

Online Open Enrollment Guide

To access the Employee Navigator enrollment system, go to
<https://csd.employeenavigator.com>



Username

Password

Login

[Forgot Username?](#) [Forgot Password?](#)

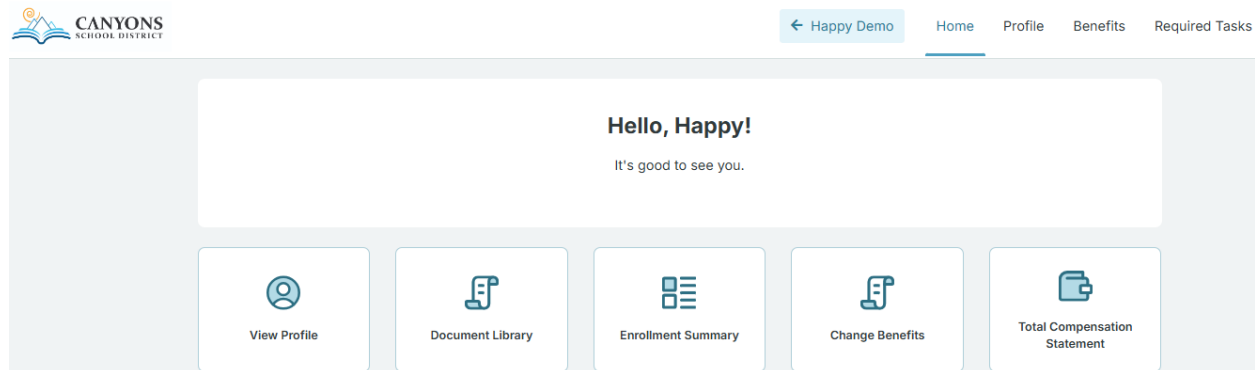
[Register as a new user](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

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To log in, enter the username and password you created previously. If you have forgotten your username, it is likely your Canyons School District email. If you have forgotten your Password click on “Reset Password”. If you have forgotten both your username and password, please call the insurance department at 801-826-5428.

If you are registering for the first time, the company identifier is “Canyons.”



Once logged in, click “**Start**” to begin.

To start the enrollment process, click “**Get Started**”.

Let's Begin Your Open Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Select your benefits

Elections will be finalized only after you sign and authorize your elections.

Enrollment Support Options

- ✔ Enrollment Documents

[Get Started](#)

The system will ask you to review your personal information. Edit the information as needed, then click “Save and Continue”.



[← Classified \(CM\) Testemployee](#)[Home](#)[Profile](#)[Benefits](#)[Required Tasks](#)[Resources](#)

Personal Information

First Name

Classified (CM)

Middle Name

Last Name

Testemployee

Suffix

--Select--

Preferred Name

Sex

☒ Male ☐ Female

Gender Identity

Male

Date of Birth

10/07/1999

Age: 27

SSN ⓘ

-**-*

👁

Tobacco User

☒ Yes ☐ No

Home Phone

📞 (111) 111-1111

Mobile Phone

📞

Work Phone

📞

ext

Work Email Address

test@test.com

Personal Email Address

test@test.com

Primary Email Type ⓘ

Work

Progress: 16 of 18

[View steps >](#)

Save & continue >

Next, it will ask you to verify your address, then click “Save and Continue”.



[← Classified \(CM\) Testemployee](#)[Home](#)[Profile](#)[Benefits](#)[Required Tasks](#)[Resources](#)

Address

470 Atlantic Ave
Boston, MA 02210-2208

Edit

Progress: 16 of 18

[View steps >](#)

Save & continue >

Verify dependents. To add dependents, select the “Add dependent” button and enter the dependent(s) information. When you have added all dependents or if you do not have dependents click “Save & Continue” and the system will take you to the next step.

Please note: Any dependent previously entered will appear on this list because of the history in the system, even if they are no longer active. If they are not active dependents, they should not appear on the coverage election pages.

Dependent Information

Add dependent +

	Name	Sex	DOB	Relationship
Edit	Spouse Testemployee	F	09/12/2000	Spouse
Edit	Child1 Testemployee	F	10/03/2020	Child
Edit	Child2 Testemployee	F	10/03/2022	Child
Edit	Coalette Smith	F	12/27/2024	Child

Progress: 16 of 18

View steps >

Save & continue >

Progress: 1 of 18

View steps ▾

- 1. Personal Information
- 2. Address
- 3. Dependent Information
- 4. Medical
- 5. Health Savings Account (HSA)
- 6. Dental
- 7. Vision
- 8. Group Long-Term Disability
- 9. Group Life
- 10. Voluntary Life
- 11. Voluntary AD&D
- 12. Flexible Spending Account
- 13. Limited Purpose FSA
- 14. Dependent Care Spending Account
- 15. Group Accident
- 16. Group Critical Illness
- 17. Group Hospital Indemnity
- 18. Enrollment Summary

On the right-hand side, you will notice a **Progress Bar**. If you click on **View Steps** you can jump to any section in the enrollment process.

Please note: you will not be able to finalize your enrollment until there is a green check mark next to every enrollment step.

On the right side of the screen under the **Progress Bar**, there is a box called “**My Selections**.” That will show what you have selected for 2023 as well as what you are currently enrolled in.

Progress: 3 of 18

View steps ➤

My Selections

Open Enrollment:
No election yet

Current:
Advantage Plus High Deductible Plan (Star Buy-up) 2022
\$155.69 per pay

The “Who am I Enrolling” box appears above the coverage selection area. This is where you select who will be enrolled in next year’s coverage.

Who am I enrolling?

 Myself

 Select All

 Prairie Dawn Demo (Spouse)

 Oscar Demo (Child)

 Ernie Demo (Child)

On each page, you will select who you want covered and which benefit you would like. If you would like to compare plans side-by-side you can click the “Compare” button or if you would like to see details on that plan you can click on the “Details” button.



Happy Employee Home Profile Benefits Required Tasks Resources

Medical

Canyons School District is proud to offer comprehensive and preventive healthcare coverage. It is important in protecting you and your family from the financial risks of unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

PEHP is the district's health insurance provider. PEHP will manage both the health and the pharmacy coverage. The network options and plan designs will be similar to the current structure, which in most circumstances will allow everyone to keep their current doctors.

Advantage Network • Intermountain Healthcare hospitals and clinics
Summit Network • University of Utah, HCA, MountainStar and Steward Health

Who am I enrolling?

 Myself

 Select All

 Spouse Employee (Spouse)

 Kiddo Employee (Child)

 Baby Employee (Child)

Which plan do I want?



Advantage - Star (Qualified High Deductible) Base Plan 2020

\$123.81

Cost per pay period

Effective on 11/01/20

Employee + Family

Compare

Details

Select

Progress: 3 of 18

View steps >

My Selections

Current:
No election yet

Helpful Resources

[PEHP - Creditable Coverage](#)
[PEHP - Expanded Preventive Drug List](#)
[PEHP - HDHP Base SBC 2020](#)
[PEHP - HDHP Buy Up SBC 2020](#)
[PEHP - Important Notices](#)
[PEHP - SBC uniform glossary](#)
[PEHP - Traditional Base SBC 2020](#)
[PEHP - Traditional Buy Up SBC 2020](#)

Save & Continue

Once the plan is selected, click the button.

If you don't want the Benefit, select the

Don't want this benefit?

button then indicate a reason.

Helpful Resources

[2025 Canyons School District Benefit Guide](#)

[2025 PEHP Summit/Advantage High Deductible Plan \(Star Buy-Up\) SBC](#)

[2025 PEHP Summit/Advantage High Deductible Plan \(Star\) SBC](#)

[2025 PEHP Summit/Advantage Plus Traditional Plan \(Buy-Up\) SBC](#)

[2025 PEHP Summit/Advantage Traditional Plan SBC](#)

[PEHP](#)

As you navigate through the benefits, you can click on “helpful resources” in the right column to help you determine which benefits will work best for you.

If you select Voluntary Life benefits, you will need to designate a beneficiary.

Note: The total allocation percentage under “Primary Beneficiaries” and “Contingent Beneficiaries” must equal 100%.

The image shows a web application interface for designating beneficiaries. The main form, titled "Beneficiaries Form", includes a "Claims Summary Report" link and instructions for Basic Life and AD&D 2020. It has sections for "Primary Beneficiaries" and "Contingent Beneficiaries", each with an "add a beneficiary" button. A red error message states: "You are required to enter a primary beneficiary". A modal window titled "Primary Beneficiary" is open, showing fields for: Beneficiary Type (Person), Relationship (Son), Gender (M), Allocation % (100.00), First / Middle Name (John), Last Name / Suffix (Doe), Date of Birth (January 17, 2014), SSN, Address 1, Address 2, City, State / Country, ZIP/Postal Code, and Phone. A blue arrow points to the "Allocation %" field with the text "Allocation %". A "Save" button is at the bottom right of the modal, and a "Continue" button is at the bottom right of the main form.

If you elect for Voluntary Life, you will be required to submit an **Evidence of Insurability form** for each applicant that goes over the Guaranteed Issue amount. On the screen, you have the option to download the pdf forms or complete them online through the Voya

website. You will need to complete the forms, print them and bring/send them to the Insurance Department or send them through the Voya website.

**Attention: Access Your Required Health Form**

You have elected over the Guaranteed Issue amount for this plan.
Spouse requested **\$90,000** but is only pre-approved for **\$50,000** pending approval amount is **\$40,000**

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.

[Open Voya Online EOI Form](#)

[Download Voya Evidence of Insurability \(EOI\) Form](#)

[Download Voya EOI Form Instructions](#)

Enrollment Summary [Print](#)

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

TOTAL COST PER PAY
(SEMI-MONTHLY - 24 PAY PERIODS)
\$481.99
\$498.89 Upon approval

PLANS ELECTED
11

PEOPLE COVERED
5

YOUR COST
\$481.99
Total per pay period - Semi-monthly - 24 pay periods

Enrolled coverage

Plan	Covered	Cost per pay period
 MEDICAL Advantage Plus Traditional Plan (Buy-Up) 2027 Public Employees Health Program (PEHP)	Coverage tier: Employee + Family Effective date: 01/01/2027 Classified (Employee) Child1 (Child) Child2 (Child) Colette (Child)	\$318.57
 DENTAL Choice Indemnity Classic Dental Plan 2027 EMI Health	Coverage tier: Employee + Family Effective date: 01/01/2027 Classified (Employee) Child2 (Child) Spouse (Spouse)	\$74.45
 VISION VSP Plus 10-130 Vision Plan 2027 EMI Health	Coverage tier: Employee + Family Effective date: 01/01/2027 Classified (Employee) Child2 (Child) Spouse (Spouse)	\$10.05
 GROUP LONG-TERM DISABILITY Voya Long Term Disability Plan	Coverage tier: Employee Effective date: 01/01/2027	

One step left
Your enrollment isn't complete until you sign.

[Click to Sign](#)

The last page is the Enrollment Summary page. You can review your elections and, if everything is correct, select **“Click to Sign”** to complete your enrollment.

Acknowledge and sign [×](#)

Please review the summary of elections and costs below for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact the Insurance Department.

[Acknowledge](#)

You will then see a box that shows the enrollments were **Acknowledged and Submitted**.

Enrollment Summary Print		
Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.		
TOTAL COST PER PAY PERIOD (SEMI-MONTHLY - 24 PAY PERIODS)	PLANS ELECTED	PEOPLE COVERED
\$481.99 \$498.89 Open approval	11	5
Enrolled coverage		
Plan	Covered	Cost per pay period
MEDICAL Advantage Plus Traditional Plan (Buy-Up) 2027 Public Employees Health Program (PEHP) Effective date: 01/01/2027	Coverage for: Employee + Family Effective date: 01/01/2027 Classified Employee Child (CHAD) Spouse (SPOU) Quarrel (CHAD)	\$316.57
DENTAL Choice Indemnity Classic Dental Plan 2027 EMI Health Effective date: 01/01/2027	Coverage for: Employee + Family Effective date: 01/01/2027 Classified Employee Spouse (SPOU) Child (CHAD)	\$74.45
VISION VSP Plus 10-150 Vision Plan 2027 EMI Health Effective date: 01/01/2027	Coverage for: Employee + Family Effective date: 01/01/2027 Classified Employee Spouse (SPOU) Child (CHAD)	\$10.05
GROUP LONG-TERM DISABILITY Voya Long Term Disability Plan 2027 Voya Financial Effective date: 01/01/2027	Coverage for: Employee Effective date: 01/01/2027 Classified Employee	\$0.00
GROUP LIFE Voya Basic Life and AD&D Plan 2027 \$32,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Employee Effective date: 01/01/2027 Classified Employee	\$0.00
GROUP LIFE Voya Basic Life and AD&D Plan 2027 \$3,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Spouse Effective date: 01/01/2027 Spouse (SPOU)	\$0.00
GROUP LIFE Voya Basic Life and AD&D Plan 2027 \$3,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Children Effective date: 01/01/2027 Child (CHAD) Child (CHAD) Quarrel (CHAD)	\$0.00
VOLUNTARY LIFE Voya Voluntary Life 2027 \$0 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Employee Effective date: 01/01/2027 Classified Employee	\$0.00 (- \$0.40) Open approval

VOLUNTARY LIFE Voya Voluntary Life 2027 \$0 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Spouse Effective date: 01/01/2027 Spouse (SPOU)	\$0.00 (- \$7.50) Open approval
VOLUNTARY LIFE Voya Voluntary Life 2027 \$0 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Children Effective date: 01/01/2027 Child (CHAD) Child (CHAD) Quarrel (CHAD)	\$0.00 (- \$1.00) Open approval
VOLUNTARY AD&D Voya Voluntary AD&D Plan 2027 \$100,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Employee Effective date: 01/01/2027 Classified Employee	\$7.50
VOLUNTARY AD&D Voya Voluntary AD&D Plan 2027 \$250,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Spouse Effective date: 01/01/2027 Spouse (SPOU)	\$0.00
VOLUNTARY AD&D Voya Voluntary AD&D Plan 2027 \$50,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Children Effective date: 01/01/2027 Child (CHAD) Child (CHAD) Quarrel (CHAD)	\$0.00
FLEXIBLE SPENDING ACCOUNT Flexible Spending Account 2027 WEX Effective date: 01/01/2027	Coverage for: Employee Effective date: 01/01/2027 \$7 annual election: \$999.64	\$41.66 Dependent coverages may vary. Learn more
GROUP ACCIDENT Voya Group Voluntary Accident 2027 Voya Financial Effective date: 01/01/2027	Coverage for: Employee + Children Effective date: 01/01/2027 Classified Employee Child (CHAD)	\$8.58
GROUP CRITICAL ILLNESS Voya Critical Illness \$15,000 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Employee Effective date: 01/01/2027 Classified Employee	\$3.68
GROUP CRITICAL ILLNESS Voya Critical Illness \$2,500 benefit Voya Financial Effective date: 01/01/2027	Coverage for: Spouse Effective date: 01/01/2027 Spouse (SPOU)	\$0.44
GROUP HOSPITAL INDemnITY Voya Group Hospital Indemnity Plan 2027 Voya Financial Effective date: 01/01/2027	Coverage for: Employee + Children Effective date: 01/01/2027 Classified Employee Child (CHAD)	\$10.06
Total cost per pay period: \$481.99		
Total cost per pay period: Open approval \$498.89		

Carefully review the elections on the Benefit Summary. Be sure to print a copy of your enrollment summary for your records. You may need it as a reference if you encounter any issues during the benefit year.

Thank you for completing Open Enrollment!