

# Skyward Employee Access: Online Open Enrollment

Skyward is accessible from the school district website. Follow the links: click [Departments](#), [Human Resources](#) and [SKYWARD Employee Access](#) from the left menu. Or click on the link below:

## [LINK TO SKYWARD EMPLOYEE ACCESS](#)

Enter your Skyward Login and Password and click Sign In.

\*\*If you have forgotten either of these, there is a prompt at the bottom of the box that says "Forgot Login or Password" Click on it and it will bring you Skyward Assistance. Enter your school email account and an email will be sent to you regarding your Skyward account.

SKYWARD®  
St. Louis Park

Login ID:

Password:

Sign In

[Forgot your Login/Password?](#)

### 1. Select "Online Open Enrollment"



2. "Current Coverage" and "Open Enrollment" are displayed in the left margin. You can view your current coverage by clicking on your group name; for example, TEACH or SPARK.

**Current Coverage**

Employee: [Redacted]

**Current Coverage**

**Employee Setup Information**

Insurance Group: SUPERVISORS/MANAGERS  
 Group Date: 07/01/2015 Through 06/30/2016  
 Ded/Ben Freq: 24  
 Ins Benefit FTE: 100.00%

Total Ded per Month: 0.00  
 Total Ben per Month: 517.22  
 Total Ded per Pay: 0.00  
 Total Ben per Pay: 258.61

Plan	Coverage	Deduction Code	Deduction per Paycheck	Deduction per Month	Benefit Code	Benefit per Paycheck	Benefit per Month	Sub Plan Start Date	Sub Plan End Date	Plan Code	Annual Election Amt
DENTAL INSURANCE PLAN	SINGLE	IDBEE	0.00	0.00	IDBEE	24.50	49.00	07/01/2015		DEN-B	0.00
HEALTH VEBA PLAN B	SINGLE	IBVEE	0.00	0.00	IBVEE	234.11	468.22	07/01/2015		HEALTH-V	0.00

You can view your current coverage by clicking on your group name; for example, SPARK, TEACH or CUSTODIAN.

To make your benefit selections:

3. Click on your group name under "Open Enrollment" then click "Add Coverage".

**Open Enrollment**

Employee: [Redacted]

**Open Enrollment**

**Employee Setup Information**

Insurance Group: SUPERVISORS/MANAGERS  
 Group Date: 07/01/2016 Through 06/30/2017  
 Ded/Ben Freq: 24  
 Ins Benefit FTE: 100.00%

Total Approx. Ded per Month: 0.00  
 Total Approx. Ben per Month: 0.00  
 Total Approx. Ded per Pay: 0.00  
 Total Approx. Ben per Pay: 0.00

**Add Coverage**

4. Click on your plan choice, then click select. **Note: The next screen allows you to select Family, Single coverage, etc.**

**Select a Plan**

Employee: JASON A LOEWE  
 Insurance Group: SUPERVISORS/MANAGERS

Views: General Filters: \*Skyward Default

Plan Code	Plan Description	Insurance Company
DEN-A	DENTAL INSURANCE PLAN A	DELTA DENTAL PLAN OF MINNESOTA
DEN-B	DENTAL INSURANCE PLAN B	DELTA DENTAL PLAN OF MINNESOTA
FDE	FLEX DEPENDENT	TASC
FME	FLEX MEDICAL	TASC
STANDARD	HEALTH - STANDARD PLAN A	PREFERRED ONE
VEBA	HEALTH - VEBA PLAN B	PREFERRED ONE
WAIVE	WAIVE DENTAL COVERAGE	DELTA DENTAL PLAN OF MINNESOTA
WAIVE H	WAIVE HEALTH INSURANCE	PREFERRED ONE

**Select**

- Select SINGLE or FAMILY, then click select. After you make your selection, you will then be taken back to the main page. Click “Select”, you will then be taken back to the main screen. **Note: Directions to add dependents will come in later steps.**

Insurance Group: SUPERVISORS/MANAGERS  
 Insurance Plan: DENTAL INSURANCE PLAN A

Views: General Filters: \*Skyward Default

Coverage	F/S	Curr	Deduction Code	Deduction per Month	Approx Ded per Pay	Benefit Code	Benefit per Month
SINGLE	S	N	IDAE	0.00	0.00	IDAE	54.27
<b>FAMILY</b>	<b>F</b>	<b>N</b>	<b>IDAF</b>	<b>0.00</b>	<b>0.00</b>	<b>IDAF</b>	<b>120.71</b>

Select Back

- Continue to add your coverage selections for medical, dental (**Note: Even though there are no changes in dental coverage, you will still need to select a plan and add dependents**) and flex spending accounts. Repeat steps above. Your selections are not submitted until you click “Submit Coverage Selections to HR” at the bottom of the screen.

**Adding Dependents: DEPENDENTS (THIS INCLUDES SPOUSE AND CHILDREN) WILL NEED TO BE ADDED TO EACH SELECTED PLAN i.e. DENTAL, HEALTH AND FLEX ACCOUNTS. IF DEPENDENTS ARE NOT IN SKYWARD, THEY WILL NOT HAVE COVERAGE EFFECTIVE 7/1.**

- If you want coverage for dependents, on the main screen once you have made plan selections, click “Add Dependents”. The next screen allows you to enter your dependent information. **Note: You will need to add dependent information to each benefit plan.**

Open Enrollment (Add Favorite)

Employee: JASON A LOEWE \*You have UNSUBMITTED coverage selections. Online Enrollment Instructions

Open Enrollment


Employee Setup Information

Insurance Group: PROFESSIONAL Total Approx. Ded per Month: 144.51  
 Group Date: 07/01/2018 Through 06/30/2019 Total Approx. Ben per Month: 575.27  
 Ded/Ben Freq: 24 Total Approx. Ded per Pay: 72.26  
 Ins Benefit FTE: 100.00% Total Approx. Ben per Pay: 287.64 AT

Views: Sub Plan Information Filters: \*Skyward Default

Action	S	Plan	Coverage	Deduction per Month	Benefit per Month	Annual Ded Election Amt.	Plan Code
Retain		FLEX MEDICAL	Flexible Spending - Health	41.67	0.00	500.00	FME
Retain		DENTAL INSURANCE PLAN A	SINGLE	0.00	54.27	0.00	DEN-A
Retain		HEALTH VEBA PLAN B	SINGLE	102.84	521.00	0.00	HEALTH-V

Print Retain Coverage Drop Coverage Add Coverage Edit Election Amount Dependent Information Submit Coverage Selections to HR



8. Enter dependent information here and the **Coverage State of 07/01** click "Save". Next, click on "Select Sub Plans."

**Dependent Maintenance**

Dependent

\* First Name:   Medicare Eligible  
 \* Last Name: LOEWE  Taxable Dependent  
 Middle Name:   Disabled Dependent Indicator  
 Name Suffix:   
 \* Birth Date:   \* Gender:   
 \* SSN:  \* Relationship:   
 Coverage Start Date: 05/01/2019 Wednesday Coverage End Date: 12/31/9999 Friday

\* Select Sub Plans:

Asterisk (\*) denotes a required field

9. Now select the plans in which you want this dependent to be added and click save. **Repeat for each dependent.**

**Open Enrollment Sub Plans**

Select	Group	Plan	Coverage	Cur # of Dep	# of Dep
<input checked="" type="checkbox"/>	SUPERVISORS/MANAGERS	DENTAL INSURANCE PLAN B	FAMILY	0	999
<input type="checkbox"/>	SUPERVISORS/MANAGERS	FLEX DEPENDENT	Flexible Spending - Dependent Care	0	999
<input type="checkbox"/>	SUPERVISORS/MANAGERS	FLEX MEDICAL	Flexible Spending - Health	0	999
<input type="checkbox"/>	SUPERVISORS/MANAGERS	HEALTH - VEBA PLAN B	FAMILY	0	999

10. Check to make sure listed dependent has been added to each plan and save.

**Dependent**

\* First Name:   Medicare Eligible  
 \* Last Name:   Taxable Dependent  
 Middle Name:   Disabled Dependent Indicator  
 Name Suffix:   
 \* Birth Date: 07/21/1999 Wednesday \* Gender: Female  
 \* SSN:  \* Relationship: Child  
 Coverage Start Date: 01/01/2001 Monday Coverage End Date: 12/31/9999 Friday

\* Select Sub Plans:

Group	Plan	Coverage
TEACHERS - HEALTH & DENTAL	DENTAL INSURANCE PLAN A	FAMILY
TEACHERS - HEALTH & DENTAL	FLEX MEDICAL	Flexible Spending - Health
TEACHERS - HEALTH & DENTAL	HEALTH VEBA PLAN B	FAMILY

11. Now that you have made your benefit selections and added your dependents to all selected plans you are ready to submit your coverage to HR. Click the "Submit Coverage Selections to HR".

Insurance Group: SUPERVISORS/MANAGERS  
 Group Date: 07/01/2016 Through 06/30/2017  
 Ded/Ben Freq: 24  
 Ins Benefit FTE: 100.00%

Total Approx. Ded per Month: 0.00  
 Total Approx. Ben per Month: 120.71  
 Total Approx. Ded per Pay: 0.00  
 Total Approx. Ben per Pay: 60.36

Action	Plan	Coverage	Deduction per Month	Benefit per Month	Annual Ded Election Amt	Plan Code
<input type="checkbox"/>	DENTAL INSURANCE PLAN A	FAMILY	0.00	120.71	0.00	DEN-A

Views: Sub Plan Information Filters: \*Skyward Default

Print  
 Retain Coverage  
 Drop Coverage  
 Add Coverage  
 Edit Election Amount  
 Submit Coverage Selections to HR