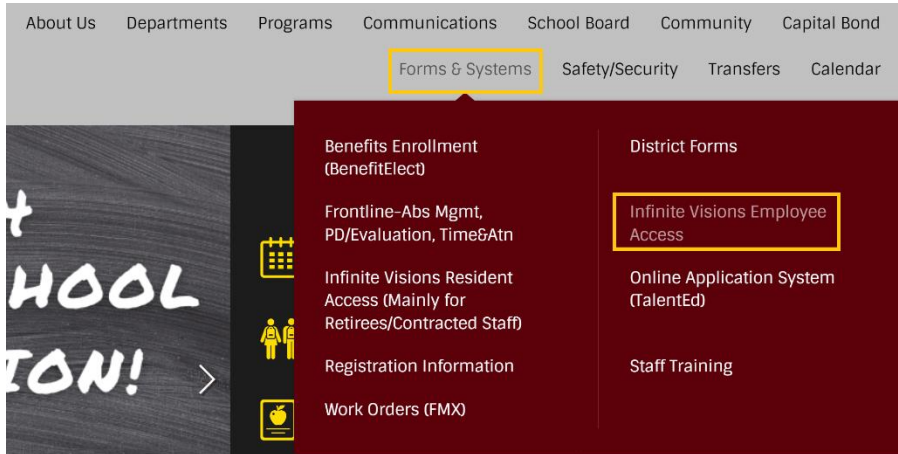


Benefit Enrollment on Employee Access Procedure

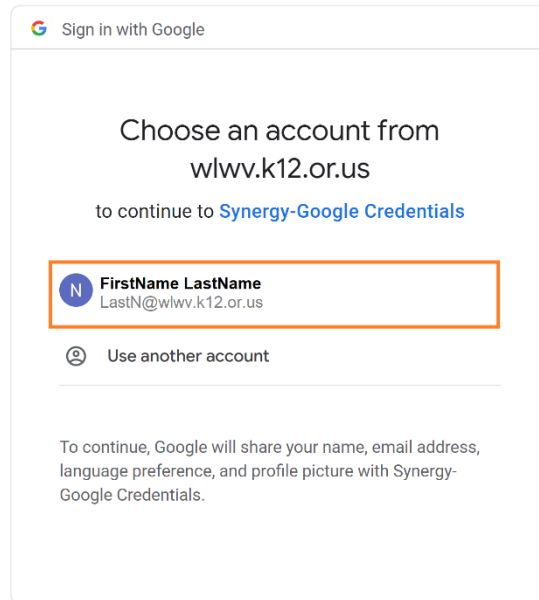
1. Go to Infinite Visions Employee Access via <https://westlinnwilsonvillesdor.tylerportico.com/tesp/employee-selfservice/>
OR visit the district website, Forms & System → Infinite Visions Employee Access



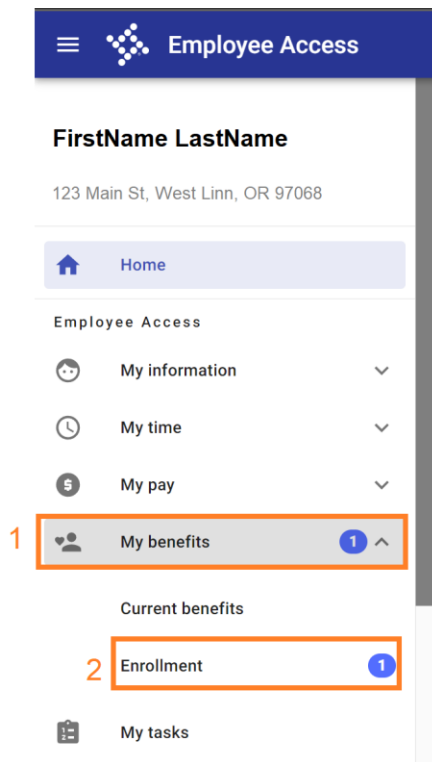
2. In the Username field, enter your full school district email address then click **Next**

A screenshot of the Okta login page. At the top is the 'okta' logo. Below it is a circular placeholder for a user profile picture with a question mark. Underneath is the text 'Sign In'. There is a 'Username' label above a text input field. The input field contains the text 'LastnameF@wlwv.k12.or.us' and is outlined with an orange border. Below the input field is a checkbox labeled 'Remember me'. At the bottom is a large blue button with the text 'Next'. At the very bottom, there is a link that says 'Need help signing in?'.

3. Click to choose your account from wlwv.k12.or.us to continue



4. When you are in the portal, on the column on the left, click **My benefits**. Then under its drop down, click **Enrollment**.



5. Read the message carefully as it contains important information regarding the enrollment, payroll deductions and benefit

Open Enrollment

Benefits enrollment period dates are Aug 13, 2023 - Sep 27, 2023

Welcome to West Linn-Wilsonville District Benefits Enrollment. This enrollment process will allow you to Enroll, Modify and Acknowledge Coverage, and Update Profile, Dependent and Emergency Contact Information for Plan Year December 1st - November 30th.

All of our health, dental and vision insurance plans are Section 125 plans of the Internal Service Revenue (IRS) which allow participants to receive benefits on a pretax basis.

PROFILE | DEPENDENTS | EMERGENCY CONTACTS: To Add or Modify your Profile, Dependents or Emergency Contacts Information, visit the menu on the left and Select My Information | Profile | Select Tab.

ELIGIBILITY OF DEPENDENTS:

- Spouse or Domestic Partner and Child(ren) can be under your insurance coverage at NO additional cost.
- Dependent Children must be under Age 26
- For retirees, Dependent Spouse or Domestic Partner must be under Age 65.
- Domestic Partner Coverage requires the submission of the Domestic Partner Affidavit to Payroll & Benefit team at PR-BEN@wlwv.k12.or.us within five (5) business days of submitting enrollments.

Please note: Unlike spouse, domestic partner does not fall under Section 125 plans IRS. That is why IRS will collect tax on the benefits from monthly deduction of your paychecks through our payroll system

ENROLLMENT:

- During your enrollment process to Refresh and/or Reload Pages, you may use the Internet Browser Navigation Arrow, Back Arrow, or Enrollment Back Arrow.
- You may log out during the enrollment process at any time and any elections you have made will be saved until you complete and submit.
- **To complete your enrollment, you must Review, Confirm and Submit**
- After submission, to view or print the confirmation statement, visit the menu on the left and select My Task.
- Once elections are submitted you may be unable to make further changes until the next Annual Open Enrollment or you experience a Qualifying Life Event.

BENEFIT PAYROLL DEDUCTIONS:

- If you enroll during Open Enrollment, the first deduction for your elections will be in November paycheck.
- If you enroll outside of Open Enrollment, it is possible to have a double or even triple deduction on the first month of payment. The earlier you enroll, the better.

The online resource for your benefit information is the WLWV School District Benefit website [CLICK HERE](#)

If you have any questions during your Enrollment Process, please contact Payroll & Benefits PR-Ben@wlwv.k12.or.us

6. Scroll down and start your enrollment by click **Make selection**

BENEFIT PAYROLL DEDUCTIONS:

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If you have any questions during your Enrollment Process, please contact Payroll & Benefits PR-Ben@wlwv.k12.or.us

Benefit selection

Benefit	Plan	Per pay period/monthly	Actions
<input type="radio"/> Summary of Benefit	No selections made	\$0.00	Make selection
<input type="radio"/> Medical	No selections made	\$0.00	Make selection
<input type="radio"/> Pharmacy	No selections made	\$0.00	Make selection
<input type="radio"/> FSA Health Care	No selections made	\$0.00	Decline Make selection

7. Read the instruction on the top of each page in order to proceed smoothly
Then click on the drop-down arrows to reveal different tiers and
Employer/Employee Premium

Pharmacy No existing election

All Medical plans include Pharmacy benefit at NO additional cost to employee.
For Pacific Source Pharmacy Information, [CLICK HERE](#)
For Kaiser Pharmacy Information, [CLICK HERE](#)

If you elected a Medical plan, you must select the Pharmacy plan that match the Medical plan
(e.g. If you select PlanE Kaiser EPO, you must select PlanE Kaiser Pharmacy)

***For Pacific Source Pharmacy plans, you also must select the same coverage AND dependents as Medical plan**
(e.g. If you selected the Employee + Family options for Medical plan, you also must select the Employee + Family option for Pharmacy plan).

If you waive Medical, you **MUST** select **Waive Pharmacy**.

Abbreviations

- **PS Pharmacy:** Pacific Source Pharmacy
- **ADMIN:** Admin/Confidential | **CL:** Classified | **LIC:** Licensed
- **PlanAB** (if applicable): PlanA or PlanB
- **PlanCD** (if applicable): PlanC or PlanD
- **PlanABCD** (if applicable): PlanA, Plan B, Plan C, or Plan D

PlanABCD PS Pharmacy LIC	▼
PlanE Kaiser Pharmacy LIC	▼
Waive Pharmacy	▼

Save selection

8. You can see the Employer and Employee Cost in the 2 middle columns
Select the option you want and click **Save selection**

Abbreviations

- **PS Pharmacy:** Pacific Source Pharmacy
- **ADMIN:** Admin/Confidential | **CL:** Classified | **LIC:** Licensed
- **PlanAB** (if applicable): PlanA or PlanB
- **PlanCD** (if applicable): PlanC or PlanD
- **PlanABCD** (if applicable): PlanA, Plan B, Plan C, or Plan D

PlanABCD PS Pharmacy LIC ^

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input checked="" type="radio"/> Employee Only	\$0.00 / \$0.00	\$0.00 / \$0.00	▼
<input type="radio"/> Employee + Spouse	\$0.00 / \$0.00	\$0.00 / \$0.00	▼
<input type="radio"/> Employee + Child(ren)	\$0.00 / \$0.00	\$0.00 / \$0.00	▼
<input type="radio"/> Employee + Family	\$0.00 / \$0.00	\$0.00 / \$0.00	▼

PlanE Kaiser Pharmacy LIC ^

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> Acknowledgement	\$0.00 / \$0.00	\$0.00 / \$0.00	▼

Waive Pharmacy ^

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> Decline Medical	\$0.00 / \$0.00	\$0.00 / \$0.00	▼

9. If you select option that covers multiple people, you can add your dependent(s).

Click **+ Add dependent**

→ Enter information in the pop up window

→ Click **Submit**

PlanABCD PS Pharmacy LIC

Benefit coverage	Employer Cost Pay Period / Month
<input type="radio"/> Employee Only	\$0.00 / \$0.00
<input checked="" type="radio"/> Employee + Spouse	\$0.00 / \$0.00
<input type="radio"/> Employee + Child(ren)	\$0.00 / \$0.00
<input type="radio"/> Employee + Family	\$0.00 / \$0.00

Select covered dependents

+ Add dependent

PlanE Kaiser Pharmacy LIC

Benefit coverage	Employer Cost Pay Period / Month
<input type="radio"/> Acknowledgement	\$0.00 / \$0.00

New dependent

Name

First name

Middle name

Last name

Details

Relationship*

Gender*

Date of birth*

SSN*

☐ Is disabled

☐ Is a smoker

☐ Is a student

☒ Same address as employee

Cancel **Submit**

Repeat the steps to add all your dependents

10. Make sure check the box in front of every dependent you want to be covered before click **Save selection** to lock in your election.

PlanABCD PS Pharmacy LIC

Benefit coverage	Employer Cost Pay Period / Month	Employee Cost Pay Period / Month	View details
<input type="radio"/> Employee Only	\$0.00 / \$0.00	\$0.00 / \$0.00	▼
<input type="radio"/> Employee + Spouse	\$0.00 / \$0.00	\$0.00 / \$0.00	▼
<input type="radio"/> Employee + Child(ren)	\$0.00 / \$0.00	\$0.00 / \$0.00	▼
<input checked="" type="radio"/> Employee + Family	\$0.00 / \$0.00	\$0.00 / \$0.00	▼

Select covered dependents

☒ Select All

☒ My Son (Child)

☒ My Spouse (Spouse)

☒ My Daughter (Child)

+ Add dependent

11. Proceed with the enrollment by

- Click on **Make selection** and repeat previous steps
- Click on the drop-down arrow of the section if you want to review what you elected in that section. You will be able to see the plan, the tier and the employee cost.
- Click on **Update** of the section if you want to change what you elected in that section

<input checked="" type="checkbox"/>	FSA Dependent Care Election	Declined	\$0.00	Update	▼
<input checked="" type="checkbox"/>	Dental Election	Employee Only	\$147.20 / \$147.20	Update	▲
<div>Existing benefit No election provided</div> <div>Your new choice PlanB Ameritas LIC Employee Only Employee cost \$147.20 / \$147.20 / \$1,766.40 Pay period / Month / Annual</div>					
<input checked="" type="checkbox"/>	Vision Election	Employee + Family	\$0.00 / \$0.00	Update	▼
<input checked="" type="checkbox"/>	Basic Life Election	Acknowledgement	\$0.00 / \$0.00	Update	▼
<input checked="" type="checkbox"/>	Dependent Life Election	Acknowledgement	\$0.00 / \$0.00	Update	▼
<input type="radio"/>	Long Term Disability	No selections made	\$0.00		Make selection
<input type="radio"/>	Voluntary Life	No selections made	\$0.00	Decline	Make selection

12. Once you have made election for all sections, you should see all the green check marks on the right.

You can see the total employee cost per pay period for all of the elected benefits in the middle and toward the end of the page.


Click **Review & submit** to review your enrollment.

Benefit	Plan	Per pay period/monthly	Actions
✓ Summary of Benefit Election	Acknowledgement	\$0.00 / \$0.00	Update ▼
✓ Medical Election	Employee Only	\$817.61 / \$817.61	Update ▼
✓ Pharmacy Election	Acknowledgement	\$0.00 / \$0.00	Update ▼
✓ FSA Health Care Election	Declined	\$0.00	Update ▼
✓ FSA Dependent Care Election	Declined	\$0.00	Update ▼
✓ Dental Election	Employee Only	\$147.20 / \$147.20	Update ▼
✓ Vision Election	Employee + Family	\$0.00 / \$0.00	Update ▼
✓ Basic Life Election	Acknowledgement	\$0.00 / \$0.00	Update ▼
✓ Dependent Life Election	Acknowledgement	\$0.00 / \$0.00	Update ▼
✓ Long Term Disability Election	Acknowledgement	\$0.00 / \$0.00	Update ▼
✓ Voluntary Life	Declined	\$0.00	Update ▼
✓ Legal Shield Election	Decline	\$0.00 / \$0.00	Update ▼
✓ Employee Assistance Program Election	Acknowledgement	\$0.00 / \$0.00	Update ▼
Estimated cost per pay period \$964.81 Estimated monthly cost \$964.81			
Review & submit			

13. Carefully review your choices and dependents before submitting.
Click on the drop-down arrow to see all your covered dependent(s)

Review your enrollment

Summary of Benefit Election - Summary of Benefits
Acknowledgement

Medical Election - PlanA PS NAV VOY 100 LIC
Employee + Family
3 Dependents 

Employee cost
\$817.61 / \$817.61 / \$9,811.32
Pay period / Month / Annual

Employer cost
\$1,787.89 / \$1,787.89 / \$21,454.68
Pay period / Month / Annual

Pharmacy Election - PlanE Kaiser Pharmacy LIC
Acknowledgement

Dental Election - PlanB Ameritas LIC
Employee Only

Employee cost
\$147.20 / \$147.20 / \$1,766.40
Pay period / Month / Annual

When everything looks good, click **Confirm & submit**.

Note: the employee cost and employer cost are right above the Confirm & submit.

FSA Health Care Election - Declined

FSA Dependent Care Election - Declined

Voluntary Life - Declined

Submit to HR
YOU ARE ALMOST DONE! Please review and finalize your selections by click the 'SUBMIT' button on the following screen.

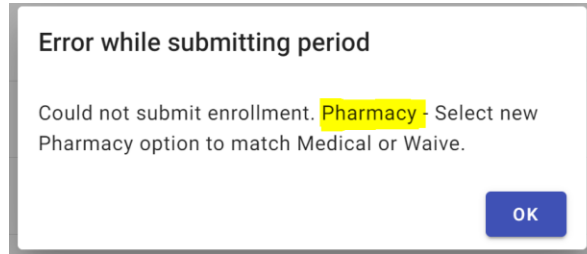
	Employee cost	Employer cost
Total per pay period	\$964.81	\$1,790.00
Total per month	\$964.81	\$1,790.00
Total Annual	\$11,577.72	\$21,480.00

Confirm & submit

14. The portal will stop your submission if you made wrong choice(s) during enrollment process.

The portal will let you know the first section you made the error.

For example, Pharmacy is the section that needs a different option.



To make correction, click the back-arrow **Enrollment**, to go back to previous page

← Enrollment

Review your enrollment

Summary of Benefit Election - Summary of Benefits

Acknowledgement

Medical Election - PlanA PS NAV VOY 100 LIC

Employee + Family

3 Dependents ▾

Employee cost: \$817.61 / \$817.61 / \$9,811.32
Pay period / Month / Annual

Employer cost: \$1,787.89 / \$1,787.89 / \$21,454.68
Pay period / Month / Annual

Pharmacy Election - PlanE Kaiser Pharmacy LIC

Acknowledgement

Dental Election - PlanB Ameritas LIC

Employee Only

Employee cost: \$147.20 / \$147.20 / \$1,766.40
Pay period / Month / Annual

Click **Update** to make the change.

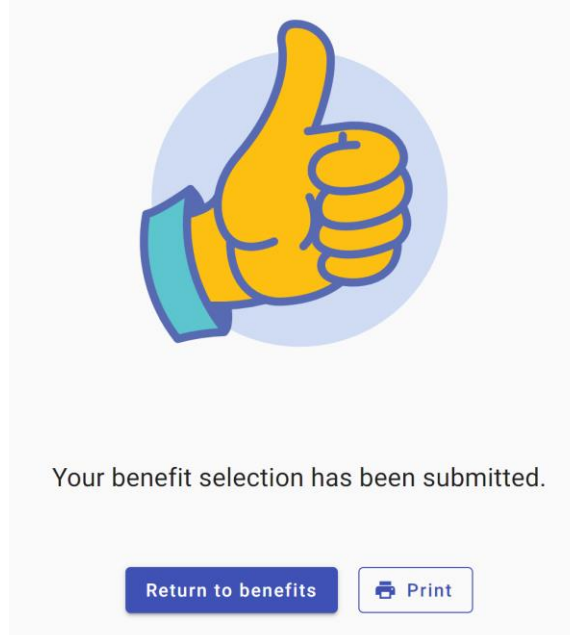
Read the instruction on top of the page again can help you realize the error.

Benefit selection				
Benefit	Plan	Per pay period/monthly	Actions	
✓ Summary of Benefit Election	Acknowledgement	\$0.00 / \$0.00	Update	▾
✓ Medical Election	Employee + Family	\$817.61 / \$817.61	Update	▾
✓ Pharmacy Election	Acknowledgement	\$0.00 / \$0.00	Update	▾
✓ FSA Health Care Election	Declined	\$0.00	Update	▾

Then continue to Confirm & Submit.

Repeat this step until the submission goes through.

15. You will see the following image when your submission goes through



16. To view or print the Benefit Confirmation Statement, click on **My task** on the left column.

Then click on the symbol below Actions

A screenshot of an employee portal. On the left is a sidebar menu with a 'Home' link at the top. Below it is a section 'Employee Access' containing links for 'My information', 'My time', 'My pay', 'My benefits', 'Current benefits', and 'Enrollment'. At the bottom of the sidebar is a link for 'My tasks' which is highlighted with an orange box. To the right of the sidebar is a 'Documents' table. The table has three columns: 'Title', 'Date added', and 'Actions'. It contains one row with the title '2023-2024 Benefits Confirmation Statement' and the date '09/08/2023'. In the 'Actions' column of this row, there is a document icon with a checkmark, which is highlighted with an orange box. Below the table, there is a 'Rows per page' dropdown set to '15' and a pagination indicator '1-1 of 1'.