

AU Health System

How to Enroll in Benefits Online

Benefit Options
Your Benefits. Your Way.

 **AUGUSTA UNIVERSITY**

Welcome to AU Medical Center How to enroll in benefits online tutorial

Agenda **Getting Started**

How to Enter a Dependent

Electing a Plan

Important Information

Before you begin, please review the Enrollment Guide and Benefits Summary. This tutorial will review proof of other medical coverage, how to enroll a dependent and the required documentation, how to elect a plan, and other important information.

Default Coverage

What happens if you do not complete the on-line process?

Base Medical Plan

- Employee only coverage
- Premiums deducted from pay check
- Non-tobacco Incentives cannot be applied

25K Life Insurance

- Unknown beneficiaries

No savings plan contributions

Cannot be changed until Open Enrollment or a Life Change Event

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What happens if you do not complete the online enrollment process? As a new hire you will be defaulted to the Base Medical Plan, for which premiums will be deducted from your pay and non-tobacco incentives cannot be applied. You will be defaulted to the 25K life insurance policy, and your beneficiaries are unknown and there can be no HSA or FSA contributions. For Open Enrollment you need to specify your HSA and FSA contributions each year, verify dependents information and if applicable select or decline a medical plan, providing proof of other coverage if you are declining.

Getting Started

- Make Sure You Have All Required Documents
- Use Internet Explorer as Your Browser
- Disable Pop-Up Blocker
- Check Compatibility Mode



As you begin your enrollment make sure:

- You have your documents,
- Are using internet explorer as your browser, the system will not work properly with other browsers,
- Under the tools option on your computer, disable your pop-up blockers and verify the compatibility view is checked with UnicornHRO as an added website.

Required Documentation

Eligible Dependents

- Legal Spouse
- Domestic Partner
 - Life
 - Dental
 - Vision
- Dependent Child up to age 26

Proof of Status

- Marriage Certificate/License
- Birth Certificate
- 1st page of federal tax form
- *Current Social Security Card

*Copies of current Social Security Cards are required for all dependents

If you are adding dependents to any plans, have your dependent verification documents saved to the computer you will use to complete your on-line enrollment. You will need to upload copies of these to the enrollment system. You will also need social security cards for all dependents

Proof of Other Medical Coverage

- If you are declining medical coverage with AUHS, you must document proof of other medical coverage. During the online enrollment process you will need to enter the information from your current medical insurance card. You will be prompted for this information when you select “decline” from the medical coverage options list.



If you currently have medical insurance and are declining medical coverage with AU Medical Center, you will need to have your current medical insurance information available so you can enter the information requested in the system. If you are not prompted for proof of other coverage, deselect “decline” and then select “decline” again. The system should prompt you for the information.

Complete Enroll On-Line


On-line enrollment is through Employee Self-Services (ESS). To access ESS you must log in through the MyAugusta website at <https://my.augusta.edu/>

Employee Self Services Link:
<https://saas.unicornhro.com/scripts/cgiip.exe/WService=gwemployee/gwmain.r?CN=2484>

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To log in to Employee Self Services go to the MyAugusta website at <https://my.augusta.edu/> and enter “employee self services” under Apps & Tools. <https://my.augusta.edu/>

Convert Select

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Employee Self-Service


Customer ID: 2484
Employee ID:
Password:

[login](#) [recover my password](#)


Employee ID: Your Employee ID can be found on the back of your AU Medical Center issued employee badge.

Your Employee ID (T&A) is located on the back of your employee badge to the right of ID #. It is the first five numbers following 101. Do not use the 0 at the end - 101xxxx0. When entering above, please add a leading 0 to the first five numbers after 101 and leave off the 0 at the end. For example, if your ID # is 101234560, you would enter 023456.


Password: Last 4 digits of your SS# and your birthday year. For example, if your SS# ends in 5678 and you were born in 1965, enter 56781965. Previous Users: Please use the same password that you have been using to date.



Employee ID: 101123450


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You are now at the Employee Self Services log in page. Follow the directions on the page to log in using your employee ID and default password. Make sure to change your password after your initial login.


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Employee Contact - Validation


Please confirm that your home and work location information is correct, if not please update. Click on Update to apply changes or to verify current information. Click on OK to continue.

Home Mailing Address 

Effective Date:
Address:
Phone Number:
Cell Phone Number:

Work Location 

Effective Date:
Building Code:
Room Number:
Phone Number:
Cell Phone Number:
Work Email Address:



Personal


- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

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NOTE: You must enter a work location to continue

Your name and home address should automatically populate to this screen, please review carefully to make sure the information is accurate. You can make changes by clicking the update button.

Before the system will allow you to proceed you must add your work location. Click on the update button and enter your department name and location. Then click “back” to return to this screen.

After updating all information click OK

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Welcome to the Georgia Regents Medical Center employee self service website. To view your employee information, please click on the appropriate links located on the left side of the screen.

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Under the Benefits Heading, click on First Time Enrollment or Open Enrollment. Remember, if you are a new hire completing this process for the first time, and this is also time for Open Enrollment, you must complete First Time Enrollment and then Open Enrollment.

PERSONAL

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- Dependents
- Education
- Emergency Contacts
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- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
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- Training Enrollment
- Work Address Information

Payroll

- W-4 Forms
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History

Documents

- First Time Enrollment
- Benefit Statement
- **Benefit Enrollment**
- Total Compensation Statement

Welcome to The AU Health System's New Hire Benefits Enrollment process. You may return to the new hire benefits enrollment function at any time during the first 30 days of your hire date to make additional changes. Please make sure you click submit at the end of the process for your benefits to take effect. Failure to complete all of the steps in the process will result in your benefits not being set up.

An "important information" sheet is attached that must be read before beginning the enrollment process. It will also be helpful to review the benefit summary information on the AU Medical Center Employee Benefits website.

Click on the following links for review:

- Important Information
- 2020 Benefits Summary
- 2020 Enrollment Guide
- AUHS Official Letter with Federally Required Communications
- 2020 Wellness Incentives
- Frequently Asked Questions
- Allstate Benefits Plan Enrollment
- Additional Voluntary Benefits Information
- Base Medical Plan Summary of Benefits & Coverages
- Choice Medical Plan Summary of Benefits & Coverages
- Select Medical Plan Summary of Benefits & Coverages

Click the Next button at the bottom of this page to begin your online new hire enrollment.

- 1 Verify Personal Information
- 2 Verify Dependent Information
- 3 Verify Information
- 4 Review and Elect Benefits
- 5 Review Elections
- 6 Benefit Statement

next

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Review Documents and Important Notices

To review any information related to benefits you may click on the links under Important Links. To begin the enrollment , click next.

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1 Verify Personal Information

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefits Beneficiaries
- Total Compensation Statement

Please verify that the following information is correct.
Feel free to make any necessary address changes and click the Next button to continue.
If you need to change your name, social security number or date of birth, contact the Human Resources Department.

First Name:
Initial:
Last Name:
Address:
City:
State:
Zip:
Phone Number:
Cell Phone Number:
Cell Carrier:
Alternate Phone 1:
Alternate Phone 2:
Alternate Phone 3:
Alternate Phone 4:
Alternate Phone 5:
Social Security Number:
Date of Birth:
Date of Hire:

[back](#) [next](#)

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This is Step 1 of the enrollment process. Verify your information. Then click next



In Step 2, you will review current dependent information, make sure to check the SSN and birthdate carefully. If you need to enter dependents, you will do so at this screen by clicking Add. If you are not entering dependents, click Next

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Add Dependent

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Print Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deductions(e)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

First Name:

Middle Initial:

Last Name:

Second Last Name:

Social Security Number:

Relationship:

Date of Birth: (no mm/dd/yyyy)

Gender:

Full-Time Student: Yes No

Disability:

New dependents must have valid documentation uploaded in order to verify their status as dependents.
If you do not have an electronic documentation file that can be uploaded at this time, please click Cancel and return when you are ready to upload the file.

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If you clicked Add on the previous screen, you are ready to enter your dependents name, address, social security number and other required information. Enter this information for the first dependent and click submit

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Personal

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- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Paid Time Off
- Leave Request
- Psychick Information
- Psychick Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

Upload Dependent Verification File

* * Required

Description:

Date Loaded: 09/13/2016

Step 1. Select File to Upload (25MB Maximum Size): No file chosen

Step 2. Upload the file:

Step 3. Click the Submit button below AFTER you have clicked the upload icon.

To allow blocked content, click on the yellow bar at the top of your screen, 'Click here for options...', click Display Blocked Content.

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You will be required to upload the documentation you saved on your computer earlier. Enter a Description of the document, such as birth certificate or marriage license. Click on browse to search on your computer for the appropriate document. When you have located the document, click Upload. When the document has uploaded click submit at the bottom of the page. Don't forget to include a copy of each dependents social security card.

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Upload Dependent Verification File

* Required

Description:

Date Loaded: 09/13/2016

Download	File Type	Size (KB)	Upload Date	Action
test.pdf	application/pdf	63	09/13/2016 2:16:10 PM	delete

To allow blocked content, click on the yellow bar at the top of your screen. [Click here for options...](#) [Click Display Blocked Content.](#)

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employer Firms
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
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We recommend you verify the document is correct and clearly legible, by opening from this site. Once everything is complete, click submit

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Update Dependent

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
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- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

First Name:

Middle Initial:

Last Name:

Second Last Name:

Social Security Number:

Relationship:

Date of Birth: (eg. mm/dd/yyyy)

Gender:

Full-Time Student: Yes No

Disability:

Dependent Verification Documents add

Click on the data in the left hand column in order to change document information.

Class Created	Description	Action
08/13/2016	document	view delete

[cancel](#) [submit](#)

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Verify dependent information and submit

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2 Verify Dependent Information

The following is a list of your current, active dependents. Feel free to make any necessary changes or additions and click the field button to continue. To add a dependent, you must attach a copy of their birth certificate and their social security card. It is critical to verify all personal data entry during step 2 - the dependent name and social security number must be entered as it is listed on their SS Card.

Dependent 1:

Cindy Rella	update	delete
Social Security Number:	123-45-6789	
Relation To Employee:	Daughter	
Date Of Birth:	01/01/2012	
Gender:	Female	
Full Time Student:	No	
Disability:	No value	

add back next

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
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- Salary History
- Skills Information
- Certifications
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If you need to enter another dependent, click add, when have finished entering dependents and uploading documents, click next

Customer: AUMC Test (2484-TEST) | Welcome, Darrell Stone Home | Print | Log Off

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3 Verify Information

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
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- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Please verify that the following information is correct.
To make changes, click the back button. When all information is correct, click the next button to continue.

Name:
Address:
City:
State:
Zip:
Social Security Number:
Date of Birth:
Date of Hire:

Dependent	Relationship	Date of Birth	Full-Time Student
Cindy Pella	Daughter	01/01/2012	no

back next

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
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Benefits

- Open Enrollment
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EXAMPLE

At Step 3, you will need to double check all dependents are listed and information is correct

Complete Enroll On-Line

Follow the prompts to:

- Elect plans
- Add dependents
- Add beneficiaries
- Enter annual amount for spending accounts

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4 Review and Elect Benefits

Personal

- Personal Data
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Your benefits are an important part of your total compensation at AU Medical Center. You have a range of benefits, including health, dental, vision, life, disability and numerous voluntary insurance plans. Please refer to AU Medical Center's 2017 Open Enrollment Guide for information about each of the benefits shown below.

AU Medical Center provides benefits-eligible employees with a flexible benefits program. This means that you decide how you will spend AU Medical Center's benefits dollars. Elect plans that meet you and your family's needs.

Save on your Medical Coverage! Get \$41.67 per month health insurance premium reduction by:


- Pledging that you and your covered dependents are tobacco-free.


Click here to make this pledge: [Tobacco-Free Attestation](#)

Save on your medical coverage by removing your spouse from your health plan if he/she is able to obtain group health coverage through their own employer. Otherwise, a \$100 monthly/\$40.15 biweekly spousal surcharge will be applied. If you want to continue spousal coverage, but you fail to complete the spousal attestation, your spouse will not be added to the plan.

Click here to attest to spousal coverage: [Spousal Surcharge Attestation](#)





Enrollment Instructions

The  icon is used to indicate your current and active benefits.

The  icon is used to either indicate the default benefits that have been assigned to you or the benefits you have selected if you have previously accessed Open Enrollment for 2016. You may unselect any of these benefits, but the blue triangle will remain indicating that it is active until you have submitted your new selections. If a plan appears with a gray background, it is because you do not have the minimum number of dependents required by the plan.




To add or update dependents, click on this button: [Dependents](#)

To make changes to your benefit elections, please select the plan you would like by clicking the checkbox in the Select column. If you select a plan that requires you to specify dependents, beneficiaries, a coverage amount or a contribution amount, you will see an icon to the right of the Select checkbox for the plan such as:

-  dependents
-  beneficiaries
-  coverage
-  contribution

If you see one of these icons next to the plan you select, you must click on the icon(s) and make the necessary elections before proceeding to the next step.

When you are finished selecting your benefits, click the Next button to continue.

Plan	Coverage	Coverage Amount	Start Date	Cost/Prp Period	Select
Base Medical	Employee Only		01/01/2017	60.78	<input type="checkbox"/>
Base Medical	EE + Children		01/01/2017	104.40	<input type="checkbox"/>  dependents
Base Medical	EE + Spouse		01/01/2017	148.98	<input type="checkbox"/>  beneficiaries
Base Medical	Family		01/01/2017	176.37	<input type="checkbox"/>  coverage

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You are now at Step 4 of the enrollment process First you will need to click on the Tobacco-free attestation and either accept or decline.

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4 Review and Elect Benefits

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Tobacco-Free Attestation for the 2017 Benefit Enrollment Period - Google Chrome

https://saas.unicornhro.com/scripts/cgip.exe/WService=gwemployee/gwMain.r?Ses

I hereby attest that neither I, nor anyone else covered under my AUJ Medical Center health insurance plan (if electing Employee + Children, Employee + Spouse, or Family coverage), use tobacco products of any kind, and that during this insurance year, I/we will abstain from tobacco use.

I make this attestation with full knowledge that, in return I am receiving a \$41.87 monthly reduction toward my AUJMC health insurance premium. I understand that the use of tobacco products of any kind during the insurance year is a violation of the Tobacco-Free Incentive Program.

I also understand upon completion of an approved voluntary smoking cessation program, I am able to bring a signed attestation statement, plus, proof of completion, to Benefits, Human Resources and will begin receiving tobacco-free incentive at the beginning of the next payroll period. Once approved, a smoking cessation program certificate of completion will be allowed per employee, per year, to be eligible to receive the tobacco-free incentive.

In signing this statement, I attest that upon entering into this agreement I may be randomly selected for nicotine and metabolites testing. Nicotine is present as an alkaloid in tobacco products and as a metabolite of nicotine. The presence of anabasine or nornicotine in urine indicates current tobacco use, irrespective of whether the subject is on nicotine replacement therapy, which may indicate I am in direct violation of the terms of the incentive program. The presence of nornicotine without anabasine is consistent with use of nicotine replacement products. I understand that if I violate the terms of this incentive program, AUJMC has authority to terminate my health insurance coverage and/or my employment, and, I understand I will be obligated to repay the organization for any tobacco-free incentives used during the plan year in which I received this benefit, and, will be ineligible from use of future incentives through the remainder of the plan year.

The Genetic Nondiscrimination Act of 2009 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assisted reproductive services. Reasonable alternatives may be made for someone who cannot achieve the criteria set forth in the attestation statement. AUJMC does not discriminate against those who refuse to participate in this program.

Employee#: _____ Employee Name: _____
Date: _____ Social Security#: _____

By clicking the Accept button, the name that appears in the Employee Name field will be accepted as the electronic signature of the Tobacco-Free Incentive Attestation form.

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Read the Tobacco-Free Attestation carefully before accepting or declining. Accepting means you or no one on your plans uses tobacco products. Declining means you or someone on your plans uses tobacco products.

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4 Review and Elect Benefits

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Health Care Spousal Surcharge Attestation for the 2017 Benefit Enrollment Period - Google - <https://saas.unicornhro.com/scripts/cgip.exe/WService=gwemployee/gwMain.r?Sesi>

A \$100 monthly (for exempt staff) or \$46.15 bi-weekly (for non-exempt staff) spousal surcharge will be added to your premium if you have elected medical coverage for your spouse and your spouse is eligible for coverage through his/her employer but elects not to enroll. If your spouse is eligible for coverage as an employee, the spousal surcharge is waived.

I attest that: (choose one)

I have enrolled my spouse in a AUMC sponsored health plan, and my spouse is not eligible for group health coverage through his/her employer or, my spouse does not work and has no continuation of coverage through a former employer or is self-employed with no access to group health coverage or is employed by AU Medical Center. (Surcharge does not apply.)

I have enrolled my spouse in a AUMC sponsored health plan although my spouse is eligible for group health coverage through his/her employer. (I understand the \$100 monthly premium surcharge will be applied & authorize a deduction from my pay check on a pre-tax basis.)

If your spouse loses or obtains health coverage through their employer, you have 30 days to notify the Benefits Office if you wish to remove or add them to your policy. Failure to notify the Benefits Office in a timely manner may prevent you from making a change until the next annual open enrollment period.

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge. I also understand that if my spouse's group health insurance status changes, it is my responsibility to notify Human Resources Benefits in writing 30 days of such change. Any false statements written on this form or on future forms as it relates to spousal health information shall be considered grounds for disciplinary action up to and including termination of employment.

Employee: _____ Date: _____

Employee Name: _____

By clicking the Accept button, the name that appears in the Employee Name field will be accepted as the electronic signature of the Spousal Surcharge Attestation form.

Base Medical	EE + Spouse	01/01/2017	146.08
Base Medical	Family	01/01/2017	175.37

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If you are adding a spouse to your medical plan, click on spousal surcharge attestation and complete as needed. Read the spousal surcharge form carefully before making a selection and accepting or declining

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- Pledging that you and your covered dependents are tobacco-free.


Click here to make this pledge: [Tobacco-Free Attestation](#)

Save on your medical coverage by removing your spouse from your health plan if he/she is able to obtain group health coverage through their own employer. Otherwise, a \$100 monthly/\$40.15 biweekly spousal surcharge will be applied. If you want to continue spousal coverage, but you fail to complete the spousal attestation, your spouse will not be added to the plan.

Click here to attest to spousal coverage: [Spousal Surcharge Attestation](#)





Enrollment Instructions

The  icon is used to indicate your current and active benefits.

The  icon is used to either indicate the default benefits that have been assigned to you or the benefits you have selected if you have previously accessed Open Enrollment for 2016. You may unselect any of these benefits, but the blue triangle will remain indicating that it is active until you have submitted your new selections. If a plan appears with a gray background, it is because you do not have the minimum number of dependents required by the plan.




To add or update dependents, click on this button: [Dependents](#)

To make changes to your benefit elections, please select the plan you would like by clicking the checkbox in the Select column. If you select a plan that requires you to specify dependents, beneficiaries, a coverage amount or a contribution amount, you will see an icon to the right of the Select checkbox for the plan such as:

-  dependents
-  beneficiaries
-  coverage
-  contribution

If you see one of these icons next to the plan you select, you must click on the icon(s) and make the necessary elections before proceeding to the next step.

When you are finished selecting your benefits, click the Next button to continue.

Plan	Coverage	Coverage Amount	Start Date	Cost/Pay Period	Select
Base Medical	Employee Only		01/01/2017	60.78	<input type="checkbox"/>
Base Medical	EE + Child(ren)		01/01/2017	104.40	<input type="checkbox"/>  dependents
Base Medical	EE + Spouse		01/01/2017	146.98	<input type="checkbox"/>  beneficiaries
Base Medical	Family		01/01/2017	176.37	<input type="checkbox"/>  coverage

AUGUSTA UNIVERSITY

You are now ready to make your selections by clicking in the appropriate box under the “Select” Heading for each plan. The cost per pay period is listed for you. The medical cost listed includes the tobacco incentive, but does not include the spousal surcharge. You will need to click on the red dots next to the plan election to add dependents you entered in Step 3. For Life insurance you will need to click on the green beneficiaries dot to designate beneficiaries for your life insurance and a coverage level for the AD&D policy, if you are electing that plan.

Health
AUGUSTA UNIVERSITY

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

To add or update dependents, click on this button: [Dependents](#)

To make changes to your benefit elections, please select the plan you would like by clicking the checkbox in the Select column. If you select a plan that requires you to specify dependents, beneficiaries, a coverage amount or a contribution amount, you will see an icon to the right of the Select checkbox for the plan such as:

- dependents
- beneficiaries
- coverage
- contribution

If you see one of these icons next to the plan you select, you must click on the icon(s) and make the necessary elections before proceeding to the next step.

When you are finished selecting your benefits, click the Next button to continue.

Plan	Coverage	Coverage Amount	Start Date	Cost/Pay Period	Select
Base Medical	Employee Only		01/01/2017	131.67	<input type="checkbox"/>
Base Medical	EE + Child(ren)		01/01/2017	226.19	<input type="checkbox"/>
Base Medical	EE + Spouse		01/01/2017	319.45	<input type="checkbox"/>
Base Medical	Family		01/01/2017	379.96	<input type="checkbox"/>
Choice Medical	Employee Only		01/01/2017	164.82	<input type="checkbox"/>
Choice Medical	EE + Child(ren)		01/01/2017	226.55	<input type="checkbox"/>
Choice Medical	EE + Spouse		01/01/2017	319.00	<input type="checkbox"/>
Choice Medical	Family		01/01/2017	360.82	<input type="checkbox"/>
Select Medical	Employee Only		01/01/2017	251.27	<input type="checkbox"/>
Select Medical	EE + Child(ren)		01/01/2017	356.07	<input type="checkbox"/>
Select Medical	EE + Spouse		01/01/2017	513.28	<input type="checkbox"/>
Select Medical	Family		01/01/2017	618.07	<input type="checkbox"/>
Decline Coverage					<input type="checkbox"/>

Dental

[There are two dental plans offered in 2017: Value Dental and Core Dental. See the 2017 Summary Plan Document for details.]

Plan	Coverage	Coverage Amount	Start Date	Cost/Pay Period	Select
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AUGUSTA UNIVERSITY

If you are declining medical coverage, you must select the Decline Coverage option at the end of the Medical section.

The screenshot displays the 'Medical' section of the Augusta University Health portal. A table lists various medical plans with columns for Plan, Coverage, Coverage Amount, Start Date, Cost/Prty Period, and a Select button. The table includes options for Base Medical, Choice Medical, and Select Medical, each with Employee Only, EE + Children, EE + Spouse, and Family coverage types. A red star is next to the 'Choice Medical EE + Children' option. A pop-up window titled 'Attestation of Other Medical Coverage for the 2017 Benefit Enrollment Period - Google C...' is overlaid on the table. The pop-up contains a URL, a disclaimer, and a form with fields for Health Insurance Company Name, Primary Member Name, Member Number, and Effective Date of Coverage. At the bottom of the pop-up are 'accept' and 'decline' buttons.

Plan	Coverage	Coverage Amount	Start Date	Cost/Prty Period	Select
Base Medical	Employee Only		01/01/2017	131.07	<input type="checkbox"/>
Base Medical	EE + Children		01/01/2017	226.19	<input type="checkbox"/> <small>independent reflect all reflect similar</small>
Base Medical	EE + Spouse		01/01/2017	318.45	<input type="checkbox"/>
Base Medical	Family		01/01/2017	379.96	<input type="checkbox"/>
Choice Medical	Employee Only		01/01/2017	164.92	<input type="checkbox"/>
Choice Medical	EE + Children		01/01/2017	226.55	<input type="checkbox"/> <small>independent reflect all reflect similar</small>
Choice Medical	EE + Spouse		01/01/2017	319.00	<input type="checkbox"/>
Choice Medical	Family		01/01/2017	360.62	<input type="checkbox"/>
Select Medical	Employee Only		01/01/2017	251.27	<input type="checkbox"/>
Select Medical	EE + Children		01/01/2017	356.07	<input type="checkbox"/> <small>independent reflect all reflect similar</small>
Select Medical	EE + Spouse		01/01/2017	513.28	<input type="checkbox"/>
Select Medical	Family		01/01/2017	618.07	<input type="checkbox"/>
Decline Coverage <input type="checkbox"/>					
Dental					

If you have other medical coverage and are declining coverage through AU Medical Center, you will need to provide your current medical coverage information. When you click decline for medical coverage, you will need to enter the information on this screen.

Health
AUGUSTA UNIVERSITY

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- Skills Information
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- Employee Files
- Training Classes
- Training Enrollment
- Work Address Information

Payroll

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- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Determinations
- Total Compensation Statement

Flexible Spending Accounts

[You may contribute * Between \$100 and \$5,000 into your Dependent Care FSA, or * Between \$100 and \$2,500 in to your Medical FSA or Limited-Use FSA.]

FSA	Maximum	Amount	Start Date	Cost/Pay Period	Select
Dependent Care	5,000.00		01/01/2017		<input type="checkbox"/> contribution

[As part of your First Time Enrollment or annually during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. You may contribute * Between \$100 and \$5,000 into your Dependent Care FSA. Remember, all FSAs are subject to the Internal Revenue Service's "use it or lose it" rule. This means that if you have any unused funds left over at the end of the plan year, you forfeit those funds. You can use the Dependent Care FSA to reimburse yourself for eligible child or elder day care expenses that you have in a plan year, if the expenses are necessary to allow you and your spouse — if you are married — to work.]

FSA	Maximum	Amount	Start Date	Cost/Pay Period	Select
Limited-Use FSA	2,550.00		01/01/2017		<input type="checkbox"/> contribution

[The Limited Purpose Health Care FSA enables you to reimburse yourself for eligible dental and vision expenses. You may only enroll in this FSA if you are electing the Medical Choice Plan or if you are waiving medical coverage and already have a health savings account (HSA). The annual maximum contribution in to your Limited Purpose FSA is \$2,550.]

FSA	Maximum	Amount	Start Date	Cost/Pay Period	Select
Medical FSA	2,550.00		01/01/2017		<input type="checkbox"/> contribution

[During your First Time Enrollment or annually during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. You may contribute * Between \$100 and \$2,550 into your Traditional Health Care FSA. Remember, all FSAs are subject to the Internal Revenue Service's "use it or lose it" rule. This means that if you have any unused funds left over at the end of the plan year, you forfeit those funds. The traditional Health Care FSA enables you to reimburse yourself for eligible medical, pharmacy, dental, and vision expenses. You may enroll in the FSA if you are electing the Medical Choice Plan or if you are waiving medical coverage.]

★ Decline Coverage

Health Savings Accounts

[If you enroll in the Medical Choice Plan, you are defaulted in to an HSA with the ability to decline during your enrollment process. You must enter an annual employee contribution amount (by clicking on the contribution button). The dollars you contribute are pre-tax dollars. For 2017, the federal combined employee/employer annual contribution limit is \$3,400 (individual) or \$6,750 (family). Federal regulations do not allow an election of an HSA if you are 65 years of age or older and also have Medicare.]

HSA	Maximum	Amount	Start Date	Cost/Pay Period	Select
Catch-Up HSA	1,000.00		01/01/2017		<input type="checkbox"/> contribution
Employee HSA	2,900.00	2,900.00	01/01/2017	111.54	<input checked="" type="checkbox"/> contribution
Family HSA	5,875.00		01/01/2017		<input type="checkbox"/> contribution

[Choice (HCHP) plan members who are 55 years old or older in age have the ability to contribute an additional \$1,000 per year in to a Catch-Up HSA.]

[Choice (HCHP) plan members who have employee only coverage can elect the employee HSA.]

[Choice (HCHP) plan members who have Employee + Children(s), Employee + Spouse, or Family coverage, can elect the Family HSA.]

★ Decline Coverage

AUGUSTA UNIVERSITY

Don't forget your Savings Account Contributions. If you are electing an FSA or HSA you will need to enter the annual amount you would like to contribute. Click on contribution at the green dot next to the plan you selected.

 **Health**
AUGUSTA UNIVERSITY

Elect Health Savings Account

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
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- Skills Information
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Benefits

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- Benefit Beneficiaries
- Total Compensation Statement

Employee HSA

Enter the annual amount you wish to contribute:

It cannot exceed 2,900.00

[cancel](#) [next](#)

Enter the annual amount you wish to contribute and click next.

Health
AUGUSTA UNIVERSITY

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- Direct Deposit Accounts
- W-2 History
- Voluntary Deductions

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

Flexible Spending Accounts

[You may contribute • Between \$100 and \$5,000 into your Dependent Care FSA, or between \$100 and \$2,500 in to your Medical FSA or Limited-Use FSA.]

FSA	Maximum	Amount	Start Date	Cost/Per Pay Period	Select
Dependent Care	5,000.00		01/01/2017		<input type="checkbox"/> contribution
[As part of your First Time Enrollment or annually during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. You may contribute • Between \$100 and \$5,000 into your Dependent Care FSA. Remember, all FSAs are subject to the Internal Revenue Service's use it or lose it rule. This means that if you have any unused funds left over at the end of the plan year, you forfeit those funds. You can use the Dependent Care FSA to reimburse yourself for eligible child or elder care expenses that you have in a plan year, if the expenses are necessary to allow you and your spouse — if you are married — to work.]					
Limited-Use FSA	2,500.00		01/01/2017		<input type="checkbox"/> contribution
[The Limited Purpose Health Care FSA enables you to reimburse yourself for eligible dental and vision expenses. You may only enroll in this FSA if you are electing the Medical Choice Plan or if you are waiving medical coverage and already have a health savings account (HSA). The annual maximum contribution in to your Limited Purpose FSA is \$2,500.]					
Medical FSA	2,500.00		01/01/2017		<input type="checkbox"/> contribution
[During your First Time Enrollment or annually during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. You may contribute • Between \$100 and \$2,500 into your Traditional Health Care FSA. Remember, all FSAs are subject to the Internal Revenue Service's use it or lose it rule. This means that if you have any unused funds left over at the end of the plan year, you forfeit those funds. The traditional Health Care FSA enables you to reimburse yourself for eligible medical, pharmacy, optical, and vision expenses. You may enroll in this FSA if you are electing the Medical Select Plan or if you are waiving medical coverage.]					

Decline Coverage

Health Savings Accounts

[If you enroll in the Medical Choice Plan, you are defaulted in to an HSA with the ability to decline during your enrollment process. You must enter an annual employee contribution amount (by clicking on the contribution button). The dollars you contribute are pre-tax dollars. For 2017, the federal combined employee/employer annual contribution limit is \$3,600 (individual) or \$6,750 (family). Federal regulations do not allow an election of an HSA if you are 65 years of age or older and also have Medicare.]

HSA	Maximum	Amount	Start Date	Cost/Per Pay Period	Select
Catch-Up HSA	1,000.00		01/01/2017		<input type="checkbox"/> contribution
[Choice (HCHP) plan members who are 55 years old or older in age have the ability to contribute an additional \$1,000 per year in to a Catch-Up HSA.]					
Employee HSA	2,900.00	2,900.00	01/01/2017	111.54	<input checked="" type="checkbox"/> contribution
[Choice (HCHP) plan members who have employee only coverage can elect the employee HSA.]					
Family HSA	5,875.00		01/01/2017		<input type="checkbox"/> contribution
[Choice (HCHP) plan members who have Employee + Children, Employee + Spouse, or Family coverage, can elect the Family HSA.]					

Decline Coverage

[next](#)

AUGUSTA UNIVERSITY

Notice the cost per pay period populates on this screen once you enter the annual contribution amount. Verify this amount. When have made all of your selections and click Next at the bottom of the screen

Health AUGUSTA UNIVERSITY

You must click the "Submit" button to verify your benefit elections.

back submit

EXAMPLE

You have elected the benefits listed below. Please review this information carefully.

To make changes, click the Back button at the top or bottom of the page. When all information displayed below is correct, click the Submit button at the top or bottom of the page. Your benefit elections listed below will not be saved unless you click the Submit button. At the end of the open enrollment period, your elections will be sent to your Benefits Department.

Here are the costs per bi-weekly pay period:

		Employee	Employer
Medical	You have selected Select Medical / Employee Only coverage.	\$96.74	\$157.84
Dental	You have selected Core Dental / Employee Only coverage.	\$17.02	\$0.00
Vision	You have selected Elite Vision / Employee Only coverage.	\$5.74	\$0.00
Life/AD&D	You have selected Life/AD&D 10K / Employee Only coverage. Coverage amount is \$25,000. Primary beneficiaries are:	\$0.00	\$0.00
Short Term Dis	You have selected STD 60% / Employee Only coverage.	\$5.25	\$7.11
Long Term Dis	You have selected LTD 50% / Employee Only coverage.	\$0.00	\$2.59
AD&D	You have selected AD&D - Standard / Employee Only coverage. Coverage amount is \$10,000. Primary beneficiaries are:	\$0.09	\$0.00
Child Life	You have selected to decline Child Life Insurance coverage.	N/A	N/A
Legal Insurance	You have selected to decline Legal Insurance coverage.	N/A	N/A
Flexible Spending Accounts	You have selected to decline FSA.	N/A	N/A
Health Savings Accounts	You are not enrolled in HSA.	N/A	N/A
Total costs per bi-weekly pay period:		\$124.84	\$168.47
Tobacco-Free Attestation:	Yes		
Spousal Surcharge Attestation:	No		

back submit

AUGUSTA UNIVERSITY

At Step 5 it is time to review your elections. Once you have verified everything is correct, click submit.

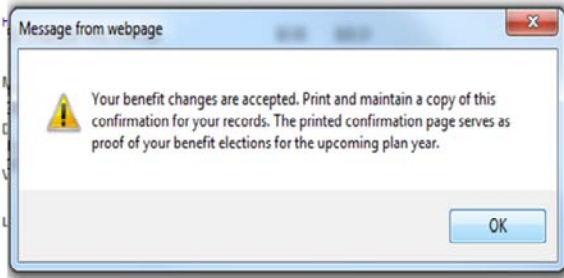
- Personal
 - Personal Data
 - Address Information
 - E-Mail Address
 - Dependents
 - Education
 - Emergency Contacts
 - Change Password
 - Job Reviews
 - Skills Information
 - Certifications
 - Employee Files
 - Training Classes
 - Training Enrollment
 - Work Address Information
- Payroll
 - W-4
 - Paid Time Off
 - Time Off Request
 - Paycheck Information
 - Paycheck Calculator
 - W-2 History
 - Voluntary Deduction(s)
- Benefits
 - First Time Enrollment
 - Benefit Statement
 - Benefit Beneficiaries

You must click the **Submit** button to record your benefit elections.

back submit

You have elected the benefits listed below. Please review this information carefully. To make changes, click the Back button at the bottom of the page. When all information displayed below is correct, click the Submit button at the bottom of the page. **Your benefit elections listed below will not be saved unless you click the Submit button.** Your elections will be sent to your Benefits Department for approval.

EXAMPLE



Dis				
Long Term Dis	You have selected LTD 50% / Employee Only coverage.	\$0.00	\$3.28	
AD&D - Hartford	You have selected to decline Accidental Death/Dismemb coverage.	N/A	N/A	
Legal Insurance	You have selected to decline Legal Insurance coverage.	N/A	N/A	

Flexible Spending Accounts

Almost done, one more step . A final review and then submit and make sure you print your confirmation sheet. You can print it as a hard copy or print to a PDF. But please make sure you print this important document to keep as verification of enrollment

Personal

- Personal Data
- Address Information
- E-Mail Address
- Dependents
- Education
- Emergency Contacts
- Change Password
- Job Reviews
- Salary History
- Skills Information
- Certifications
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- Training Classes
- Training Enrollment
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Payroll

- W-4
- Paid Time Off
- Time Off Request
- Paycheck Information
- Paycheck Calculator
- Direct Deposit Accounts
- W-2 History
- Voluntary Deduction(s)

Benefits

- Open Enrollment
- Benefit Statement
- Benefit Beneficiaries
- Total Compensation Statement

Print this page for your records by clicking the Print button at the top of the page.

You may select another function from the options at the left or exit Employee Services by clicking the Log Off button at the top of the page.

This confirms that you have elected the benefits listed below and that they have been submitted to your Department.

Here are the costs per Bi-weekly pay period.

		Employee	Employer
Medical	You have selected Select Medical / Employee Only coverage.	\$86.74	\$187.84
Dental	You have selected Core Dental / Employee Only coverage.	\$17.02	\$0.00
Vision	You have selected Elite Vision / Employee Only coverage.	\$5.74	\$0.00
Life/AD&D	You have selected Life/AD&D 25K / Employee Only coverage. Coverage amount is \$25,000. Primary beneficiaries are:	\$0.00	\$0.83
Short Term Dis	You have selected STD 60% / Employee Only coverage.	\$5.25	\$7.11
Long Term Dis	You have selected LTD 50% / Employee Only coverage.	\$0.00	\$2.59
AD&D	You have selected AD&D - Standard / Employee Only coverage. Coverage amount is \$10,000. Primary beneficiaries are:	\$0.09	\$0.00
Child Life	You have selected to decline Child Life insurance coverage.	N/A	N/A
Legal Insurance	You have selected to decline Legal Insurance coverage.	N/A	N/A
Flexible Spending Accounts	You have selected to decline PSA.	N/A	N/A
Health Savings Accounts	You are not enrolled in HSA.	N/A	N/A
Total costs per Bi-weekly pay period:		\$124.84	\$168.47

Tobacco-Free Attestation: **Yes**

Spousal Surcharge Attestation: **No**

You have successfully completed the enrollment process.

EXAMPLE

Make sure the note at the bottom of this step indicates you have successfully completed the enrollment process.

Medical Center Benefits Website

<https://my.augusta.edu/human-resources/benefits/>

Benefits

Home / Human Resources / Benefits

AU Health System Benefits

AU Health System offers plans that are comprehensive and competitive in the marketplace. In addition to traditional plans such as health care, dental care, and retirement, AU Health System also offers family-friendly and cultural benefits to attract, support, and reward employees.

Benefits Forms

Name	Updated	Size	Details
Form_06_010001_010001.pdf	Nov 6, 2019 10:42 AM	312.7 KB	Owner: Ben Admin
benefitsbenefitsbenefits.pdf	Nov 6, 2019 10:42 AM	312.7 KB	Editor: Ben Admin
benefitsbenefitsbenefits.pdf	Nov 6, 2019 10:42 AM	312.7 KB	Editor: Ben Admin
ALMHC Tobacco Attestation Form.pdf	Nov 6, 2019 10:42 AM	10 KB	Updated: Nov 6, 2019, 10:42 AM
ALMHC Renewal Surcharge Form.pdf	Nov 6, 2019 10:42 AM	9 KB	Updated: Nov 6, 2019, 10:42 AM

Medical Center Benefits Team

Phone: 706-721-7909

E-mail: AUMCBENEFITS@augusta.edu

Staff:

- Donna Knowles, Manager, Benefits and Records
- Eden Vickrey, Benefits Analyst
- Wanda Lowe, Benefits Specialist
- Joyce Loyal, Benefits Coordinator

Office Hours: Monday - Friday
8:00 a.m. to 5 p.m.

Location: 699 Broad Street-8th floor

 AUGUSTA UNIVERSITY

Congratulations, you have completed your benefits enrollment! If you need assistance or have any questions, the benefits office is happy to help.