



**SAN ANTONIO
REGIONAL HOSPITAL**

STEP BY STEP UKG

Benefit Enrollment



UKG

SARH CONNECTION



SAN ANTONIO
REGIONAL HOSPITAL

INTRODUCTION

Welcome to UKG!

San Antonio Regional Hospital's new Benefit Enrollment Platform

Welcome to our comprehensive step-by-step guide! Whether you're newly enrolling, experiencing a qualifying life event, or updating information, this guide is designed to simplify the process. By breaking down each task into clear, manageable steps, we aim to make complex processes more approachable and less overwhelming.



UKG

SARH 

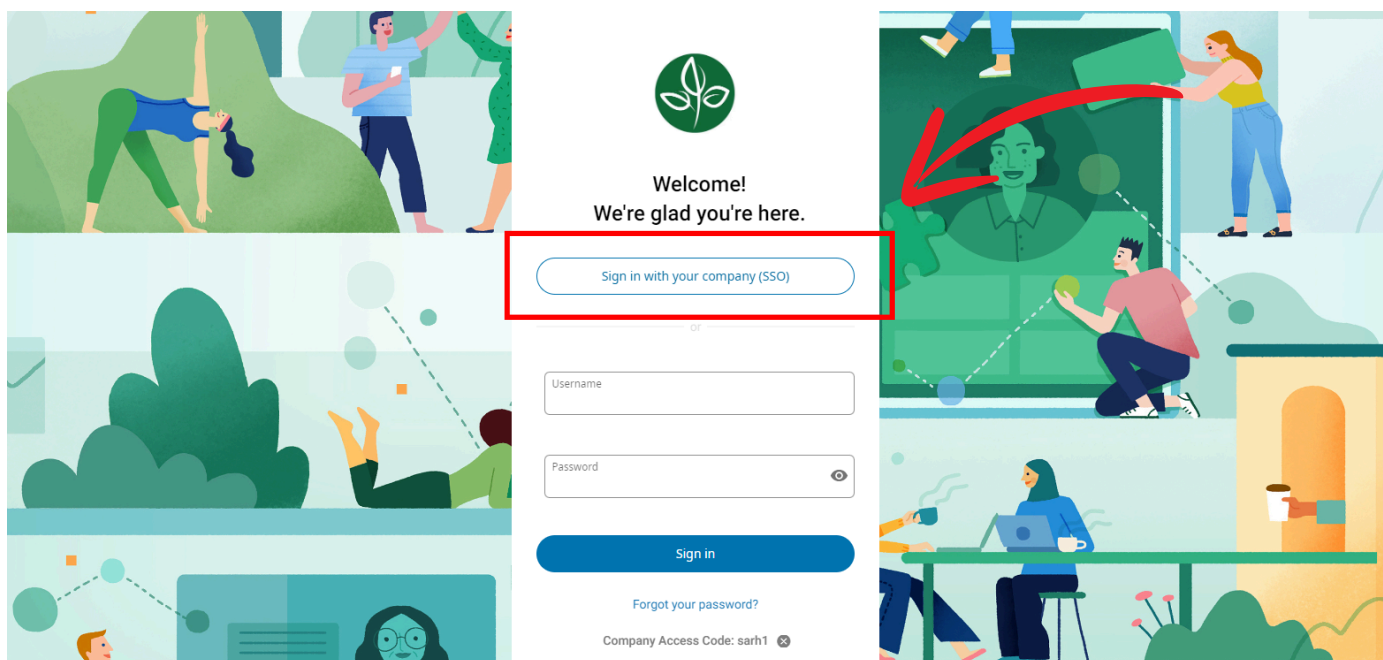
CONNECTION



Let's get started..

STEP ONE

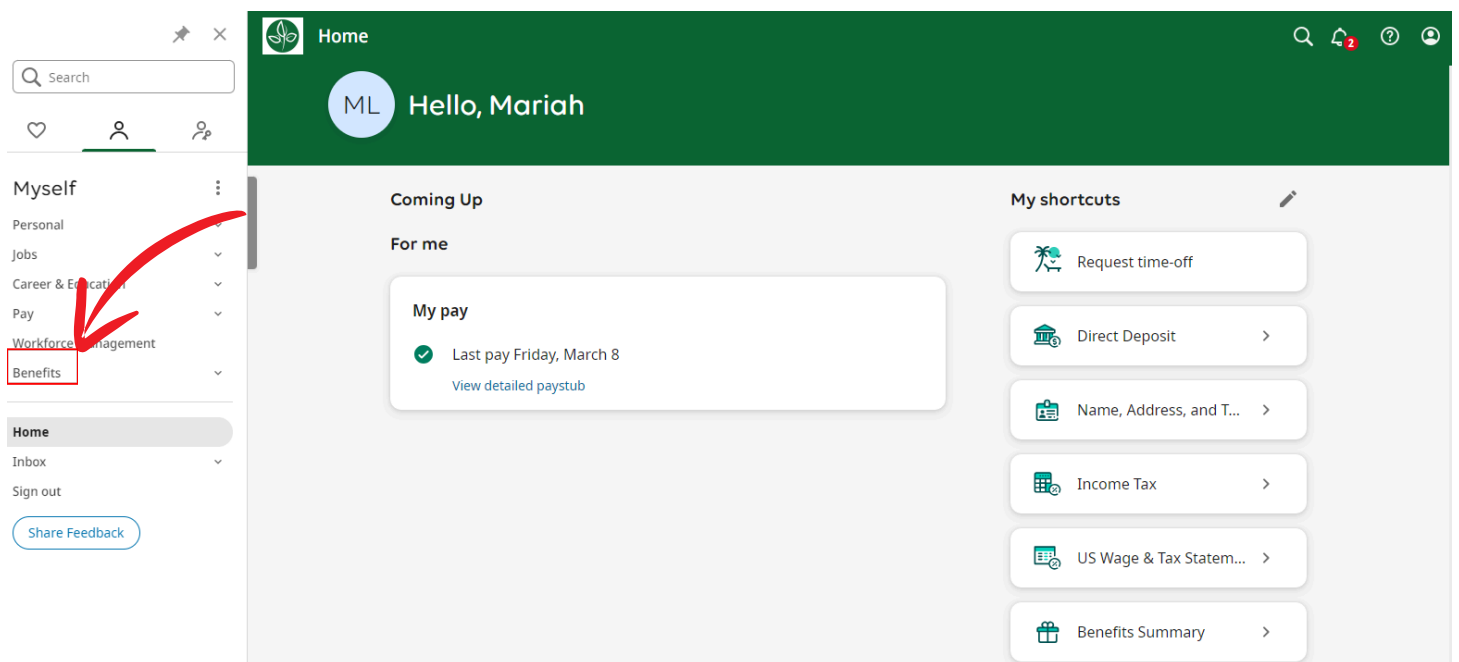
- 1) Go to **SARH Intranet** and click on UKGPro under **Quick Links**. *Please Note: UKGPro is only accessible via SARH Intranet.*
- 2) Click on "Sign in with your company (SSO)" and then use your windows login information, NOT your email address. Username format is Login@sarh.org – for example, mine is FNLastInitial@sarh.org
- 3) Your password will be the same as your windows password.
- 4) For your first time logging in, you will be brought to a UKG screen to reset your password. Your "current" UKG password is your birthdate in this format: mmddyyyy
- 5) For the first time logging in, you will also need to set up your security questions.



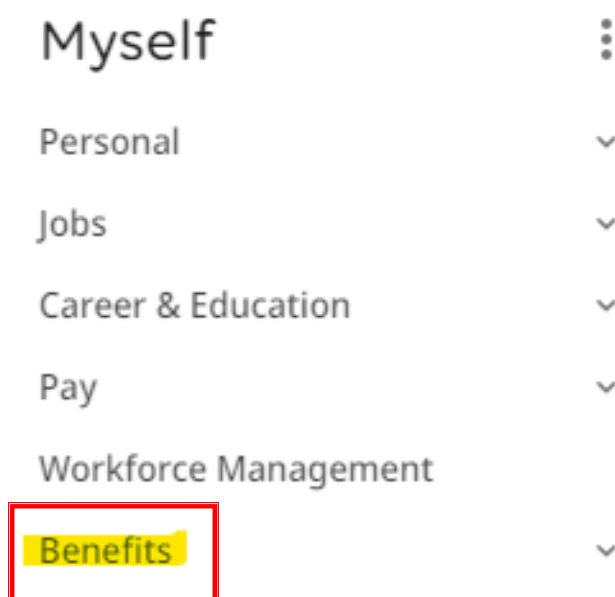
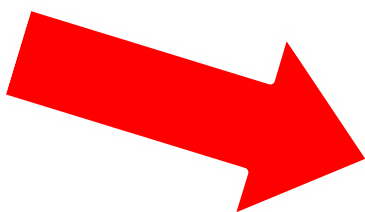


UKG Profile

Once you have successfully logged into your UKG Profile, click on **Benefits** located on the left-hand side of your screen

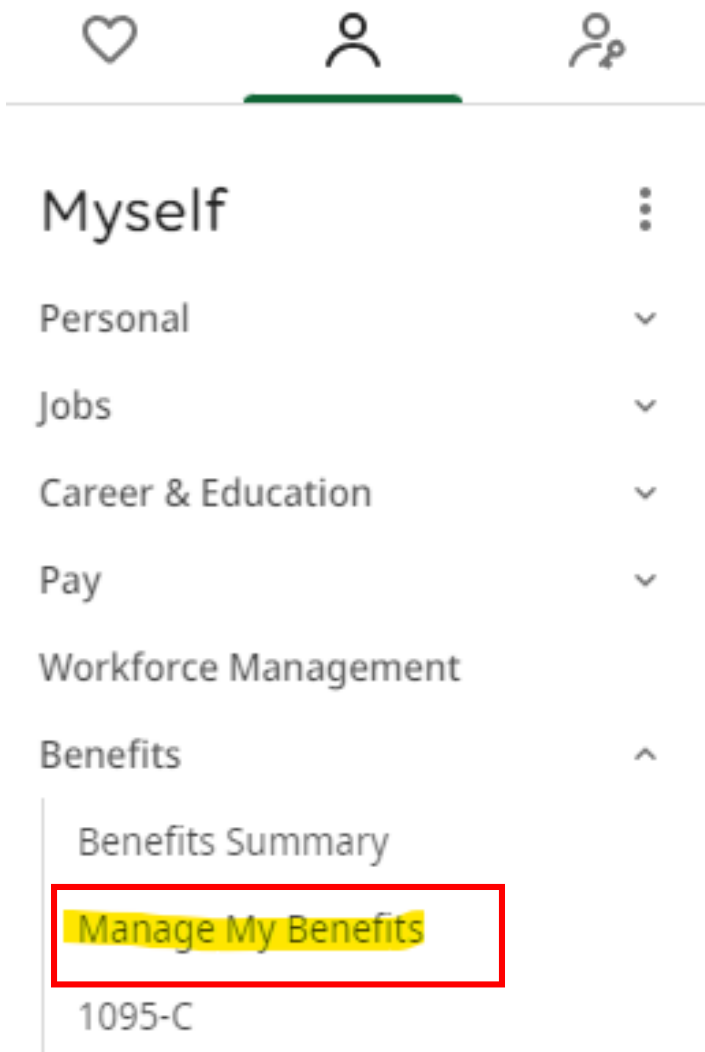
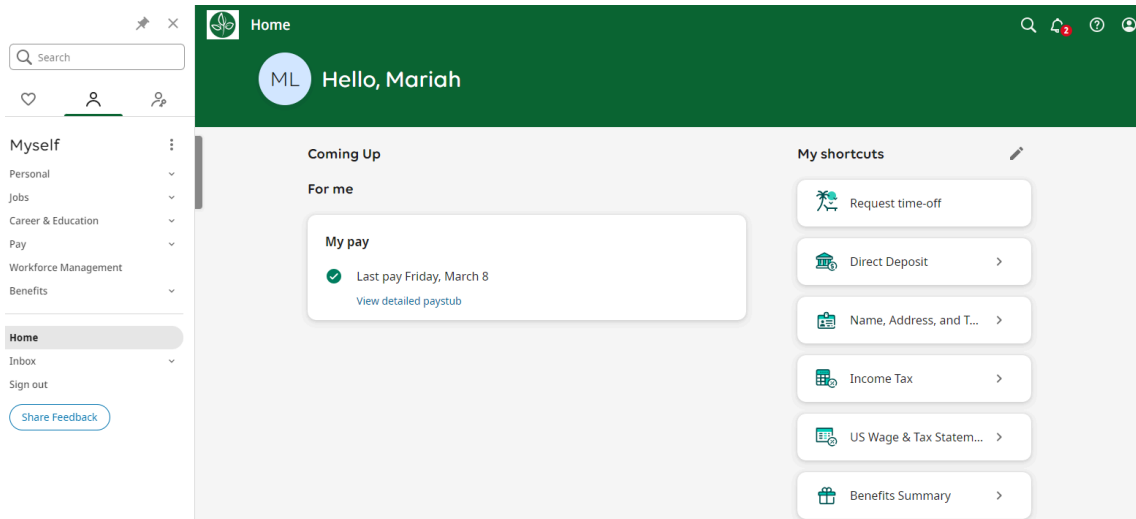


You can find this
under **MYSELF**

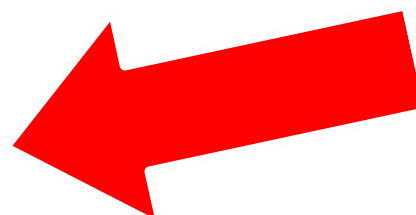




Continued..



Once you have clicked on Benefits, a drop-down menu will appear, click on **Manage My Benefits**





STEP TWO

You have now entered
Benefit Plan Source!



Home x

Profile >

Benefits >

Welcome Mariah,
New Hire Enrollment
Let's start with your profile and see if anything has changed since last year.

Get Started

Review Profile Shop Benefits Checkout

\$77.19
Per Pay Period

Time to Enroll!

Click on **Get Started**

Get Started

Review Profile Shop Benefits Checkout





Ensure all information is accurate!

STEP THREE

Should any information need to be updated, please contact Human Resources at 909.920.6267 at ext 46267

Manage your profile

Make sure we have it right!

This info is used for your paycheck, taxes and ID cards. If you have any adjustments, please click the "Menu" button on the top left of your screen and select the "Employee Summary" under the "Personal" heading.

This information is used for:

- Reporting to the benefit carriers
- To issue your ID cards and process your claims
- To process your payroll, taxes, etc.

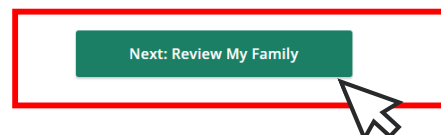
If any of the information is incorrect and you are unable to change it as part of enrollment, please contact your Human Resources representative.

[EDIT INFO](#)

Basic Information		Contact Information	
First Name Jane	Middle Name	Address 1 123 Street	Address 2
Last Name Doe	SSN XXX-XX-XXXX	City Upland	State California

Once all information is confirmed, click on **Next: Review My Family**

[← BACK](#)



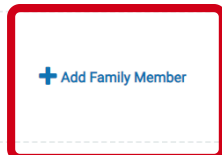


Manage your Family Members

STEP FOUR

Here you can add, remove, or edit your dependents.

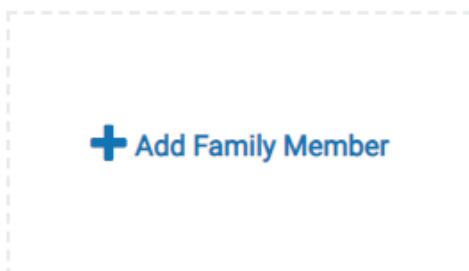
Current Family Members



Whether it's a spouse, domestic partner, or child(ren) – you will be able to add them by clicking on **+ Add Family Member**.

Note: If you are only obtaining benefits for yourself, move forward by clicking **Next: Shop Benefits**

Current Family Members



Helpful Tip! If you have any questions regarding eligible dependents, please visit SARHConnection.org or contact the Human Resources Benefit Department.



Adding Dependents

STEP FIVE

From here, add all the **required** information for the dependent(s) you are adding onto your elections. **Click Save** once you have filled everything out.

Basic Information

First Name * Middle Name

Last Name * SSN *

Gender * Birthdate *

Relationship *

Additional Info

Lives At Home

CANCEL

Once you have added on your dependent(s), you will be able to view them under your **Current Family Members**. When you're ready to move forward, click on **Next: Shop for Benefits**

Current Family Members

<p> Jonathan Snow Spouse Born 05/16/1995</p> <p>View Details</p> <p>Remove Edit</p>	<p> Mariah Leos Child Born 01/01/2001</p> <p>View Details</p> <p>Remove Edit</p>	<p>+ Add Family Member</p>
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[← BACK](#)

[Next: Shop for Benefits](#)



Verifying Dependents..

If you enroll any family members in your SARH sponsored medical, dental and/or vision plan now or during a future enrollment period, you'll be asked to provide copies of documents that verify their eligibility. See below a list of required documents, based on relationship.

For your spouse	<ul style="list-style-type: none">• County-recorded marriage certificate (no church certificate) AND <ul style="list-style-type: none">• Federal tax filing- copy of first page of most recent filing
For your children/stepchildren/ Domestic Partner children, up to age 26	<ul style="list-style-type: none">• County-recorded birth certificate (no hospital certificate)
For your legal guardian children	<ul style="list-style-type: none">• County- recorded birth certificate (no hospital certificate) AND <ul style="list-style-type: none">• Legal court guardian document
For your disabled children	<ul style="list-style-type: none">• County-recorded birth certificate (no hospital certificate) AND <ul style="list-style-type: none">• physician disability statement , contact HR AND• Federal tax filing- listing disabled child as dependent
Domestic Partner	<ul style="list-style-type: none">• Secretary of State Declaration of Domestic Partnership AND <ul style="list-style-type: none">• Financial document with both names listed and same address, such as utility bill, bank statement or cell phone bill



Your Benefits

STEP SIX

From here, select on **CORE Advantage EPO** to get started.

Current Benefits Plan Year Effective from 01/01/2024 to 12/31/2024

Medical

	CORE Advantage EPO	\$62.54 Per Pay Period	View or Change
--	--------------------	---------------------------	--------------------------------

Dental

	Delta Dental	\$9.99 Per Pay Period	View or Change
--	--------------	--------------------------	--------------------------------

Vision

	Vision VSP	\$4.66 Per Pay Period	View or Change
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Flexible Spending Account

No Plan Selected [Shop Plans](#)

Dependent Care Flexible Spending Account

Yourself Jonathan Snow Mariah Leos

Select a Plan

<p>aetna</p> <p>CORE Advantage EPO</p> <p>\$62.54 Per Pay Period</p> <p>View Plan</p>	<p>aetna</p> <p>AETNA POS</p> <p>\$71.07 Per Pay Period</p> <p>View Plan</p>	<p>aetna</p> <p>AETNA HMO</p> <p>\$64.27 Per Pay Period</p> <p>View Plan</p>
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First, will start with Medical. Select your preferred medical plan. **Need more information?** Click on the choices to learn more regarding the co-pays, deductibles, and rates.

Once you have made your decision, make sure you check the box for all dependent(s) who you want covered. Review your choices and click **Add to Cart**. If you don't want a certain benefit, click on **Decline Coverage**

Family Covered + ADD FAMILY MEMBER

Yourself Jonathan Snow Mariah Leos

	Employee Only	\$62.54 Per Pay Period
	Employee + Spouse	\$150.52 Per Pay Period
	Employee + Children	\$134.98 Per Pay Period
	Employee + Family	\$256.98 Per Pay Period

Current Benefit Coverage effective from 01/01/2024 to 12/31/2024

	CORE Advantage EPO	\$62.54 Per Pay Period	Update Cart	Decline Coverage
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Continued..

Continue this process for **each** election. Make sure you review your elections before adding to your cart. **Note:** You must accept or decline all coverages before moving forward!

 Delta Dental \$9.99 <small>Per Pay Period</small> Update Cart	 Vision VSP \$4.66 <small>Per Pay Period</small> Update Cart	 Lively Medical Flexible Spending Account \$0.00 <small>Per Pay Period</small> Update Cart
Decline Coverage	Decline Coverage	Decline Coverage

\$77.19
Per Pay Period

You will see your cart calculate amount per pay period the more you add onto your elections.

You can see also see the drop-down choices you selected by clicking on the green cart ribbon!

Helpful Tip!

You have only 31 days from your first day of work (or first day of newly eligible position) to enroll in your health and welfare benefits. Enroll online by clicking the link below. These are important decisions, so don't delay! if you don't take action during the 31-day period, you will be automatically enrolled in the following benefits: Basic Life Insurance Basic Accidental Death & Dismemberment Core Long Term Disability (Full Time only)

\$78.30
Per Pay Period
✕

Changed Benefits:

- Voluntary Employee Life: [Voluntary Employee Life](#)

Unchanged Benefits:

- Medical: [CORE Advantage EPO](#)
- Dental: [Delta Dental](#)
- Vision: [Vision VSP](#)
- Flexible Spending Account [Shop Plans](#)
- Dependent Care Flexible Spending Account [Shop Plans](#)
- Basic Employee Life: [Basic Employee Life](#)
- Basic Accidental Death or Dismemberment: [Basic Employee AD&D](#)



Review Beneficiaries

STEP SEVEN

Once you have chosen all your elections, click on
Next: Review Beneficiaries

This family member is not eligible to be added to the coverage

\$78.30
Per Pay Period

Flexible Spending Account
+ Coverage Declined [View or Change](#)

Dependent Care Flexible Spending Account
+ Coverage Declined [View or Change](#)

Basic Employee Life
+ Basic Employee Life [View or Change](#)

Basic Accidental Death or Dismemberment
+ Basic Employee AD&D [View or Change](#)

Voluntary Employee Life

You must select or decline all coverages before moving on [Next: Review Beneficiaries](#)

[Next: Review Beneficiaries](#)

Basic Employee Life

Primary Beneficiaries (Required *)
You must designate a primary beneficiary for this benefit.

[+ Add Beneficiary](#)

Would you like to add secondary beneficiaries? No Yes

IMPORTANT: Adding Beneficiaries ensures that assets are distributed according to your wishes and can provide financial security for your loved ones. Anyone from a parent, spouse, child(ren), or friend can be considered as a beneficiary.



Continued..

Click on **+ Add Beneficiary** and fill out the required information. Make sure you insert an Allocation Percentage, meaning the amount you would like to give to your beneficiary. The total amount of Allocation Percentage has to equal 100%. Click **Add** when you have finished. **Note:** You will need to do this for Basic Life/AD&D, and Supplement (if applicable.) Once you are ready, **Click Review and Checkout.**

X Add Beneficiary

Select an existing beneficiary from the drop-down menu or enter a new beneficiary's information below.

Jonathan Snow

or create a new one

Name *
Jonathan Snow

Relationship *
Spouse

Allocation
100

Address 1
520 W. Berkeley Ct.

Address 2

City
Ontario

State
CA

Zip Code
91762

User Defined Field 1

User Defined Field 2

Add

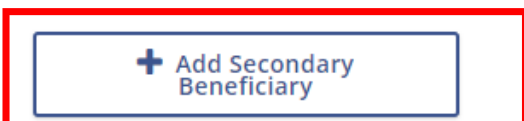
CANCEL

Adding more Beneficiaries?

Would you like to add secondary beneficiaries? No Yes

Secondary Beneficiaries (Optional)

Switch the toggle to **Yes** to add secondary beneficiaries





Almost Done!

Take a moment to review your choices. Keep in mind you may be able to make adjustments to your plan selections **until the closing of your enrollment period.** Once you have reviewed, click **Checkout** at the bottom of the page.

Medical

aetna CORE Advantage EPO	\$62.54 Per Pay Period	View or Change
Start Date: 01/01/2024	Coverage Level: Employee Only	
Employer Contribution: \$318.13		

Dental

DELTA DENTAL Delta Dental	\$9.99 Per Pay Period	View or Change
Start Date: 01/01/2024	Coverage Level: Employee Only	
Employer Contribution: \$14.87		

Vision

vsp vision care Vision VSP	\$4.66 Per Pay Period	View or Change
Start Date: 01/01/2024	Coverage Level: Employee Only	

[← BACK](#) [Checkout](#)

You have successfully completed your Benefit Enrollment! You can print or email a copy of your Benefit Summary by clicking on **Send by Email**, or by **Print** located on the bottom right of your screen. .

Current Benefit Elections

New Hire Enrollment Completed!

You have completed the life event changes to your benefits.

Need a copy of your benefits confirmation statement? [Send by Email](#)

Review Profile — Shop Benefits — Checkout

The coverage details listed below are the current active elections on file for you and your dependents.

- To change an election, click directly on the name of the benefit.
- To complete enrollment, click continue at the bottom of the page.
 - If you believe there is an error in your statement, please contact Human Resources.
 - If you need to make changes due to a qualifying life event, please click on the Life Event link.

Click on the icons below to print your confirmation statement or generate a PDF file.

Current Benefits Plan Year Effective from 01/01/2024 to 12/31/2024

[DOWNLOAD](#) [EMAIL](#) [PRINT](#)



Dependent Verification

Ready to upload your required documents?

Click on **Your To Do List**, from here select your document type and upload. Should you need assistance, please contact HR Benefits 909.920.6339

Your To-Do List 0 of 1 Complete

Upload the required document for Cole Martinez by **October 11 2024** Open

Current Benefits Plan Year Effective from 01/01/2024 to 12/31/2024 DOWNLOAD EMAIL PRINT

Below are your new elections. Benefit elections may be changed during your company's Open Enrollment or if you've had a Qualifying Life Event.

Medical

	aetna CORE Advantage EPO	\$150.52 Per Pay Period	View or Change
	Pending Life Event Approval		
	You are changing from: CORE Advantage EPO		

Dental

	DELTA DENTAL Delta Dental	\$17.11 Per Pay Period	View or Change
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Select Document Type:
Marriage Certificate

Cole Martinez

Drag document here or click to browse

Files must not exceed 5MB in size. For optimal performance please select files of 3MB or less.

The document(s) requested in this section must be submitted by 12 AM EST on **10/11/2024** or else the following elected benefit(s) will be subject to termination: **Dental, Medical, Vision**

Note:

If you need time to gather these documents you may skip this section, however you **must** finish this step before your request will be processed.

Once you upload your document, notification will be sent to HR for review and approval.

Marriage Certificate
Cole Martinez

Pending Review

SARH.jpg

EDIT | DELETE



SAN ANTONIO
REGIONAL HOSPITAL

Questions?

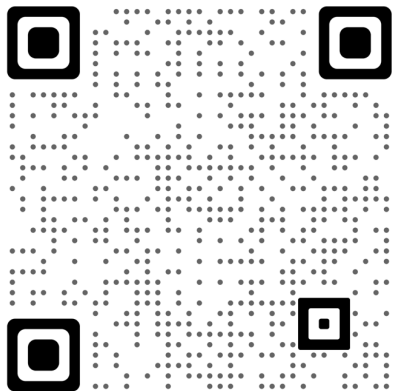
Should you have any questions feel free to contact the Human Resources Benefit Department.

Wendy Arrezola, HR Benefits Manager
Email: warrezola@sarh.org | Phone: 909.920.4981

Mariah Leos, HR Benefits Coordinator
Email: mleos@sarh.org | Phone: 909.920.6339

San Antonio Regional Hospital
HUMAN RESOURCES BENEFIT DEPARTMENT
Phone Number: (909) 920-4721
Fax: (909) 985-5627

Choose your path



For more information regarding your benefits, please scan the QR Code or visit SARHconnection.org

