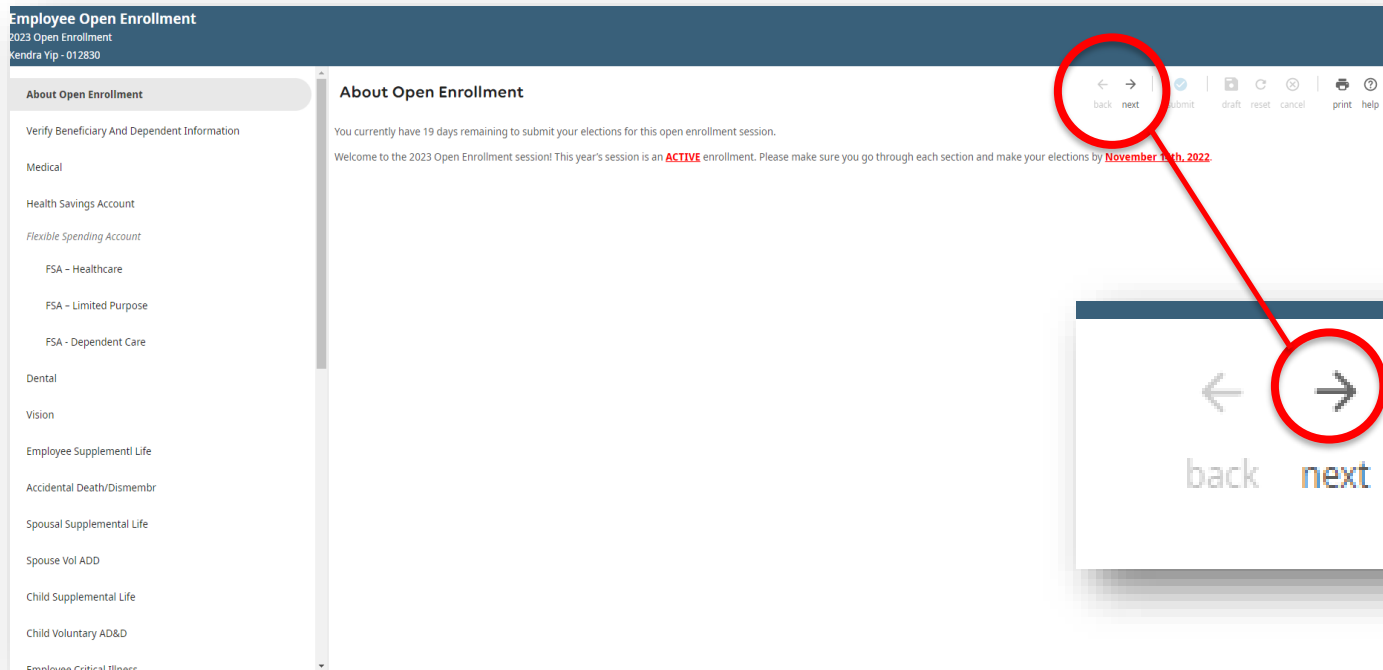
# The 2023 Open Enrollment event is accessible through UKG



- Under the “Myself” tab on the left-hand side of the screen find the search bar.
- Type in Open Enrollment and hit enter to search.
- Click on the Open Enrollment event.
- This will populate a new page with an event labeled “2023 Open Enrollment”.
- Click 2023 Open Enrollment to enter the event.



# About Open Enrollment - Session Start



- Once you enter the event you will navigate through the event by hitting next.
- You may also hit the back button at any time to go through the previous pages.



# Verify Beneficiary and Dependent Information

## Verify Beneficiary and Dependent Information

Before moving forward, please review your existing contact information below. To modify, click on the contact name, select "edit", update the contact form and "save". To add a new contact, click on the green "+" button at the top right of the page, complete the contact form and "save".

Name ↑	Relationship	Designation	
<input type="text" value="Name"/>	Spouse	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact	



### To Add a Beneficiary/Dependent

- Click on the plus sign within the circle to add a new beneficiary or dependent.

## Verify Beneficiary and Dependent Information

Before moving forward, please review your existing contact information below. To modify, click on the contact name, select "edit", update the contact form and "save". To add a new contact, click on the green "+" button at the top right of the page, complete the contact form and "save".

Name ↑	Relationship	Designation	
<input type="text" value="Name"/>	Spouse	<input checked="" type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Dependent <input checked="" type="checkbox"/> Emergency contact	



### To Edit an Existing Beneficiary/Dependent

- Click on their name to edit information



# Adding New Beneficiary or Dependent

## Step 1: Personal Information

- Enter their personal information such as name, date of birth, SSN, and gender.

**Add/Change Contact** delete save reset cancel print help

Contact is active

**Personal**

First

Middle

Last

Former last

Suffix

SSN

Date of birth

Gender

Date of marriage

## Step 2: Designation

- Assign a relationship such as spouse or child.
- Assign a designation of beneficiary, dependent and/or emergency contact.

**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

Designation

Dependent

Beneficiary

Emergency contact

## Step 3: Contact

- Enter their address, telephone number and email address.

**Address**

Address is different from employee

Country

Address

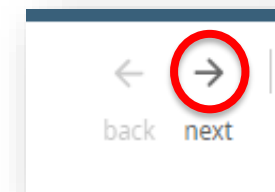
Address 2

City

State/Province

Zip/Postal code

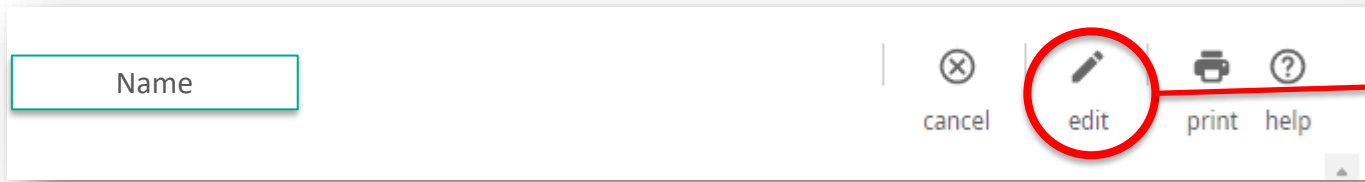
County



Hit next to progress

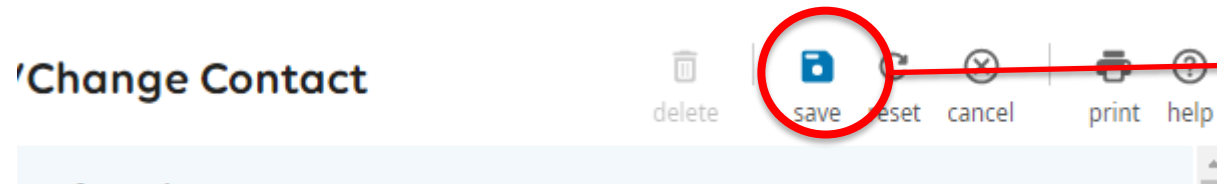


# Edit Existing Beneficiary or Dependent

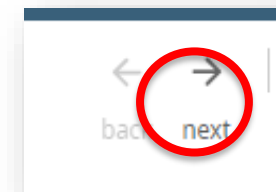


- Click on edit to change personal information, designation, and contact information

## 'Change Contact



- Click save to save your changes



Hit next to progress



# Medical/Dental/Vision

- Read through the plan options carefully. Find the plan you wish to elect.

High Deductible Health Plan

\$104.31 Semimonthly\*

Options

Options

Employee Only \$51.85

Employee + Child(ren) \$99.43

Emp + Domestic Partner \$104.31

Employee + Spouse \$104.31

Emp + Dom Partner Family \$143.96

Employee + Family \$143.96

 **Enroll Dependents**

You must enroll between 1 and 1 dependents in the plan.



Name

## Step 1: Selecting the plan type

- Find the plan type you would like to elect.
- Click on the radial button. It is selected when it turns blue.

## Step 2: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 3: Enroll the correct dependents

- Click on the radial button next to the desired dependent(s). It is selected when it turns blue with a white check mark.
- Check to make sure SSN, date of birth, and gender are reflecting accurately in the menu that appears





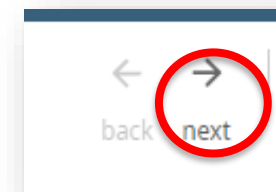
# Waiving Coverages for Medical/Dental/Vision

 I Waive Medical I decline Dental plans. I decline Vision plans.

## Waiving coverages

- For any coverage you wish to waive you must choose “I Waive” or “I Decline”, depending on the plan.

**If you are declining coverages, please keep in mind that the next opportunity to enroll in coverage will be the next Open Enrollment period, or if you have experienced a qualifying life status change.**



Hit next to progress



# Health Saving Account

**IMPORTANT:** You must select the HSA and contribute your own dollars in order to receive the Employer Contribution. If you waive the HSA, you are also waiving the employer contribution which will require completion of the waiver acknowledgement.

I decline Health Savings Account plans.

HSA Individual plan

Enter amount for:

Contribution per pay check \$0.00  
 Annual contribution   
*Enter a value that is less than or equal to \$3,350.00*

Coverage start date\*: 01/01/2023

Remaining pay checks\*: 24 ⓘ

## Declining coverages

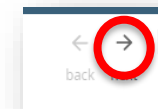
- If you would like to decline coverage, choose “I decline Health Savings Account plans.”
  - Remember you are not eligible for an HSA if you choose the Aetna Core or Buy-Up Plan.

## Step 1: Selecting the plan type

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 2: Contribution Amount

- You may enter your contribution amount as an annual contribution or input as contribution per paycheck; the system will automatically calculate your total contribution.
- The amount you enter will always be funded as a per paycheck contribution.



**Hit next to progress**



# Flexible Spending Accounts

## Healthcare/Limited Purpose/Dependent Care

I decline the FSA - Healthcare plan.

FSA - Healthcare

Enter amount for:

Contribution per pay check \$0.00

Annual contribution \$0.00

*Enter a value that is less than or equal to \$3,350.00*

Coverage start date\*: 01/01/2023

Remaining pay checks\*: 24 ⓘ

### Declining coverages

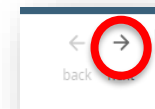
- If you would like to decline coverage, choose “I decline the FSA.”
  - Remember you are not eligible for a Healthcare – FSA if you choose the Aetna HDHP Plan. You may still elect a Limited Purpose – FSA and Dependent Care FSA.

### Step 1: Selecting the plan type

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

### Step 2: Contribution Amount

- You may enter your contribution amount as an annual contribution or input as contribution per paycheck; the system will automatically calculate your total contribution
- The amount you enter will always be funded as a per paycheck contribution.




Hit next to progress



# Voluntary Life and AD&D

## Employee/Spouse/Child

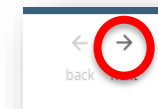
I Decline Employee Vol Life

 **Enroll Beneficiaries**

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

### Declining coverages

- If you would like to decline coverage, choose “I decline.”
- Due to a system limitation, you will still need to enter a beneficiary into the plan. This is a required placeholder but added beneficiary(s) will not receive any benefits.
  - Select any beneficiary from your list and assign them as primary, 100%
- **If you are declining coverages, please keep in mind that the next opportunity to enroll in coverage will be the next Open Enrollment period or if you have experienced a qualifying life status change.**



Hit next to progress



# Voluntary Life and AD&D

## Employee/Spouse/Child

Supplemental Life - EE 25K  
\$1.12 Semimonthly\*

**Benefit Amount**

**Benefit amount**

The maximum benefit amount value is \$25,000.00

**Enroll Beneficiaries**

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

**Enroll Dependents**

You must enroll between 1 and 1 dependents in the plan.

### Step 1: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

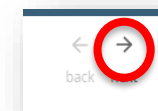
### Step 2: Enroll Beneficiaries

- Enter your beneficiaries for the plan

### Step 3: Remember your election amount

- Our plan rules state that if you elect Voluntary Life, you must also elect the same amount of Voluntary AD&D

**Tip:** If you are enrolling in Spouse or Child Life you must enroll the correct dependent in the plan.



**Hit next to progress**



# Critical Illness/ Accident/ Hospital Indemnity

I decline the Voluntary Accident plan.

Voluntary Accident

## Options

- |  |          |
|--|----------|
| <input type="radio"/> Employee Only                | \$51.85  |
| <input type="radio"/> Employee + Child(ren)        | \$99.43  |
| <input type="radio"/> Emp + Domestic Partner       | \$104.31 |
| <input checked="" type="radio"/> Employee + Spouse | \$104.31 |
| <input type="radio"/> Emp + Dom Partner Family     | \$143.96 |
| <input type="radio"/> Employee + Family            | \$143.96 |

## Enroll Dependents

You must enroll between 1 and 1 dependents in the plan.

## Declining coverages

- If you would like to decline coverage, choose “I decline.”
- **If you are declining coverages, please keep in mind that the next opportunity to enroll in coverage will be the next Open Enrollment period or if you have experienced a qualifying life status change.**

## Step 1: Selecting the plan options

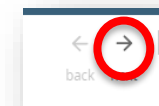
- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 2: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 3: Enroll the correct dependents

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue with a white check mark.
- Check to make sure SSN, date of birth, and gender are reflecting accurately in the menu that appears



Hit next to progress



# Critical Illness/ Accident/ Hospital Indemnity

I decline the Voluntary Accident plan.

Voluntary Accident

## Options

- |  |          |
|--|----------|
| <input type="radio"/> Employee Only                | \$51.85  |
| <input type="radio"/> Employee + Child(ren)        | \$99.43  |
| <input type="radio"/> Emp + Domestic Partner       | \$104.31 |
| <input checked="" type="radio"/> Employee + Spouse | \$104.31 |
| <input type="radio"/> Emp + Dom Partner Family     | \$143.96 |
| <input type="radio"/> Employee + Family            | \$143.96 |

## Enroll Dependents

You must enroll between 1 and 1 dependents in the plan.



Name

## Declining coverages

- If you would like to decline coverage, choose “I decline.”

## Step 1: Selecting the plan options

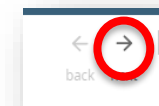
- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 2: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 3: Enroll the correct dependents

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue with a white check mark.
- Check to make sure SSN, date of birth, and gender are reflecting accurately in the menu that appears



Hit next to progress

# ID Theft




**I decline Theft plans.**

**ID Theft**  
\$6.48 Semimonthly\*

**Options**

<input type="radio"/> Employee Only	\$3.48
<input type="radio"/> Emp + Dom Partner Family	\$6.48
<input type="radio"/> Emp + Domestic Partner	\$6.48
<input type="radio"/> Employee + Child(ren)	\$6.48
<input type="radio"/> Employee + Family	\$6.48
<input checked="" type="radio"/> Employee + Spouse	\$6.48

 **Enroll Dependents**  
You must enroll between 1 and 1 dependents in the plan.

## Declining coverages

- If you would like to decline coverage, choose “I decline.”
- **If you are declining coverages, please keep in mind that the next opportunity to enroll in coverage will be the next Open Enrollment period or if you have experienced a qualifying life status change.**

## Step 1: Selecting the plan type

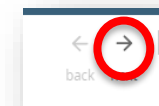
- Click on the radial button next to the plan option you would like to elect. It is selected when it turns blue.

## Step 2: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.

## Step 3: Enroll the correct dependents

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue with a white check mark.
- Check to make sure SSN, date of birth, and gender are reflecting accurately in the menu that appears



**Hit next to progress**



# Legal Insurance



I decline the Legal plan.

Legal

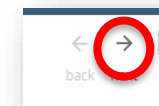
\$10.63 Semimonthly\*

## Declining coverages

- If you would like to decline coverage, choose “I decline.”
- **If you are declining coverages, please keep in mind that the next opportunity to enroll in coverage will be the next Open Enrollment period or if you have experienced a qualifying life status change.**

## Step 1: Selecting the plan type

- Click on the radial button next to the plan type option you would like to elect. It is selected when it turns blue.



Hit next to progress



# Employer Paid Life and AD&D

This benefit is provided to you by HealthEdge at no cost to you. You must elect the benefit in UKG to complete the event.

**GTL - Life**  
\$0.00 Semimonthly\*  
**Benefit Amount**  
**Benefit amount** \$125,000.00

## Step 1: Selecting the plan options

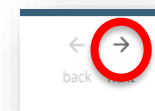
- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.
  - You cannot waive this coverage

**Enroll Beneficiaries**

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

## Step 2: Enroll Beneficiaries

- Enter your beneficiaries for the plan



**Hit next to progress**



# Employer Paid – Short- and Long-Term Disability

This benefit is provided to you by HealthEdge at no cost to you. You must elect the benefit in UKG to complete the event.

STD

\$0.00 Semimonthly\*

**Benefit Amount**

**Benefit amount**

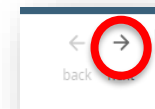
\$1,500.00 Per week

**Coverage start date\*:** 01/01/2023

*\*Estimated values*

## Step 1: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.
  - You cannot waive this coverage



**Hit next to progress**



# Employer Paid – Ginger Mental Health

This benefit is provided to you by HealthEdge at no cost to you. You must elect the benefit in UKG to complete the event.

Ginger Mental Health

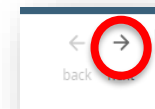
**Benefit Amount**

**Benefit amount** \$0.00

## Step 1: Selecting the plan options

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.
  - You cannot waive this coverage

Your dependents age 18 years or older are automatically covered under the plan.



**Hit next to progress**



# Employer Paid – EAP

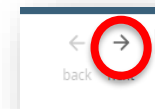
This benefit is provided to you by HealthEdge at no cost to you. You must elect the benefit in UKG to complete the event.



Employee Assistance Program

## **Step 1: Selecting the plan options**

- Click on the radial button next to the coverage option you would like to elect. It is selected when it turns blue.
  - You cannot waive this coverage



**Hit next to progress**

# Confirm Your Elections



## Information

- Your elections cannot be submitted until elections for the required plan type(s) have been completed:  
**Flexible Spending Account**  
FSA - Limited Purpose  
FSA - Dependent Care

## ▼ New Benefits - As of 01/01/2023 Estimated Total Cost: \$162.32

Plan Type	Plan Details	Your semi-monthly cost
<a href="#">Medical</a>	High Deductible Health Plan Coverage: Employee + Spouse  Covered Family Members	\$104.31

## ▼ Declined Benefits - Annual Open Enrollment

Plan Type	Plan Details
<a href="#">Health Savings Account</a>	HSA Individual plan

## Step 1: Check for Errors

- If you have forgotten to make an election the system will indicate that your event cannot be submitted.
- For any plans listed, use the left-hand navigation bar to find and click on the benefit to take action on.

## Step 2: Review Your Elections

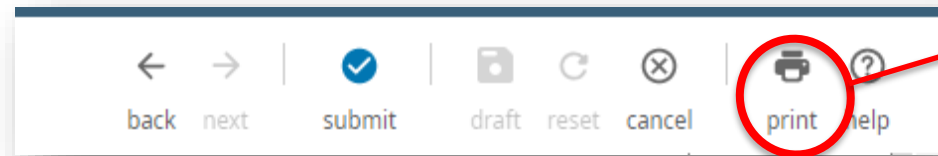
- In the “New Benefits” section double check that all plans and dependents are reflected as you intended.
- If a benefit needs correcting, use the left-hand navigation bar to find and click on the benefit to take action on.

## Step 3: Review Your Declined Benefits

- In the “Declined Benefits” section, double check that there are no plans listed that you had intended to elect.
- All benefits in this section are declined and you will not have the benefit as of 1/1/2023.
- If a benefit needs correcting, use the left-hand navigation bar to find and click on the benefit to take action on.

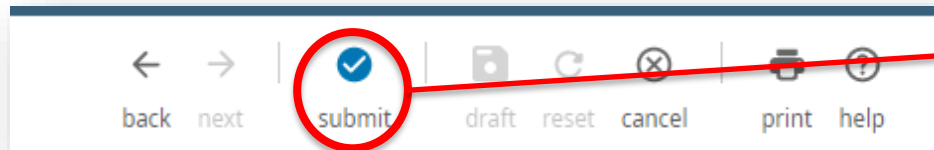


# Complete Your Enrollment



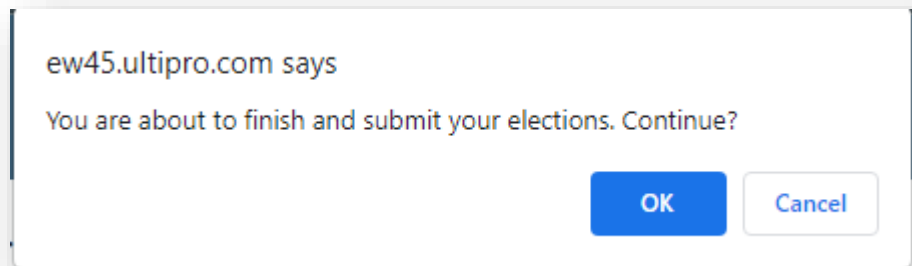
## Step 1: Print Your Confirmation Page

- Once you have confirmed that you have elected or waived all benefits and checked that all dependents have been correctly added – print your confirmation page and save for your records.



## Step 2: Submit

- Once you have confirmed your elections and printed your confirmation page you may hit submit!
- You will get a pop-up warning – hit OK to submit.



**Congratulations you have completed your enrollment!**