



Step-by-Step Instructions Guide for Benefits Open Enrollment in the iVisions Web Portal

Before you begin, you will need the following information:

- Existing employee: Know which insurance coverage you are currently enrolled in. (Employee Only, Spouse or Child, Family)
- Beneficiary names, birth dates, and social security numbers
- Dependent names, birth dates, and social security numbers
- It is very important that the information you submit is accurate and complete (ie. Names should be spelled correctly and social security numbers must be accurate)

To access the HR Benefits Enrollment page in the iVisions Web Portal, follow the instructions below:

1. Go to the website: <https://ivisioness.tylerhost.net/navajoprepp/>
2. Click Login on the top right hand corner of the page
3. Enter your User Name and Password
4. Hover over the "Benefits" tab
5. Select "HR Benefits Enrollment"
6. You will be at the "Welcome Instructions" page

If you have any questions or need assistance, please contact Ada Wilson
at 505-326-6571 ext. 145 or by email to awilson@navajoprep.com.

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Welcome Instructions

Welcome to NAVAJO PREPARATORY SCHOOL Benefits Enrollment!
Using the online Benefits Enrollment ESS Web Portal will allow you to elect or modify current benefits.

OPEN ENROLLMENT:
Changes on supplemental insurance and dependent coverage will be effective on September 1st. If you do not complete your enrollment at this time, you may not have an opportunity to elect coverage until the next Open Enrollment period or when you experience a qualifying Life Event Change.

NEW HIRES:
Insurance coverage for employees and their dependents begins on the date of hire.

QUALIFYING LIFE EVENT:
A Life Event Change is generally described as:
- Loss or gain of coverage
- Loss of eligibility of a covered dependent
- Eligibility changed based on full or part-time status
- Birth or Adoption of a child
- Marriage, divorce or legal separation
- Death of a covered person

Should you experience a qualifying Life Event Change, you MUST notify the Human Resources Department within 31 days of the event and supporting documentation may be required.

You may log out during your enrollment process at any time and your current selections will be saved until completed or the enrollment time frame expires. To complete your enrollment, you MUST click **SUBMIT** on the final Benefits Enrollment Confirmation Statement page. You will not be able to make further changes to your benefit elections until the next Open Enrollment or when you experience a Life Event Change.

Do not use your internet browser back/forward buttons. Please use the navigation buttons at the bottom of each page or the menu options to the left.

If you have any questions regarding your benefits, please contact the Human Resources Department at:
Phone: 505-326-6571 Ext. 145
Email: awilson@navajoprep.com

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Please read the Welcome Instructions carefully, then click "Next" at the bottom of the page.

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Reason For Change

You are currently eligible to enroll for benefits based on the designated option below.

- New Hire
- Life Event
- Open Enrollment

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This screen should show a check mark for "Open Enrollment."

Click "Next."

To navigate through the pages, use the "Previous" and "Next" buttons. If you use the back arrow or forward arrow on your browser, it will not work properly and you may need to start over.

REMINDER: Once you view a page, the page link will turn blue on the left side of the screen. If you need to re-visit any of the pages, you can jump back by clicking on the blue page link or click the "Previous" button.

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Employee Information

The following Contact Information is currently on file. Your mailing address is your primary address.

To modify Employee Profile Contact Information, go to SELF SERVICE > PROFILE located on the menu above. Any changes to your contact information must be reviewed and processed before taking effect and therefore, will not be reflected immediately on this page.

Employee Mailing Address:	P.O. Box 5734				
City:	FARMINGTON	State:	NM	Zip Code:	87499
Employee Street Address:					
City:		State:		Zip Code:	
Home Phone:	() - - -	Unlisted	<input type="checkbox"/>		
Work Phone:	() - - -	Work Ext:	0		
Cell Phone:	(505) 215-4554				
Email Address:	awilson@navajoprep.com				
<< Previous Next >>					

The mailing address, phone number and email address will be filled out from the information on file.

If all information is correct, click "Next."

If the mailing address needs to be updated, you will need to go to SELF SERVICE > PROFILE located in the menu bar AFTER you have completed the enrollment process.

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Emergency Contacts

The following Emergency Contact Information is currently on file. Please verify current information or make changes. At least one (1) emergency contact is required, and two (2) emergency contacts are preferred.

To add a new contact select 'Add Contact' or to modify, click on the magnifying glass to the left of the name.

No Data Found.	
Add Contact	
<< Previous Next >>	

In this section, you are required to add at least one (1) emergency contact, but two (2) emergency contacts is preferred.

Click "Add Contact" to add Emergency Contact information.

Fields indicated by a light-bulb are required before moving forward.

REMINDER: If you begin editing a page, you will need to complete that page before moving forward.

Click "Next."

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Dependent Information

Enter your eligible Dependent Information on this screen. You will be prompted on future pages to select covered dependents.

Eligible Dependent may include:

- Legal Spouse
- Dependent child(ren) under age 26
- Natural child
- Legally adopted child
- Child placed with you for adoption
- Foster Child
- Stepchild for whom you have legal guardianship
- Child for whom health care coverage is required through a Qualified Medical Child Support Order

To add a new Dependent, select 'Add Dependent' or to modify click on the magnifying glass to the left of name.

Active	Name	Date of Birth	Gender	SSN	Relation	FT Student
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Add Dependent

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If any dependents will be covered on Summit insurance (medical, dental and vision), you will add them on this page.

To add a dependent, click "Add Dependent" and complete the information requested. Please have their date of birth and social security number available.

Fields indicated by a light-bulb are required before moving forward.

Click "Next."

* **SUMMIT Insurance**

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Beneficiary Information

Enter Primary and Contingent Beneficiary Information on this screen.

You will be prompted on future screens to designate and allocate percentages for each beneficiary selected.

To add a new Beneficiary, select 'Add Beneficiary' or to modify, click on the magnifying glass to the left of name. If you would like to designate a Trust in lieu of a beneficiary, select Add Beneficiary.

Name	Date of Birth	SSN	Relation	Phone Number
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Add Beneficiary

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The Life and AD&D Insurance is an employer-paid benefit. All benefit eligible employees must complete this section and indicate at least one (1) beneficiary.

To add a beneficiary, click "Add Beneficiary" and complete the information requested. Please have their date of birth and social security number available.

Fields indicated by a light-bulb are required before moving forward.

Click "Next."

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Summary of Eligibility & Enrollment

CLICK HERE FOR SUMMARY OF ELIGIBILITY AND ENROLLMENT

The Summary of Enrollment and Eligibility will help you better understand how to enroll, who is eligible, and answer frequently asked questions regarding the health plan. The summary also states when benefits begin for the employee and provides a guide of terms and definitions relating to copay and expenses.

To review the Enrollment & Eligibility Summary, click on the link above. You may also view the full plan document in the menu item above under Self-Service > Information Center.

By selecting the box below, you are Acknowledging receipt of the Summary of Enrollment & Eligibility.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Summary of Benefits-I Acknowledge Receipt of Information.	\$0.00

<< Previous Next >>

Acknowledgment Page Only

Review the Summary of Eligibility & Enrollment document by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have reviewed the document.

Click "Next."

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Medical-Dental-Vision

CLICK HERE FOR MEDICAL-DENTAL-VISION PLAN SUMMARY

NAVAJO PREPARATORY SCHOOL offers full-time, active employees paid benefits for medical, dental, and vision coverage. The link above includes benefit descriptions with coverage limitations and exceptions; and co-payment and cost-sharing amounts. Employees may include dependents on their health plan. To enroll a spouse or child(ren), please select one of the plans below.

To decline dependent coverage, select the "I Waive Med-Dental-Vision Coverage" option.

For more information on services or to manage your health benefits, call 1-888-690-2020 or [CLICK HERE](#)

To add additional dependents, revisit the 'Dependent Information' page by using the menu on the left.

Benefits Coverage	Your Per Pay Period Cost	Employer Contribution
<input type="checkbox"/> Summit Med-Dental-Vision-Employee Only Coverage	\$0.00	\$294.10
<input type="checkbox"/> Summit Med-Dental-Vision-Employee + Spouse Coverage	\$190.14	\$294.10
<input type="checkbox"/> Summit Med-Dental-Vision-Employee + 1 Child Coverage	\$190.14	\$294.10
<input type="checkbox"/> Summit Med-Dental-Vision-Family Coverage	\$277.02	\$294.10

Please Specify Covered Dependents

Name	Relation

<< Previous Next >>

Review the Medical-Dental-Vision Plan Summary by clicking on the red link at the top of the page. This will download the document. Click the link in the middle of the page to visit the Summit website.

After you decide which coverage you will select, click one of the boxes under "Benefits Coverage" to designate your election.

On the right of each coverage, you will see the cost breakdown for Employee and Employer.

If you have listed dependent(s) that will be covered, click the box by the name of each dependent in the bottom section.

Click "Next."

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Other Insurance Information

If you and/or your dependents are currently covered by 'Other Insurance', please select one of the boxes provided below or enter your Insurance Carrier's name and indicate your effective date of coverage.

If you do not have other insurance to report, please click next to proceed to the next screen.

Effective Date: 

Medicare A
 Medicare B
 Medicaid
 Other

If you or your dependents are currently covered by Medicare, Medicaid or "Other " insurance, indicate the effective date and click the box next to the current insurance coverage.

If the coverage is "Other", enter the insurance carrier's name.

Click "Next."

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Medicine Man Benefits

[CLICK HERE FOR MEDICINE MAN INFORMATION](#)

The Medicine Man Benefit is available to members where traditional medicine is used and defined as "the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures that are used to maintain health; as well as to prevent, diagnose, improve or treat physical and mental illness.

A traditional ceremony is performed by a medicine man to promote holistic wellness using medicines found in and on the land to help people suffering from physical ailments; and to help people with their mental, emotional and spiritual ailments.

Select the box below to Acknowledge Medicine Man Benefits.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Medicine Man Benefits-I Acknowledge Receipt of Information.	\$0.00

Acknowledgment Page Only

Review the Medicine Man Information by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have reviewed the document. You will also see Your Per Pay Period Cost.

Click "Next."

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UNUM EAP & Emergency Travel Assistance

[CLICK HERE FOR EMPLOYEE ASSISTANCE INFORMATION](#)

NAVAJO PREPARATORY SCHOOL provides an Employee Assistance Program (EAP) to eligible, active employees through UNUM. Benefits are designed to help manage daily responsibilities, major events, work stresses, or any issues affecting the quality of life. This program includes free and confidential assessments, counseling, and referrals to employees AND family members at no cost.

UNUM also provides an emergency travel assistance program you can access anywhere in the world through 'assist america'. This program provides assistance for employees, dependents and domestic partners. The following benefits are included: medical consultation, evaluation and referral, hospital admission guarantee, emergency cash assistance, lost luggage or document assistance, and more.

All EAP benefits can be accessed by calling: 1-800-854-1446 .

To visit the UNUM EAP Benefits website: [CLICK HERE](#)

Select the box below to Acknowledge receipt of Employee Assistance Program (EAP) and Emergency Travel Assistance through UNUM.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> UNUM EAP-I Acknowledge Receipt of Information.	\$0.00

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Acknowledgment Page Only

Review the Employee Assistance Information by clicking on the red link. This will download the document. Click the link in the middle of the page to visit the UNUM EAP website.

Click the box under "Benefits Coverage" to acknowledge that you have reviewed the document. You will also see Your Per Pay Period Cost.

Click "Next."

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Employee Life - AD&D

[CLICK HERE FOR BASIC LIFE / AD&D POLICY](#)

NAVAJO PREPARATORY SCHOOL provides eligible employees Basic Life and AD&D insurance coverage in the amount of 2 times the annual salary (rounded up to the nearest \$1000) to a maximum coverage of \$60,000.

Life Benefit Reduction: 65% at Age 70 and 50% at Age 75

Select the box below to Acknowledge receipt of your Basic Life/AD&D Insurance.

You must also designate your primary and contingent beneficiaries. To designate a beneficiary, indicate appropriate percentage next to the name(s) below. Both the Primary and Contingent columns **MUST** total 100 percent.

Benefits Coverage	Coverage Provided	Your Per Pay Period Cost
<input type="checkbox"/> Employee District Life-I Acknowledge Life Insurance Coverage.	\$60,000.00	\$0.00

Please Identify Beneficiaries

Name	Relation	Primary	Contingent
Justin Foster	Child	0	0

Totals (each column must total 100%):

0 0

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Review the Basic Life/AD&D Policy by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have read the document. You will also see the Coverage Provided and Your Per Pay Period Cost.

Designate a beneficiary or beneficiaries by indicating the appropriate percentage next to the name(s). Both the Primary **AND** Contingent columns **MUST** total 100 percent before going to the next page.

Click "Next."

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Dependent Life

[CLICK HERE FOR BASIC LIFE POLICY](#)

NAVAJO PREPARATORY SCHOOL provides eligible employees Basic Life insurance coverage for Dependent Children: Live birth up to 6 months: \$100 Age 6 months to age 26 years: \$5000

NAVAJO PREPARATORY SCHOOL provides eligible employees Basic Life insurance coverage for Spouse: \$5000.

Select the box below to Acknowledge Basic Life insurance coverage for Dependents.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Dependent Life-I Acknowledge Dependent Life Coverage.	\$0.00

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Acknowledgment Page Only

Review the Basic Life Policy by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have read the document. You will also see Your Per Pay Period Cost.

Click "Next."

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Short-Term Disability

[CLICK HERE FOR SHORT TERM DISABILITY PLAN SUMMARY](#)

NAVAJO PREPARATORY SCHOOL provides eligible, active employees with Short Term Disability (STD) insurance coverage. This benefit provides monthly income replacement if you are disabled (determined by UNUM) or unable to perform the essential duties of your position with a 20% or more loss in weekly earnings due to sickness or injury.

STD insurance would pay a benefit amount of 60% of your weekly earnings, with a maximum benefit amount of \$350 per week.

Select the box below to Acknowledge Short Term Disability insurance coverage.

Based on annual salary of \$60,000.00.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Short-Term Disability-I Acknowledge STD Coverage.	\$0.00

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Review the Short-Term Disability Plan Summary by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have read the document. You will also see Your Per Pay Period Cost.

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Magellan Prescription

[CLICK HERE FOR
MAGELLAN RX MANAGEMENT INFORMATION](#)

Magellan RX Management provides an over-the-counter (OTC) program to purchase allergy and/or ulcer medications for a \$2 co-payment. This program covers select brand name medications prescribed by a physician, including non-sedating antihistamines (NSAs) and ulcer/heartburn treatments.

Select the box below to Acknowledge Receipt of Magellan Prescription.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Magellan Prescription-I Acknowledge Receipt of Information.	\$0.00

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Review the Magellan RX Management Information by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have read the document. You will also see Your Per Pay Period Cost.

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Teladoc

[CLICK HERE FOR
TELADOC INFORMATION](#)

Employees enrolled in the medical, dental, and vision plan have access to a licensed physician 24 hours a day, 7 days a week by a phone or video consultation through Teladoc. Teladoc also has a mobile app that is convenient and accessible anywhere and anytime to speak with a physician within minutes to listen, diagnose and prescribe medications.

A \$10 fee is required at the time of service. However, you are eligible for a full reimbursement with a receipt.

Select the box below to Acknowledge Teladoc.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Teladoc-I Acknowledge Receipt of Information.	\$0.00

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Review the Teladoc Information by clicking on the red link. This will download the document.

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On Demand Health Tools

CLICK HERE FOR ON DEMAND TOOLS INFORMATION

Magellan RX Management offers Computerized Cognitive Behavioral Therapy (CCBT) modules that help members address a number of behavioral health conditions such as insomnia, depression, anxiety, addiction and obsessive compulsion. On-Demand Health Tools are available through interactive sessions online that are available anywhere at any time. The modules are easy to access, easy to use and are proven to be effective.

Select the box below to Acknowledge On Demand Health Tools.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> On Demand Health Tools-I Acknowledge Receipt of Information.	\$0.00

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Acknowledgment Page Only

Review the On Demand Tools Information by clicking on the red link. This will download the document.

Click the box under "Benefits Coverage" to acknowledge that you have read the document. You will also see Your Per Pay Period Cost.

Click "Next."

* SUMMIT Insurance

HR Benefits Enrollment

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AFLAC Voluntary Benefits

CLICK HERE FOR AFLAC VOLUNTARY BENEFITS

You are eligible for various AFLAC VOLUNTARY BENEFITS on your date of hire. These benefits will be paid for by the employee through payroll deduction, according to the employee contract.

A Benefit Representative will be presenting information for voluntary benefits during the All Staff Orientation on August 12, 2020. You will be able to elect benefits by contacting Erin Patla (contact info in the flyer attached above). If you are already receiving benefits from Aflac and do not require any changes, you do not need to do anything. Benefits will continue for the next school year.

IMPORTANT: For more information, you may click on the link above.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> AFLAC Voluntary Benefits-I Acknowledge Receipt of Information.	\$0.00

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Acknowledgment Page Only

Review the Aflac Voluntary Benefits by clicking on the red link. This will download the document.

Click the box under Benefits Coverage to acknowledge you have the the document. Your Per Pay Period Cost does not apply for this voluntary benefit.

Click "Next."

* Voluntary Benefit- Employee Paid

HR Benefits Enrollment

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Colonial Voluntary Benefits

[CLICK HERE FOR COLONIAL VOLUNTARY BENEFITS](#)

You are eligible for various COLONIAL LIFE VOLUNTARY BENEFITS on your date of hire. These benefits will be paid for by the employee through payroll deduction, according to the employee contract.

A Benefit Representative will be presenting information for voluntary benefits during the All Staff Orientation on August 12, 2020. You will be able to elect benefits by contacting Joe Silva (contact info in the flyer attached above). If you are already receiving benefits from Colonial Life and do not require any changes, you do not need to do anything. Benefits will continue for the next school year.

IMPORTANT: For more information, you may click on the link above.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Colonial Vol Benefits-I Acknowledge Receipt of Information.	\$0.00

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Acknowledgment Page Only

Review the Colonial Voluntary Benefits by clicking on the red link. This will download the document.

Click the box under Benefits Coverage to acknowledge you have the the document. *Your Per Pay Period Cost does not apply for this voluntary benefit.*

Click "Next."

*** Voluntary Benefit- Employee Paid**

HR Benefits Enrollment

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Legal Shield Voluntary Benefits

[CLICK HERE FOR LEGAL SHIELD VOLUNTARY BENEFITS](#)

You are eligible for various LEGAL SHIELD VOLUNTARY BENEFITS on your date of hire. These benefits will be paid for by the employee through payroll deduction, according to the employee contract.

A Benefit Representative will be presenting information for voluntary benefits during the All Staff Orientation on August 12, 2020. You will be able to elect benefits by contacting Paul Archuleta (contact info in the flyer attached above). If you are already receiving benefits from Legal Shield and do not require any changes, you do not need to do anything. Benefits will continue for the next school year.

IMPORTANT: For more information, you may click on the link above.

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> Legal Shield Vol Benefits-I Acknowledge Receipt of Information.	\$0.00

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Acknowledgment Page Only

Review the Legal Shield Voluntary Benefits by clicking on the red link. This will download the document.

Click the box under Benefits Coverage to acknowledge you have the the document. *Your Per Pay Period Cost does not apply for this voluntary benefit.*

Click "Next."

*** Voluntary Benefit- Employee Paid**

HR Benefits Enrollment

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Benefit Enrollment Confirmation Statement

Navajo Preparatory School INC

Outlined below are the benefits you have selected. Review each of your elections carefully before completing your enrollment. Prior to submitting, you may modify by using the 'PREVIOUS' button or by clicking on a step to the left.

You MUST click 'SUBMIT' in order to complete your benefits enrollment.

Wilson, Ada J Birth Date: 08/27/1970 Effective: 9/1/2020
 P.O. Box 5734 Gender: Female
 E-Mail: awilson@navajoprep.com
 FARMINGTON, NM 87489
 Date and Time: 07/24/2020 3:52:38 PM

Your Selection	Your Per Period Cost	Employer Contributions
Medical-Dental-Vision		
Summit Med-Dental-Vision-Employee Only Coverage	\$0.00	\$284.10
Medicine Man Benefits		
Medicine Man Benefits-I Acknowledge Receipt of Information.	\$0.00	-
UNUM EAP & Emergency Travel Assistance		
UNUM EAP-I Acknowledge Receipt of Information.	\$0.00	-
Magellan Prescription		
Magellan Prescription-I Acknowledge Receipt of Information.	\$0.00	-
Teladoc		
Teladoc-I Acknowledge Receipt of Information.	\$0.00	-
On Demand Health Tools		
On Demand Health Tools-I Acknowledge Receipt of Information.	\$0.00	-
AFLAC Voluntary Benefits		
AFLAC Voluntary Benefits-I Acknowledge Receipt of Information.	\$0.00	-
Colonial Voluntary Benefits		
Colonial Vol Benefits-I Acknowledge Receipt of Information.	\$0.00	-
Legal Shield Voluntary Benefits		
Legal Shield Vol Benefits-I Acknowledge Receipt of Information.	\$0.00	-
Summary of Eligibility & Enrollment		
Summary of Benefits-I Acknowledge Receipt of Information.	\$0.00	-
Employee Life - AD&D		
Employee District Life-I Acknowledge Life Insurance Coverage.: \$60,000.00	\$0.00	-
Employee Life - AD&D Beneficiaries		
Justin Foster (Pri. Pct: 100%) (Cont. Pct: 100%)		
Dependent Life		
Dependent Life-I Acknowledge Dependent Life Coverage.	\$0.00	-
Short-Term Disability		
Short-Term Disability-I Acknowledge STD Coverage.: \$3,000.00	\$0.00	-
Amount to be deducted each pay check	\$0.00	-

I have reviewed my Benefit selections and authorize NAVAJO PREPARATORY SCHOOL to take payroll deductions for all benefits elected. I also understand the elections I have submitted will remain in effect until the next Open Enrollment or I experience a qualifying Life Event change.

You MUST click the 'SUBMIT' button below to complete your benefit elections.

[View/Print Statement](#)

[<< Previous](#) [Submit](#)

Congratulations! You have completed the HR Benefits Enrollment Process!

Please review the information you submitted carefully for any possible changes or corrections.

Once you have read the statements and carefully reviewed the elections you made, click "Submit" to complete your benefit elections. However, once you click "Submit," you will not be able to make any changes.

If you are not completely satisfied with your elections or need to add or make additional changes, do not click "Submit." Your elections will automatically be saved and you can log out and return at a later time to finish the process.

REMINDER: Once you view a page, the page will turn blue on the left side of the page. If you need to re-visit any of the pages in blue, you can jump back by clicking on the step or click the "Previous" button.

Eligible employees have until Wednesday, August 19, 2020 to make elections for Summit Insurance.

To enroll in a voluntary benefit such as Aflac, Colonial Life, and Legal Shield, you will meet with a representative and make elections directly with them. Information for these benefits will be provided on Wednesday, August 12th during the All Staff Orientation.

As always, should you need assistance or have any questions, please contact Ada Wilson at 505-326-6571 ext. 145 or by e-mail at awilson@navajoprep.com.