

# Lake Havasu Unified School District #1

## Benefits Enrollment User Guide

### iVisions Web Portal

Logon to iVisions. New icon on desktop for iVisions self-service.

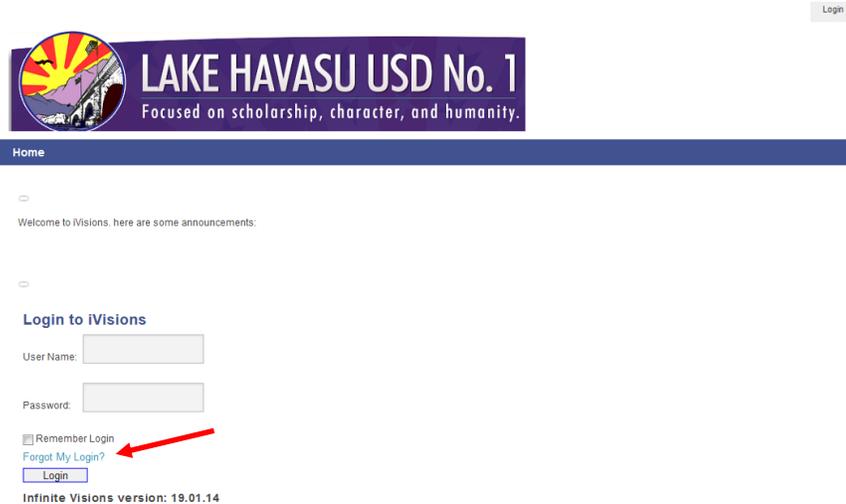


You can also logon to the web portal using **Google Chrome** at: <https://ivisions.tylertech.com/lakehavasuess>

This is the home page. You will Login here. If you forgot your Login information, still click the Login button



Then select "Forgot My Login?"



Once you log in, hover over **Benefits** and then click on **LHUSD Benefits Enrollment**.



The first screen that appears will have the Welcome Instructions. Please read the instructions page and all pages carefully. When ready to move to the next page, click Next.

### Welcome Instructions

#### LHUSD#1 Benefits Enrollment

Using the online Benefits Enrollment Self Service will allow you to elect new or modify current benefits. You will be guided through each step by using the PREVIOUS and NEXT button on the bottom of each screen.

You may log out during your enrollment process at any time and any selections you have made will be saved until completed or the enrollment period expires.

**IMPORTANT:** Please be aware that your benefit elections are not complete and cannot be activated until you submit your enrollment by clicking the "SUBMIT" button on the final screen. If you do not complete your enrollment you may not have an opportunity to elect coverage until the next Open Enrollment period or you experience a qualifying Life Event Change status

#### **BENEFIT ELIGIBILITY :**

**ELIGIBLE EMPLOYEES** - Working 30 hours plus per week.  
Eligible first of the following month after 30 days  
**DEPENDENT CHILD(REN)** - Eligible up to Age 26  
**NEW DEPENDENT COVERAGE** - Provide copy of a Marriage Certificate and/or Birth Certificate

If you have any questions during your enrollment process, please contact:  
**Cheri Tropple, Benefits & Payroll Specialist**  
cheri.tropple@lhUSD.org  
928.505.6930

Next >>

To begin the process, make sure the Reason For Change default is set to accurately reflect your purpose in electing benefit changes (ie. New Hire, Life Event, or Open Enrollment)

### 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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## Navigating the Portal

1. Welcome Instructions
2. Reason For Change
3. Employee Information
4. Emergency Contacts
5. Dependent Information
6. Beneficiary Information
7. Summary of Benefits
8. LHUSD Dual Coverage
9. Medical Insurance
10. Health Savings Account
11. Health Flexible Spending Account
12. Dependent Care Flexible Spending Account
13. Dental Insurance
14. Vision Insurance
15. District Paid Life Insurance - 1.5 Times Salary
16. District Paid Dependent Life Insurance
17. Voluntary Life Insurance
18. Voluntary Short Term Disability
19. Voluntary AD&D
20. Voluntary AFLAC
21. 403(b) Plan
22. Annual Notices
23. Benefit Enrollment Confirmation Statement

The left side of the enrollment screen displays a status bar to show your progress through the enrollment portal. When a step is complete, the wording turns blue. You can return to an already completed screen by clicking "Previous" or by clicking on a blue highlight.

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### IMPORTANT:

There are several steps to the enrollment process. Please read and follow the instructions on each page.

The exclamation point = required information

! = required information

A few of the enrollment pages will contain information by way of hyperlinks, linking you to additional information. You will also encounter a few "Acknowledgment" areas where you will click on a box, indicating you have reviewed the provided information.

### Summary of Benefits

CLICK HERE FOR  
GOLD PPO AND HIGH DEDUCTIBLE HEALTH  
PLAN SUMMARY OF BENEFITS

The Summary of Benefits and Coverage (SBC) is a document which will help you better understand the coverage you have and allow you to easily compare different coverage options. It summarizes the key features of the plan and coverage, such as covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

To download the SBC to review and compare plan options and comparisons, please click on the link above. You can also view the full plan document in the Information Center located under Self Service| Employee Resources.

By selecting the box below, you are "Acknowledging" receipt of the Summary of Benefits and Coverage (SBC).

Benefits Coverage	Your Per Pay Period Cost
<input type="checkbox"/> SUMMARY OF BENEFITS-ACKNOWLEDGEMENT	\$0.00

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The final page is where you will confirm your elections. You will be able to view/print your elected benefits.

If you need to make changes, you may do so at this time as this will be your last opportunity to do so.

Once you are satisfied with the elections you made, you will press the "Submit" button.

Congratulations, you just completed the annual Benefits Open Enrollment process.

Benefit Enrollment Confirmation Statement

Lake Havasu Unified School District #1

Review each of your benefit selections by clicking the 'View/Print Statement' button for a **DRAFT CONFIRMATION STATEMENT**. Prior to submitting you may modify your selections by using the 'PREVIOUS' button. You will have another opportunity to print a copy of your Benefit Enrollment Confirmation Statement after submitting.

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

*- A summary of what you elected will show here -*

I have reviewed my Benefit selections and authorize LHUSD to take payroll deductions for all benefits elected. I also understand that the elections I have submitted will remain in effect until the next Open Enrollment period or if I have a qualifying Life Event status change. Please refer to District Benefit Enrollment Guide for further details.

**IMPORTANT NOTE:** I am aware that Voluntary elections requiring an Evidence of Insurability (EOI) may be subject to approval and does not guarantee coverage.

I am aware that Health Flexible Spending Account, Dependent Care Flexible Spending Account and Health Savings Account benefits will be deducted over 18 pays. If you are a 24 pay frequency employee, your confirmation statement will not reflect your true per pay cost. To calculate, take your Annual Contribution limit and divide by 18. This will be your per pay period cost for this benefit.

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

View/Print Statement

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Submit

If you have questions, please contact Cheri Tropple in Payroll/Benefits at [ctropple@lhusd.org](mailto:ctropple@lhusd.org) or 505-6930