


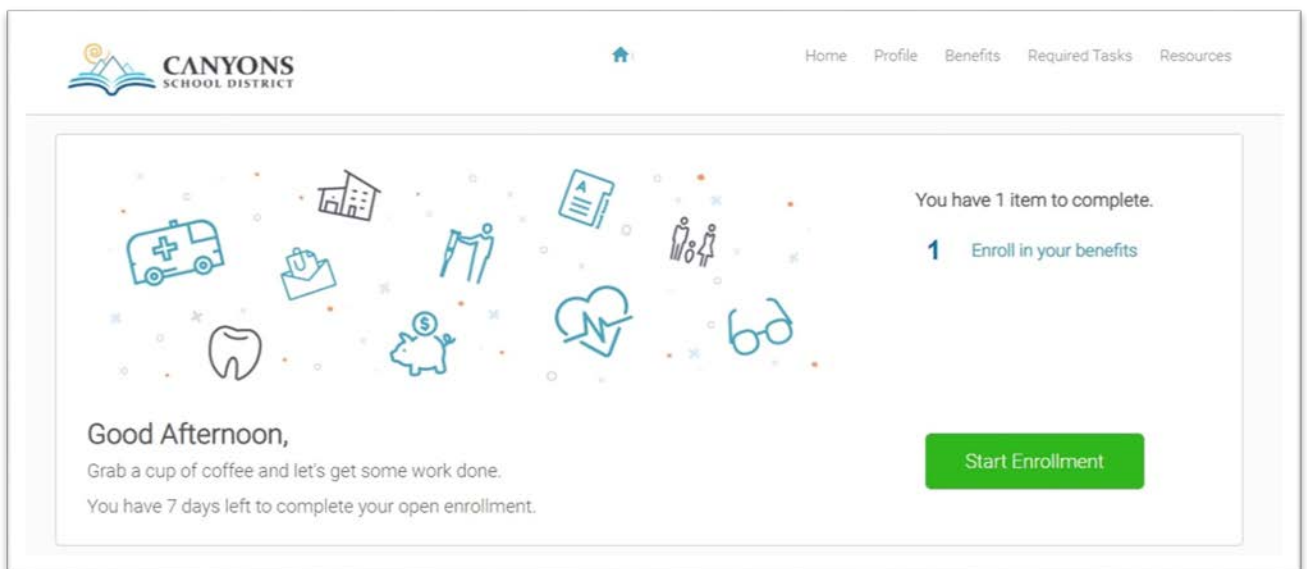
## Online Open Enrollment Guide

To access the Employee Navigator enrollment system go to [www.navigatemybenefits.com/canyons](http://www.navigatemybenefits.com/canyons).



The screenshot shows the Navigator login interface. At the top left is the "Navigate" logo. To the right are navigation links: "HOME", "LEARN TO NAVIGATE", and "LOGIN". Below the logo is the "Canyons" title. The login form includes a "User Name" field, a "Password" field, and a "Login" button. Below the form are links for "New User Registration" and "Forgot Password". To the right of the form is the Canyons School District logo, which features a stylized mountain range with a sun and the text "CANYONS SCHOOL DISTRICT".

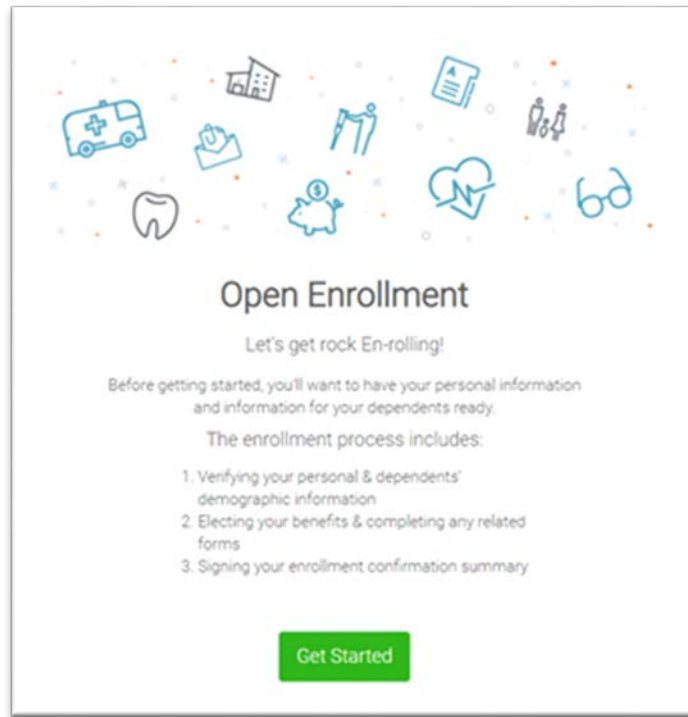
To log in, enter the username and password you created previously. If you have forgotten your username, it is likely your Canyons School District email. If you have forgotten your password click on "**Reset Password**". If you have forgotten both, please call the Insurance Department 801.826.5428.



The screenshot shows the Navigator dashboard after login. At the top left is the Canyons School District logo. To the right is a home icon and navigation links: "Home", "Profile", "Benefits", "Required Tasks", and "Resources". The main content area features a collection of icons representing various benefits: a hospital, a house, a document, a family, a tooth, a piggy bank, a heart with a pulse line, and glasses. Below the icons, the text reads: "Good Afternoon, Grab a cup of coffee and let's get some work done. You have 7 days left to complete your open enrollment." On the right side, there is a notification: "You have 1 item to complete." followed by a list item: "1 Enroll in your benefits". A green "Start Enrollment" button is located at the bottom right of the dashboard.

Once you have logged in, click "**Start Enrollment**".

When you are ready to start the enrollment process, click **“Get Started”**



**Open Enrollment**

Let's get rock En-rolling!

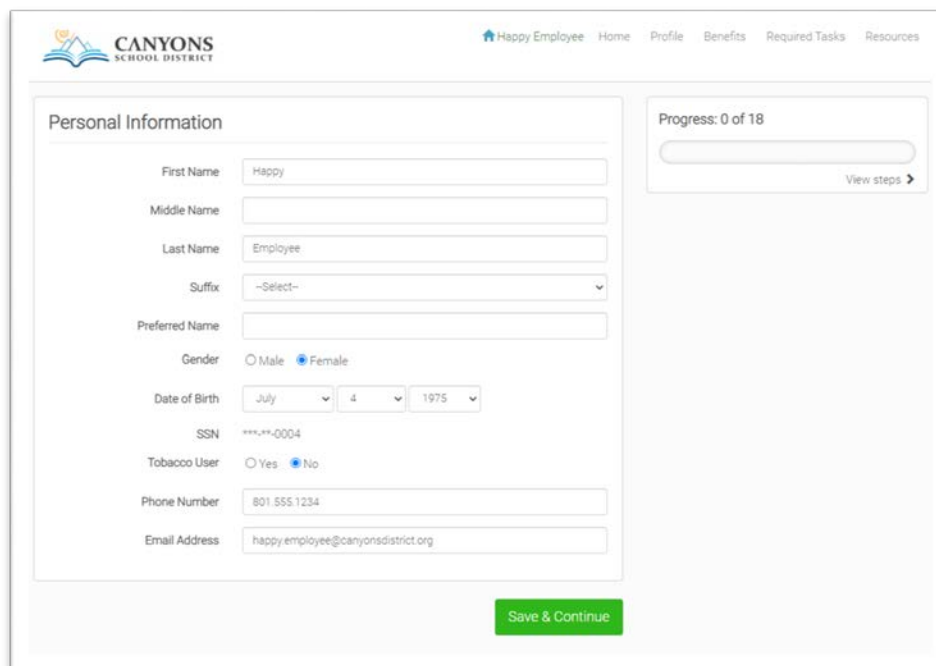
Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

[Get Started](#)

Review your personal information. Edit as needed, then Click **“Save and Continue”**.



**CANYONS SCHOOL DISTRICT** | Happy Employee | Home | Profile | Benefits | Required Tasks | Resources

**Personal Information**

Progress: 0 of 18 [View steps >](#)

First Name:

Middle Name:

Last Name:

Suffix:

Preferred Name:

Gender:  Male  Female

Date of Birth:

SSN:

Tobacco User:  Yes  No

Phone Number:

Email Address:

[Save & Continue](#)

Verify your address, then click “Save & Continue.”

CANYONS SCHOOL DISTRICT

Happy Employee Home Profile Benefits Required Tasks Resources

Address

123 State St.  
Apt #1  
Happy Valley, UT 84000

Edit

Progress: 1 of 18

View steps ▶

Save & Continue

Verify dependents. To add new 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 enrollment.

CANYONS SCHOOL DISTRICT

Happy Employee Home Profile Benefits Required Tasks Resources

Dependent Information

add dependent +

	Name	DOB	SSN	Relationship
Edit	Spouse Employee	08/10/1977		Spouse
Edit	Kiddo Employee	09/04/2010		Child
Edit	Baby Employee	10/01/2020		Child

Progress: 2 of 18

View steps ▶

Save & Continue

On the enrollment pages, you will find a progress bar and a “**My Selections**” box on the right side of the screen. Your current benefit enrollment and your new election will be in the selections box. If you need to review an election, you can click on “**View Steps**” on the progress bar; you will see a dropdown of all the steps and you can click on the page to which you wish to return. Completed tasks have a green check mark.

Progress: 8 of 18

View steps ▼

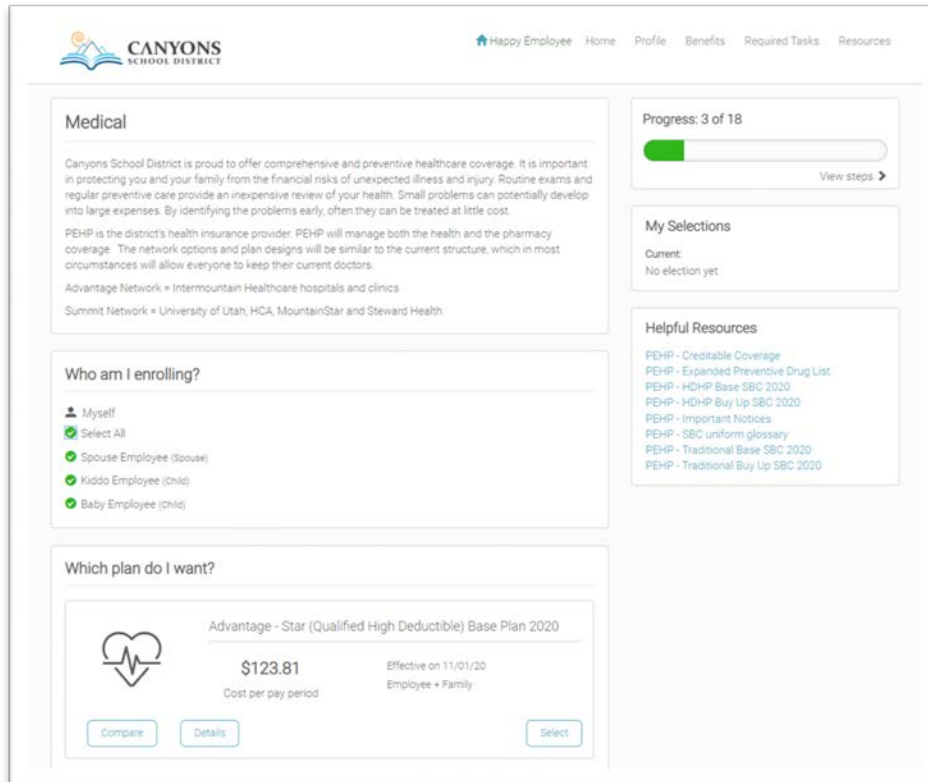
- ✔ 1. Personal Information
- ✔ 2. Address
- ✔ 3. Dependent Information
- ✔ 4. Medical
- ✔ 5. Health Savings Account (HSA)
- 6. Dental
- ✔ 7. Vision
- ✔ 8. Life
- ✔ 8a. Life Beneficiary
- 9. Group Long-Term Disability
- 10. Voluntary Life
- 11. Voluntary AD&D

My Selections

Open Enrollment:  
Summit High Deductible Plan (Star) 2021  
\$123.81 per pay

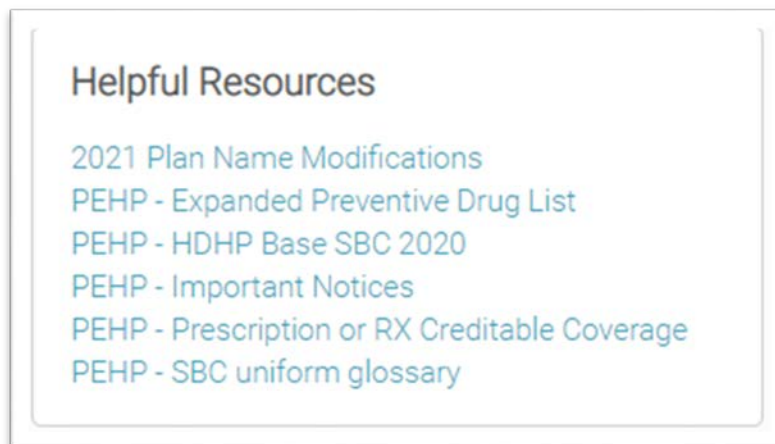
Current:  
Summit - Star (Qualified High Deductible) Base Plan 2020  
\$72.91 per pay

On each page, you will elect the plan you want. First, you must select whom you wish to cover. Then, select the benefit to get the correct cost per pay amount. You may compare plans side-by-side and view details of the selected plan right on the screen. Be sure to pay special attention to the **NETWORK** when selecting your medical plan. After making your election, click **“Save & Continue”** to move to the next benefit.



If you do not want the benefit, click on **“Don’t want this benefit”** and select your reason for declining.

As you navigate through the benefits, click on the **“Helpful Resources”** in the right column to help you determine which benefits will work best for you.



If you elect to participate in an HSA or FSA, please read the explanations carefully.

There are many Voluntary Life Insurance options available. You **MUST** assign beneficiaries for your basic life and voluntary life benefits.

**Note:** The total allocation percentage under Primary beneficiaries and Contingent beneficiaries must equal 100%.

If you elect over the Guaranteed Issue amount for Voluntary Life or Critical Illness, you will be required to submit an **Enrollment Change Form** and each applicant needs to complete a **Statement of Health Form**. On the screen, you have the option to download the PDF forms, complete them, print them, and bring/send them into the Insurance Department.

**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 the Insurance Department.

**Signature required**  
You've elected all your benefits, but we still require a signature before advancing.

Please review the acknowledgment below.  
As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Sign to complete enrollment Click to Sign

**Enrolled Plans**

Medical Collapse

Advantage - Star (Qualified High Deductible) Base Plan 2020	Coverage: Employee + Family	Effective: 11/01/2020	Cost Per Pay: \$123.81
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Please review your enrollment summary. If everything is correct, select **“Click to Sign”** to complete your enrollment.

**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 the Insurance Department.

**Acknowledged and Submitted**  
Enrollment completed on Tuesday, October 20, 2020 2:13 PM

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

**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.

**Enrollment Summary: Happy Employee**

Enrolled Plans		Total Cost Per Pay Period: \$334.39			
Plan Type	Plan Name	Coverage	Effective	Cost Per Pay	Benefits
Medical	Advantage - Star (Qualified High Employee + Family Deductible) Base Plan 2020	Employee + Family	11/01/2020	\$123.81	
Health Savings Account (HSA)	Healthcare Savings Account 2020	Employee	11/01/2020	\$158.30	
Dental	Advantage Copy Dental Plan 2020	Employee + Family	11/01/2020	\$26.40	
Vision	VSP Plus 10-30 Vision Plan 2020	Employee + Family	11/01/2020	\$11.20	
Life	Basic Life and AD&D 2020	Employee	11/01/2020	\$0	\$2,000
Life	Basic Life and AD&D 2020	Spouse	11/01/2020	\$0	\$3,000
Life	Basic Life and AD&D 2020	Children	11/01/2020	\$0	\$3,000
Group Long-Term Disability	Long Term Disability 2020	Employee	11/01/2020	\$0	\$1,134.88
Voluntary Life	Voluntary Life 2020	Employee	11/01/2020	\$9.60	\$100,000
Voluntary Life	Voluntary Life 2020	Spouse	11/01/2020	\$4	\$50,000
Voluntary Life	Voluntary Life 2020	Children	11/01/2020	\$1	\$10,000

**HSA Plan**

Plan Type	Estimated Per Pay	Yearly Contributions	Start	End
EA Employee Contribution	\$158.30	\$633.20	11/01/2020	
EA Employer Contribution	\$66.98	\$268.67	11/01/2020	

**Declined Coverages**

Plan Type	Plan Name	Reason
Healthcare Account	Healthcare Savings Account 2020	Not Inactivated
Flexible Spending Account	Flexible Spending Account 2020	Ineligible for this plan
Health Reimbursement Account	Health Reimbursement Account 2020	Not Inactivated
Voluntary Life	Voluntary Life 2020	Not Inactivated
Dependent Care Spending Account	Dependent Care FSA 2020	Not Inactivated
Rat Group Accident		Not Inactivated
Rat Group Critical Illness		Ineligible for this plan
Rat Group Hospital Indemnity		Not Inactivated

Name: Happy Employee  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Thank you for completing Open Enrollment!**