

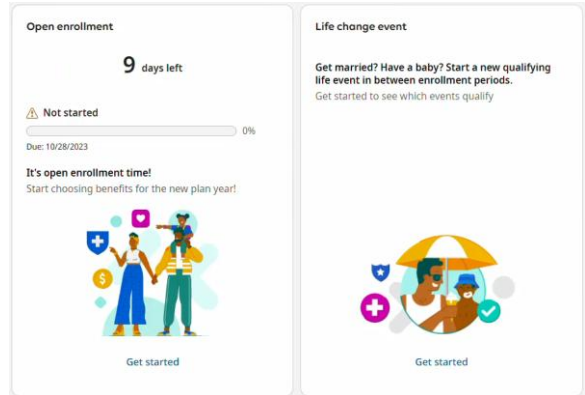
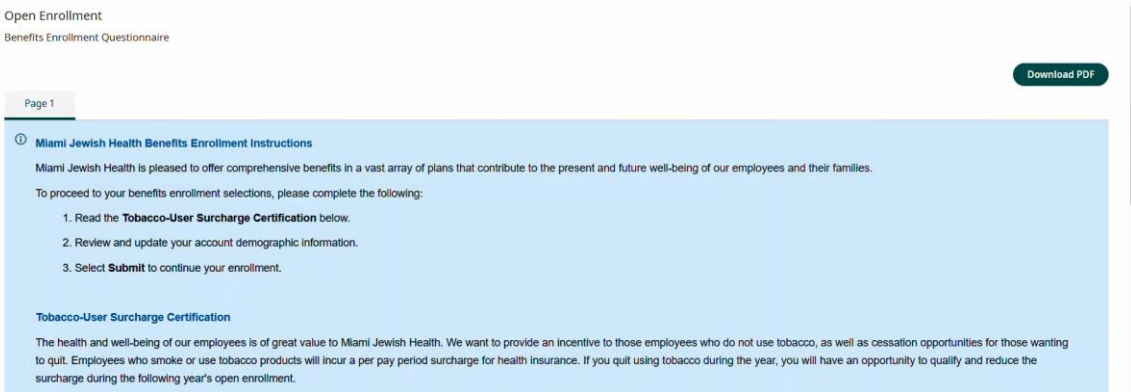
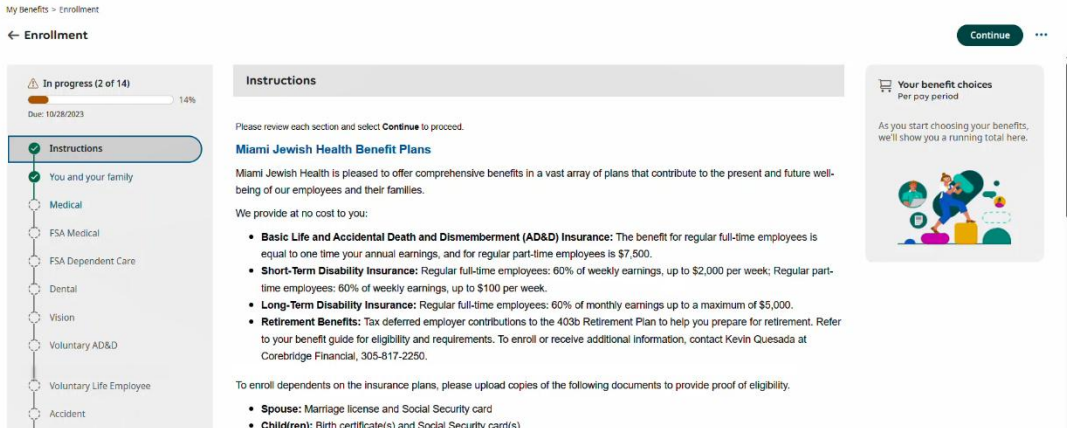
UKG Guide: How to Enroll in Benefits

Overview

This guide assists employees on how to enroll in benefits through UKG.

Navigation

Log in to UKG > **My Benefits** Home Page Tile or Main Menu > HR > My Information > My Benefits > Enrollments

1	Select the applicable tile for the Event Type (Life Change Event or Open Enrollment) and select Get Started.	
2	Review the Benefits Enrollment Questionnaire. This page includes contact information in your employee record and the Tobacco-User Surcharge Certification. Review and update as needed. Select Submit at the bottom-right corner of the screen to proceed to the next section.	
3	Review the Instructions section. This page includes enrollment information and links to the Employee Benefits Guide. Select Continue at the top-right corner of the screen.	

Select **You and Your Family** to add dependents and beneficiaries to your plans.

IMPORTANT!

- You must provide supporting documents (marriage certificate, date of birth and social security number) for dependents added to the plans. Refer to the guide for uploading documents for step-by-step instructions on how to process.
- Even if you are declining benefits, you must designate beneficiaries for your basic life and AD&D.

My Benefits > Enrollment

← Enrollment

Continue

In progress (2 of 14) 14%
Due: 10/28/2023

Instructions

You and your family

Medical

FSA Medical

FSA Dependent Care

Dental

Vision

Voluntary AD&D

Voluntary Life Employee

You and your family

It looks like you do not have any existing contacts. Choose 'Add family members' to get started.

Review your family's details for any changes since last year, or add new dependents. When you select your benefits in the next step, you'll be able to cover the people who are listed here.

Add family members

Manager Tester

Relationship
You

Primary --

Contact Type --

Date Of Birth 01/01/1980

Your benefit choices
Per pay period

As you start choosing your benefits, we'll show you a running total here.

Select each plan on the left side of the page and chose coverage level: Employee Only, Employee Plus Spouse; Employee Plus Child(ren) or Employee Plus Family. Press **Save** and **Select**. If selecting coverage for dependents: make sure to add the person(s) to the plan.

My Benefits > Enrollment

← Enrollment

Continue

Medical

FSA Medical

FSA Dependent Care

Dental

Vision

Voluntary AD&D

Voluntary Life Employee

Accident

Critical Illness

Hospital Indemnity (GAP)

Legal

Finish up

Miami Jewish Health offers eligible employees 2 PPO plans with prescription drug coverage administered by Cigna Healthcare. Refer to the Benefits Guide for detailed information regarding the medical plan with Cigna. Allow 7-10 days after enrollment for receipt of insurance cards.

Wellness

Miami Jewish Health practices employee wellness. One of our wellness incentives is providing discounted medical insurance rates for employees who have annual physicals. Our medical provider Cigna Healthcare will track and advise when an employee has a physical. The rate discounts will be seen the following plan year.

You have 2 options

☒ Review plans Review plan details and compare up to 3 plans.

Prices will change if a different coverage level is selected

Low PPO Option

Your price per pay period
\$67.39

Coverage Level
Employee Only - Non-Discounted
Premium Non-Smoker

Who You Selected --

Plan Highlights Medical

Select

High PPO Option

Your price per pay period
\$75.16

Coverage Level
Employee Only - Non-Discounted
Premium Non-Smoker

Who You Selected --

Plan Highlights Medical

Select

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As you go through your enrollment, your **Benefit Choices Shopping Cart** will update accordingly.

It will reflect the plans you are electing and which you are declining.

It will also calculate your costs by pay period.

Your benefit choices

Per pay period

Medical

\$67.39

FSA Medical

Declined/waived

FSA Dependent Care

Declined/waived

Dental

\$11.97

Vision

\$4.73

Prices shown are your cost after employer contributions of \$265.40 per pay period

What You'll Pay

\$84.09

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To decline/waive plans, move the slider to the right located at the top of each plan. For medical, dental, and vision plans, choose the decline/waive reason from the drop-down list and select the **Decline/Waive**.

My Benefits > Enrollment

Enrollment

In progress (3 of 14)

21%

Due: 10/28/2023

Instructions

You and your family

Medical

FSA Medical

FSA Dependent Care

FSA Medical

Decline/waive FSA Medical

You can review and compare plans for further details and find the coverage that works best for you and your family. If you don't need this coverage for any reason, you can opt out by selecting 'decline/waive coverage'.

A flexible spending account (**FSA**) is a savings account funded by pre-tax payroll deductions used to pay for certain out-of-pocket costs. You choose the annual total you want to save in 2024 and it is deducted from your pay in equal installments until the end of the year. There are 2 types of FSAs: 1. Medical and 2. Dependent Care. You do not have to enroll in the medical plan to enroll in the FSAs. The FSA accounts will be administered by WEX Health. We will send WEX your enrollment, collect your payroll contributions, and WEX will process your reimbursements. WEX will mail to you your account information as soon as we alert them of your enrollment.

Continue

Your benefit choices

Per pay period

Medical

\$67.39

Prices shown are your cost after employer contributions of \$260.35 per pay period

What You'll Pay

\$67.39

The **Finish Up** Section will display **Benefits Not Selected** and **Selected Benefits**. Review and submit your selections by pressing **Submit**.

0

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My Benefits > Enrollment

← Enrollment

Submit

In progress (13 of 14)
Due: 10/28/2023
93%

Instructions

You and your family

Medical

FSA Medical

FSA Dependent Care

Dental

Vision

Voluntary AD&D

Voluntary Life Employee

Accident

Critical Illness

Hospital Indemnity (GAP)

Legal

Finish up

Finish up

\$84.09 Per pay period

You're almost done! Review and submit your selections on this page. You can also make changes if needed. Please review and confirm your elections.

Once you press the **Submit** button, the enrollment request will be directed to Human Resources to review and finalize.

[Download PDF](#)

Benefits not selected
Confirm any of the benefits that you didn't enroll in, or that you declined/waived.
Note: If you decline/waive your coverage for any benefit, you won't be able to sign up again until the next Open Enrollment date unless you have a qualifying Life Change Event.

FSA Medical

FSA Dependent Care

Voluntary AD&D

Voluntary Life Employee

Accident

Critical Illness

Hospital Indemnity (GAP)

Legal

Selected benefits:

Low PPO Option

Your price per pay period

\$67.39

Coverage Level
Employee Only - Non-Discounted
Premium Non-Smoker

Who You Selected (1): You only

Plan Highlights Medical

Dental DMO

Your price per pay period

\$11.97

Coverage Level Employee + Child(ren)

Who You Selected (2): Yourself, Child Tester

Plan Highlights Dental

Vision

Your price per pay period

\$4.73

Coverage Level Employee + Child(ren)

Who You Selected (2): Yourself, Child Tester

Plan Highlights Vision

Your benefit choices
Per pay period

Medical	\$67.39
FSA Medical	Declined/waived
FSA Dependent Care	Declined/waived
Dental	\$11.97
Vision	\$4.73
Voluntary AD&D	Declined/waived
Voluntary Life Employee	Declined/waived
Accident	Declined/waived
Critical Illness	Declined/waived
Hospital Indemnity (GAP)	Declined/waived
Legal	Declined/waived

Prices shown are your cost after employer contributions of \$265.40 per pay period

What You'll Pay \$84.09

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You will be prompted for a signature. Sign and press **Accept**.

You will receive a confirmation message that your enrollment was completed and is being sent to HR for approval.

To make changes before submission:

Use the trash can icon on the enrollment screen to start over or select the **Review** button to edit what needs to be changed.

To make changes after submission:

Contact HR

Enrollment acknowledgement

Please put your signature in the box below.

Signature *

Clear Signature

Your enrollment has been accepted.

Decline

Accept