

# ***AU Health System***

## **Benefit Options**

**Your Benefits. Your Way.**



# Are you Benefits Eligible?

.5 FTE or greater (20 hours a week)  
In a benefits eligible position

# Enrollment Opportunities

- New Hire
- Open Enrollment - October
- Special Enrollments
- Life Change Events

Notify Benefit office no later than 30 days after the event

- Marriage
- Divorce
- Birth
- Death
- Change in Job Status
- Loss/Gain of other coverage

# Required Dependent Documentation

## Eligible Dependents

- Legal Spouse
- Domestic Partner  
*(affidavit required)*
  - Life
  - Dental
  - Vision
- Dependent Child  
up to age 26

## Proof of Status

- Marriage  
Certificate/License
  - Birth Certificate
  - 1<sup>st</sup> page of federal tax  
form (1040/1040a/1040ez)
- 
- Current Social Security  
Card



## Benefits Worksheet

This Worksheet will assist you in completing your benefits enrollment process timely and accurately. You will have 30 days from your date of hire to complete the enrollment process.

- Determine which plan(s) you would like to enroll in
  - Review the Benefits Guide – located on the [Benefits Web Page](#) and in [Employee Self Services](#) – this document list detailed descriptions of the plans offered through AUMC
  - Summary of Benefits and Coverage for each medical plan are located on the [Benefits Website](#)
  - Refer to the Benefits Summary for plan premiums, basic plan information, and contact information
  - If electing a FSA or HSA, determine how much you would like to contribute
- If adding dependents to any plan (medical/dental/vision/life/AD-D, etc) you must upload a proof of dependent document for each dependent. Examples of acceptable documents for uploading include:
  - Spouse: **Marriage License** and **Social Security Card**
  - Child(ren): **Birth Certificate**, adoption document, legal guardianship document and **Social Security Card** or
  - Spouse and/or Child(ren): **First page** of your most **current year tax form** listing all dependents

*Note: Uploading will require scanning of the documents in advance and uploading in to the enrollment system. You will also need to have the social security number and date of birth for each dependent to enter in to the enrollment system.*

- If declining Medical Coverage with AUMC you will need to provide proof of other medical coverage. Have your current medical card or medical card information available to type in to the enrollment system. Click on decline to open proof of other coverage box to enter coverage information
- Complete your benefits enrollment in Employee Self Services
  - Using Internet Explorer as your browser access Employee Self Service at [my.augusta.edu](http://my.augusta.edu)
  - <https://saas.unicornhro.com/scripts/cgiip.exe/WService=gwemployee/gwmain.r?CN=2484>
  - Helpful Hints:
    - Use Internet Explorer
    - Prior to logging in, click on Tools/Compatibility View Setting. The [unicornhro.com](http://unicornhro.com) website will be seen under “Add this website”. Click button “Add”, then close.
    - Go back to Tools, click on [pop-up blocker](#) and set this so it reads “Turn off pop-up blocker” (you actually want the pop-ups to occur – this will make your tobacco attestation and spousal surcharge buttons work)
  - After you log in:
    - Verify Personal Information
    - Add Work Location Information (the system will not allow you to complete First Time Enrollment if this section is not complete)
    - Select First Time Enrollment
    - Follow the instructions (full instructions are on the first page of New Hire Enrollment)

**YOUR DEDUCTIONS ARE EFFECTIVE ON YOUR HIRE DATE AND YOU WILL PAY FOR ALL PAY PERIODS DUE FROM THE START OF YOUR HIRE DATE (MEANING YOU MAY HAVE DOUBLE DEDUCTIONS OWED). YOU CAN DEFER ONLY YOUR MEDICAL AND/OR DENTAL PLANS TO BEGIN THE FIRST OF THE FOLLOWING MONTH BY SENDING NOTIFICATION BY EMAIL TO [AUMCBENEFITS@AUGUSTA.EDU](mailto:AUMCBENEFITS@AUGUSTA.EDU)**

- Make a note to complete Open Enrollment in the Fall AUMC’s Annual Open Enrollment is an active enrollment. You will need to go to Employee Self Service, Open Enrollment, in order to change enrollment elections, add FSA and/or HSA contribution amounts for the upcoming year, as well as, complete the spousal surcharge and non-tobacco attestations (if applicable) during the enrollment season.

AUMC Benefits | [AUMCBenefits@augusta.edu](mailto:AUMCBenefits@augusta.edu) | (706) 721-7909 | 699 Broad Street (8<sup>th</sup> floor)

# Getting Started

# Important

- Access [Employee Self Services](#)
- View [Benefits Enrollment Guide](#) and [Medical Summary of Benefits](#) and Coverage on the [Benefits Web Page](#).  
<https://my.augusta.edu/human-resources/benefits/>
- Complete First time enrollment within 30 days from date of hire. **On day 31 enrollment is closed and default coverage is applied.**
- You must complete on-line enrollment even if declining coverage
- AU Medical Center requires enrollment in Medical Coverage, or proof of other medical coverage.
- **Premiums cannot be refunded if you are defaulted and later provide proof of other coverage.**
- Make sure to have documents before enrolling
- Please, allow 7 to 14 days after on-line enrollment to receive cards

# Coverage Date Options

## Health/Dental

- Hire Date or First of Following Month

For First of Following Month Enrollment – email  
[AUMCBENEFITS@augusta.edu](mailto:AUMCBENEFITS@augusta.edu)

## All other plans

- Hire Date

– Please note it takes about 7 – 14 business days to process benefit enrollments. Please make allowances for appointment and prescription needs.

# Core Benefits - FREE

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Hire  
Date

Basic Life/ADD -  
\$25,000

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Spousal Life -  
\$1,000

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Child Life - \$1,000

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At  
One  
Year

Short-Term Disability –  
50%

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Long-Term Disability –  
50%

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# Quick View of Benefits

AU Health System Benefit Options Effective January 1, 2019/2020	
Benefit Plan	General Description of Benefits Provided
<b>Medical Care</b>	<ul style="list-style-type: none"> <li>• UMR is Third Party Administrator of Claims</li> <li>• AU Health System and Employee Share Costs</li> <li>• Includes Pharmacy Benefits</li> </ul> <ul style="list-style-type: none"> <li>• 3 plan options:               <ul style="list-style-type: none"> <li>o Select PPO</li> <li>o Choice HDHP</li> <li>o Base PPO (default coverage)</li> </ul> </li> <li>• 4 levels of coverage               <ul style="list-style-type: none"> <li>o Employee Only</li> <li>o Employee + Spouse</li> <li>o Employee + Child(ren)</li> <li>o Employee + Family</li> </ul> </li> </ul>
<b>Dental Care</b>	<ul style="list-style-type: none"> <li>• Provider is Delta Dental</li> <li>• Employee pays full cost</li> </ul> <ul style="list-style-type: none"> <li>• 2 plan options:               <ul style="list-style-type: none"> <li>o Core</li> <li>o Value</li> </ul> </li> <li>• 4 levels of coverage:               <ul style="list-style-type: none"> <li>o Employee Only</li> <li>o Employee + Spouse</li> <li>o Employee + Child(ren)</li> <li>o Employee + Family</li> </ul> </li> </ul>
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• Provider is Eye Med</li> <li>• Employee pays full cost</li> </ul> <ul style="list-style-type: none"> <li>• 2 plans to choose:               <ul style="list-style-type: none"> <li>o Elite - Materials and eye exam</li> <li>o Value - Materials only</li> </ul> </li> <li>• 4 levels of coverage:               <ul style="list-style-type: none"> <li>o Employee Only</li> <li>o Employee + Spouse</li> <li>o Employee + Child(ren)</li> <li>o Employee + Family</li> </ul> </li> </ul>
<b>Health Savings Account (HSA)</b>	<ul style="list-style-type: none"> <li>• Provides pretax contributions</li> <li>• Company contributes \$500/single and \$875/family</li> <li>• Contribution limits: \$100 minimum. \$3,500/single and \$7,000/family maximums</li> </ul>
<b>Flexible Spending Account (FSA)</b>	<ul style="list-style-type: none"> <li>• Provides pre-tax contributions for:               <ul style="list-style-type: none"> <li>o Healthcare FSA- contribution \$100- \$2,650</li> <li>o Dependent Care FSA- contribution \$100- \$5,000</li> </ul> </li> </ul>
<b>Short Term Disability</b>	<ul style="list-style-type: none"> <li>• Provider is Mutual of Omaha</li> <li>• Two Options:</li> </ul> <p><b>50% Benefit</b></p> <ul style="list-style-type: none"> <li>• One year and one day service requirement</li> <li>• AU Health System pays premiums</li> <li>• 50% of base pay up to a \$1,000 per week maximum benefit</li> <li>• Pays up to 12 weeks</li> <li>• 14 day elimination period</li> </ul>

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<b>Long Term Disability</b>	<ul style="list-style-type: none"> <li>• Provider is Mutual of Omaha</li> <li>• Two Options:</li> </ul> <p><b>50% Benefit</b></p> <ul style="list-style-type: none"> <li>• One year and one day service requirement</li> <li>• AU Health System pays premiums</li> <li>• 50% of base pay up to a \$6,000 per month maximum benefit</li> <li>• Potential maximum duration of benefit is 4 years</li> </ul> <p><b>60% Benefit</b></p> <ul style="list-style-type: none"> <li>• Employee may elect during first open enrollment period following 50% eligibility date</li> <li>• Employee pays cost difference in premiums</li> <li>• 60% of base pay up to a \$6,000 per month maximum benefits</li> <li>• Potential maximum duration of benefit is until Normal Social Security Retirement Age</li> </ul>
<b>Retirement</b>	<ul style="list-style-type: none"> <li>• Administered by Valic</li> <li>• 401a and 403b plans</li> <li>• AU Health System matches up to 5% of employees contribution</li> </ul>
<b>Other Benefit Options Available</b>	<p>Other Benefits available and the providers are:</p> <ul style="list-style-type: none"> <li>• Home/Auto Insurance – Travelers</li> <li>• Legal Assistance – Hyatt Legal</li> <li>• Pet Insurance – Nationwide Insurance</li> <li>• 529 College Savings Plan – Blackrock</li> <li>• Accident Insurance – Allstate</li> <li>• Cancer Insurance – Allstate</li> <li>• Critical Illness Insurance – Allstate</li> <li>• Medical Indemnity Insurance – Allstate</li> </ul>

# Premiums

Exempt/Monthly Rate				Non-Exempt/Bi-Weekly Rate			
<b>Medical Options*</b>	<b>Base</b>	<b>Choice</b>	<b>Select</b>	<b>Medical Options*</b>	<b>Base</b>	<b>Choice</b>	<b>Select</b>
Employee Only	\$90.00	\$123.26	\$209.61	Employee Only	\$41.54	\$56.89	\$96.74
Employee + Spouse	\$276.78	\$277.34	\$471.62	Employee + Spouse	\$127.74	\$128.00	\$217.67
Employee + Child(ren)	\$184.52	\$184.89	\$314.41	Employee + Child(ren)	\$85.16	\$85.34	\$145.11
Employee + Family	\$338.29	\$338.96	\$576.41	Employee + Family	\$156.13	\$156.44	\$266.04
<b>Dental Options</b>		<b>Core</b>	<b>Value</b>	<b>Dental Options</b>		<b>Core</b>	<b>Value</b>
Employee Only		\$36.87	\$29.48	Employee Only		\$17.02	\$13.61
Employee + Spouse		\$61.75	\$49.36	Employee + Spouse		\$28.50	\$22.78
Employee + Child(ren)		\$64.83	\$51.83	Employee + Child(ren)		\$29.93	\$23.92
Employee + Family		\$92.64	\$74.06	Employee + Family		\$42.76	\$34.18
<b>Vision Options</b>		<b>Elite</b>	<b>Value</b>	<b>Vision Options</b>		<b>Elite</b>	<b>Value</b>
Employee Only		\$13.41	\$12.43	Employee Only		\$ 6.19	\$5.74
Employee + Spouse		\$25.41	\$23.55	Employee + Spouse		\$11.73	\$10.87
Employee + Child(ren)		\$25.41	\$23.55	Employee + Child(ren)		\$11.73	\$10.87
Employee + Family		\$29.91	\$27.72	Employee + Family		\$13.80	\$12.79
<b>Spousal Life</b>	<b>10K</b>	<b>30K</b>	<b>50K</b>	<b>Spousal Life</b>	<b>10K</b>	<b>30K</b>	<b>50K</b>
	\$2.56	\$7.68	\$12.80		\$1.18	\$3.55	\$5.91
<b>Child Life</b>	<b>10K</b>	<b>15K</b>		<b>Child Life</b>	<b>10K</b>	<b>15K</b>	
	\$0.60	\$0.90			\$0.27	\$0.41	
* for medical premiums only - the use of tobacco products will increase premiums by \$41.67 each monthly pay period. An additional \$100.00 monthly charge will apply if your spouse has access to group health coverage through their employer but you choose to keep them on your plan				* for medical premiums only - the use of tobacco products will increase premiums by \$19.23 each bi-weekly pay period. An additional \$46.15 bi-weekly charge will apply if your spouse has access to group health coverage through their employer but you choose to keep them on your plan			

Premiums and contributions for the followings plans are based on criteria specific to individual employees.

- Valic Contributions
- Basic/AD&D Life Insurance
- Short/Long Term Disability
- Nationwide Pet Insurance
- Travelers Auto/Home Insurance
- Allstate Products

# Surcharges

## **Tobacco-Free Attestation**

Employees are required to attest stating whether they, or any member covered under their Health System health plan, use tobacco products or not, and if they will abstain from tobacco use during the insurance year. The use of tobacco products will increase premiums by \$41.67 per month (\$500 annually).

## **Spousal Surcharge**

Employees adding a spouse to their medical plan will need to attest stating whether or not their spouse has the ability to obtain group health insurance through their own employer. For employees who want to continue coverage of their spouse on the Health System health plan when they have access to group health insurance through their own employer, an additional \$100/month (monthly) or \$46.15 (biweekly) spousal surcharge will be applied to their premium.

**Smoking Cessation Call 706-721-6744**

# Medical Plans

A side by side comparison of Medical Plans

Medical Plan Features	Medical Select Plan (PPO)	Medical Choice Plan (HDHP)	Medical Base Plan (PPO) – Default Plan
Coverage	In Network/UHC Network/OON	In Network/UHC Network/OON	In Network/UHC Network/OON
Deductible			
Individual	\$500/\$750/Not Covered	\$1,500/\$2,000/Not Covered	\$2,000/\$4,000/Not Covered
Family	\$1,000/\$1,500/Not Covered	\$3,000/\$4,000/Not Covered	\$6,000/\$8,000/Not Covered
<b>Medical Out-of-pocket max (Includes deductible)</b>			
Individual	\$4,000/\$5,000 /Not Covered	\$4,500/\$6,000/Not Covered	\$5,000/\$5,100/Not Covered
Family	\$8,000/\$10,000 / Not Covered	<b>(1)</b> \$9,000/\$12,000/Not Covered	\$10,000/\$10,200/Not Covered
Office visit	*\$30/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Preventive visits	*\$0/*\$0 /Not Covered	*\$0/*\$0/Not Covered	*\$0/*\$0/Not Covered
Inpatient care/surgery; Outpatient Surgery (per admit/surgery)	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Outpatient lab/X-ray/non-hospital tests	*0%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Emergency room	*\$150/*\$150/*\$150	20%/20%/20%	35%/35%/35%
Urgent Care	*\$40/\$100/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Convenience Care	NA/\$50/Not Covered	NA/30%/Not Covered	NA/50%/Not Covered
Coinsurance	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered

**(1) The maximum any one individual will pay out of pocket is \$6,550 each calendar year in the Choice HDHP, Family option**

\* Deductible does not apply.

AU Medical Center is Self Insured for Medical  
 Claims processed through UMR for Medical and Navitus for Pharmacy

# Pharmacy

<b>OOP Maximums</b>	<b>Select PPO (In Network/UHC)</b>	<b>Base PPO (In Network/UHC)</b>	<b>Choice HDHP (Combined Medical/Rx) (In Network/UHC)</b>
Employee	\$1,500 Rx \$4,000 / \$5,000 Medical	\$1,500 Rx \$5,000 / \$5,100 Medical	\$4,500 / \$6,000
Family	\$3,000 Rx \$8,000 / \$10,000 Medical	\$3,000 Rx \$10,000 / \$10,200 Medical	\$9,000 / \$12,000
	<b>In-Network Provider Employee Pharmacy</b>	<b>Out-of-Network Provider Employee Pharmacy</b>	<b>Retail Pharmacy</b>
Days Supply	30 day supply / 90 day supply	30 day supply / 90 day supply	30 day supply
Tier 1	\$5 / \$10	\$10 / \$20	\$20 + 35% to a max of \$450
Tier 2	\$10 / \$20	\$20 / \$40	\$20 + 50% to a max of \$450
Tier 3	\$30 / \$60	\$40 / \$80	Must fill at the Employee Pharmacy
Specialty	\$50 (30 day supply)	\$80 (30 day supply)	Must fill at the Employee Pharmacy

Employee pharmacy: 1<sup>st</sup> floor of Children's Hospital of Georgia

# Wellness Incentives

Employees enrolled in AU Health System Select, Base, or Choice medical plans may earn up to a maximum of \$500 in either employer-provided HSA contributions (for Choice HDHP members) or in premium relief (for Select or Base PPO members), based on meeting the following requirements:

- The employee must be enrolled in an AUHS Group Health Plan **prior to January 1** of the plan year
- Both the Biometric Screening and Health Risk Assessment must be completed between **November and March** and
- Proof of completed activities must be submitted based on specific deadlines as set forth by Employee Health.
- Incentives will be provided twice during the calendar year during the months of July and November



# Savings Accounts

## Health Savings Account

### May be elected with High Deductible (Choice) Medical Plan

Similar to electing health insurance, you may elect a Health Savings Account each year. Your HSA is a federally regulated savings account at Bank of America. You own your account and can take it with you when you leave AU Health System employment.

- \$100 minimum annual employee contribution
- Annual maximum contributions are \$3550/individual and \$7100/family accounts.

## Flexible Spending Accounts

The Health System offers two types of Flexible Spending Accounts (FSAs).

Each year during Open Enrollment, you decide how much of your pre-tax income you want to put into your FSA. For 2020, you may contribute:

- Between \$100 and \$2,700 into your Health Care FSA (Traditional or Limited Purpose),
- Between \$100 and \$5,000 into your Dependent Care FSA.

Administered through Bank of America

# Dental Plans

	Value Dental Option	Core Dental Option
Annual Deductible	\$50 individual/\$150 family	\$50 individual/\$150 family
Coinsurance	0% preventive > 20% basic > 50% major Note: Periodontics covered under Major Services rather than Basic Services.	0% preventive > 20% basic (includes periodontics) 50% major and orthodontic
Annual Maximum Benefit	\$1,000 per member <i>Note: Benefits paid for Preventive/Diagnostic services are NOT applied towards the annual benefit maximum.</i>	\$1,350 per member <i>Note: Benefits paid for Preventive/Diagnostic and Orthodontia services are NOT applied towards the annual benefit maximum.</i>
Orthodontia Lifetime Maximum Benefit	No coverage	\$1,500 per member

Administered through Delta Dental



# Vision Plans

	Vision Value Plan	Vision Elite Plan
Eyeglass Frames	\$200 retail benefit, plus 20% off balance over \$200	\$200 retail benefit, plus 20% off balance over \$200
Eyeglass Lenses	\$10 copay for standard plastic lenses	\$10 copay for standard plastic lenses
Contacts	\$250 retail benefit; 15% discount on balance over \$250 for conventional lenses	\$250 retail benefit; 15% discount on balance over \$250 for conventional lenses
Eye Exam	No Coverage	\$10.00 co-pay

Administered through EyeMed

# Life Insurance

## Employee Life

Default  
Plan

- \$25,000 - no cost to employee
- 1x Annual Salary – no cost to employee
- 2x Annual Salary
- 3x Annual Salary
- 4x Annual Salary

## Dependent Life

- Child Life
  - \$2,000 (14 days - 6 months of age)
  - \$10,000 or \$15,000 policy
- Spousal Life
  - \$10,000, \$30,000, or \$50,000 policy

## Employee and/or Dependent

- Accidental Death and Dismemberment
  - Up to \$500,000 in \$10,000 increments

Administered through The Standard

**Disability** — eligible after one-year and one day of service. 50% coverage at no cost to employee

### **Short Term Disability (STD)**

STD is a financial benefit that pays a percentage of your salary for a specified amount of time, if you are ill or injured, and cannot perform the duties of your job. The Health System provides you with a 50% STD benefit at no cost to the employee.

### **Long Term Disability (LTD)**

LTD provides financial protection if illness or injury keeps you out of work for a long period of time. Approved LTD benefit payments and duration is based on the plan level chosen. The Health System provides you up to a 50% benefit at no cost to the employee.

Administered through Mutual of Omaha

# Voluntary Benefits

*Voluntary benefits are employee paid.*

- Valic Contributions – match up to 5%.
- Nationwide Pet Insurance
- Travelers Auto/Home Insurance
- Cancer/Critical Illness/Medical Indemnity /Accident Insurance
- 529 College Savings

# Cobra and Retirement Benefits

- Health Insurance
- Dental Insurance
- Vision Insurance

## Retirement Criteria

- 59 ½ years old
- Actively employed by AU Medical Center on the day before retirement
- Enrolled in benefits at least 3 years prior to retirement date

# Tuition Assistance

**Pre-paid tuition** – Employees attending Augusta University

**Tuition Reimbursement** – Employees attending other accredited colleges/universities

## Eligibility Requirements

- Employed at least 6 months
- No disciplinary actions within last 12 months
- Application submitted 30 days prior to first course
- 12 month work obligation upon graduation

## Contact Christy Roca

Compensation and Performance Specialist

[croca@augusta.edu](mailto:croca@augusta.edu)

706-721-3634



# Employee Assistance Program

## Confidential Counseling

- Emotional Well-being
- Family and Relationships
- Legal and Financial
- Healthy Lifestyles
- Work and Life Transitions

Mutual of Omaha

1-800-316-2796

[Mutualofomaha.com/eap](https://Mutualofomaha.com/eap)

**24 hours a day service**

# Employee Care Program

- PTO Donation Program
- Emergency PTO Pay Out
- Health Insurance Premium Relief
- Retirement Loan(s)
- Living Organ Donor



# Employee Discounts and Programs

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

- Hearing aid discount - Eye Med
- Vision discount - Delta Dental
- Travelex -The Standard
- Museums on Us - Bank of America
- Working Advantage
- Real Appeal – weight loss program
- Local and Regional Merchants

# 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

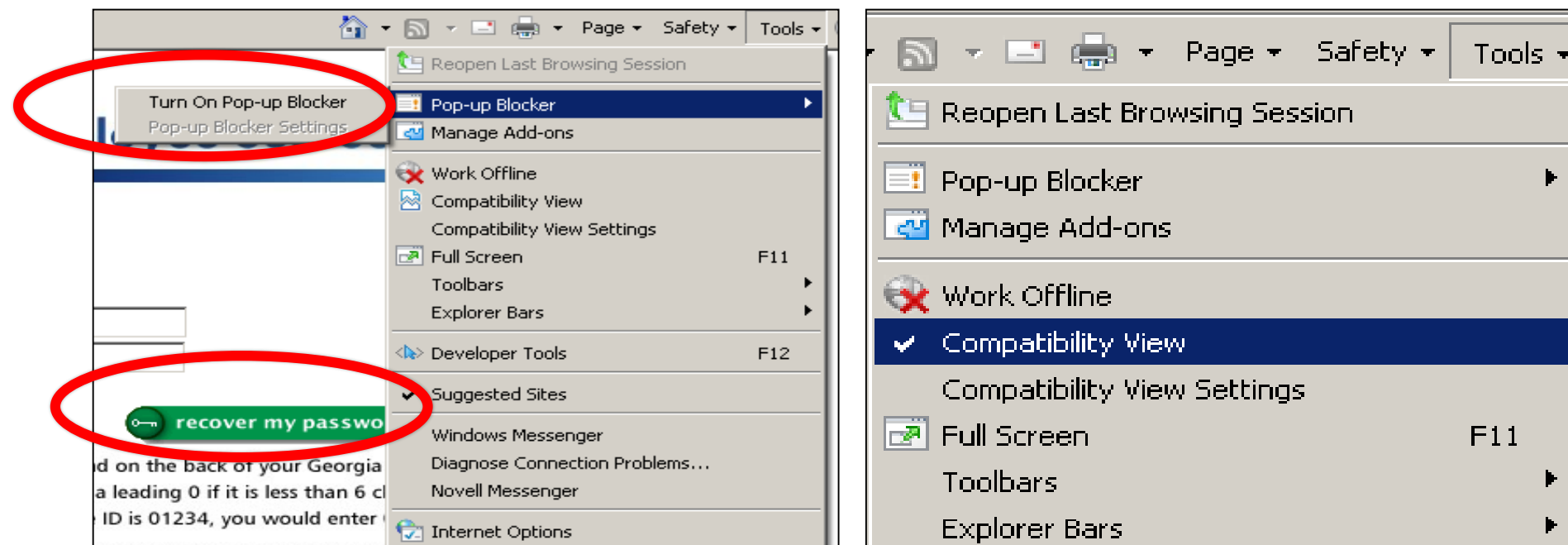
## 25K Life Insurance

- Unknown beneficiaries

Cannot be changed until Open Enrollment or a Life Change Event

# Enrollment Tips

- Make Sure You Have All Documents
- Use Internet Explorer as Your Browser
- Log on to Employee Self Service (ESS) at:  
<https://saas.unicornhro.com/scripts/cgiip.exe/WService=gwemployee/gwmain.r?CN=2484>
- Disable Pop-up Blockers
- Place ESS in Compatibility Mode



# How to Enroll On-Line

**Health**  
AUGUSTA UNIVERSITY

**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.

**Norton SECURED**  
powered by Symantec

Example Employee ID#  
 ID# on back of badge 101**123450**  
 Add a leading "0"  
 EE number is **012345**

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



# Health

AUGUSTA UNIVERSITY

## 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

## Employee Contact - Validation

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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.

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### 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

### Home Mailing Address

 update

Effective Date:

Address:

Phone Number:

Cell Phone Number:

**NOTE: You must enter a work location to continue**

### Work Location

 update

Effective Date:

Building Code:

Room Number:

Phone Number:

Cell Phone Number:

Work Email Address:

### 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

---

 ok



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

Benefits

- First Time Enrollment
- Benefit Statement
- Benefit Beneficiaries
- 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 before entering the new hire enrollment process.

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.

Review Documents and Important Notices

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

 next



# Complete Enroll On-Line

Follow the prompts to:

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

## 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.

Here are the costs per Bi-weekly pay period.

		Employee	Employer
Medical	You have selected Base Medical / Employee Only coverage.	\$60.78	\$132.19
Dental	You have selected to decline Dental coverage.	N/A	N/A
Vision	You have selected to decline Vision - Materials Only coverage.	N/A	N/A
Life/AD&D	You have selected Life/AD&D 1x / Employee Only coverage. Coverage amount is \$42,000. Primary beneficiaries are: (100.0000%).	\$0.00	\$1.78
Short Term Dis	You have selected STD 50% / Employee Only coverage.	\$0.00	\$15.72
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

**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.

**Message from webpage** X



Your benefit changes are accepted. Print and maintain a copy of this confirmation for your records. The printed confirmation page serves as proof of your benefit elections for the upcoming plan year.

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

# Medical Center Benefits Website

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

**Benefits** Quick Access

Home / Human Resources / Benefits

### AU Health System Benefits

#### 2020 Benefits Open Enrollment Information

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

**AUGUSTA UNIVERSITY** Log in Sign up

Name	Updated	Size	Details
grmc_dp_affidavit_relationship.pdf	Sep 6, 2019 by Taylor Weathe...	311.7 KB	Owner Box Admin2
benefitenrollmentform.pdf	Sep 6, 2019 by Taylor Weathe...	57.9 KB	Enterprise Owner Augusta University
benefitchangeform.pdf	Sep 6, 2019 by Taylor Weathe...	58.9 KB	Created Sep 6, 2019, 11:42 AM
AUMC_Tobacco_Attestation_form.pdf	Sep 6, 2019 by Taylor Weathe...	10 KB	Updated Sep 6, 2019, 11:42 AM
AUMC_Spousal_Surcharge_Form.pdf	Sep 6, 2019 by Taylor Weathe...	9.9 KB	Size

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# Medical Center Benefits Team

Phone: 706-721-7909

E-mail: [AUMCBENEFITS@augusta.edu](mailto: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 **(by appointment only)**  
8:00 a.m. to 5 p.m.

Location: 699 Broad Street-8<sup>th</sup> floor

# Questions & Answers



## **Interpreter and Translation Services**