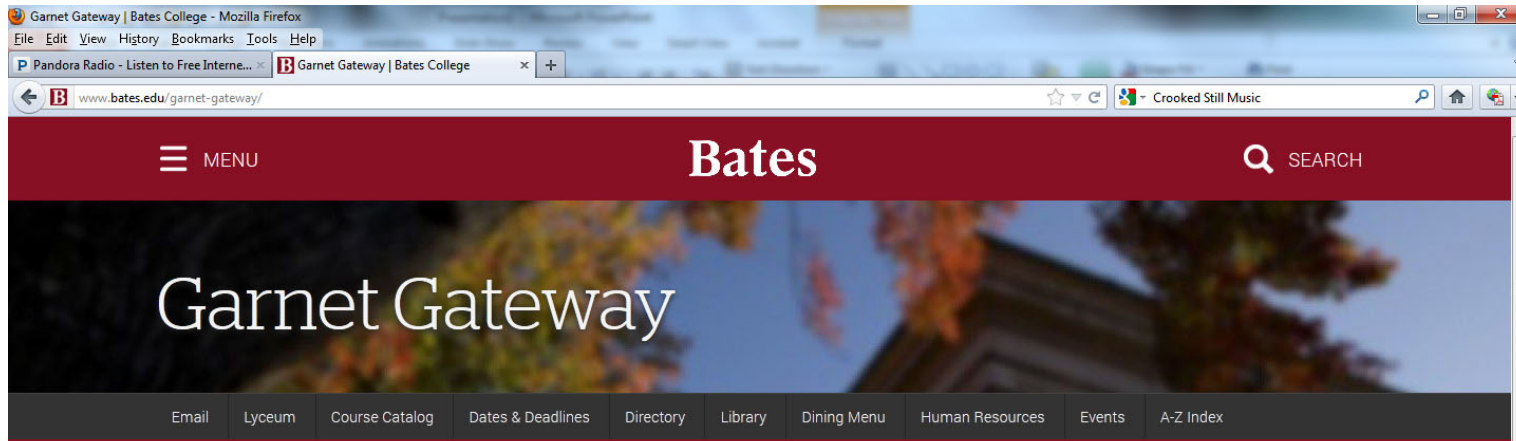


Get to the Garnet Gateway by typing in bates.edu/g in your browser



### Online Records Service

A screenshot of the online records service login form. The form is set against a dark red background with the 'Bates' logo in the top right corner. It contains two input fields: 'User ID:' and 'PIN:'. Below these fields is a 'Sign In' button. At the bottom of the form, there are three links: 'Reset', 'Help', and 'Forgot my PIN'. A link for 'Forgot my ID' is located at the bottom left of the form area.

Sign into the Garnet Gateway with your Ussr ID (your Bates ID Number) and your previously selected Pin

**To-do**

- 1 Annual benefits enrollment**  
by Nov 21: choose the benefits that are right for you!
- 2 Community giving campaign**  
by Dec 2: Support local charities through payroll deduction

**Action**

- Time**
  - Time Sheet
  - Leave Balances
- Bates Faces
- Events management
- Schedule of Courses

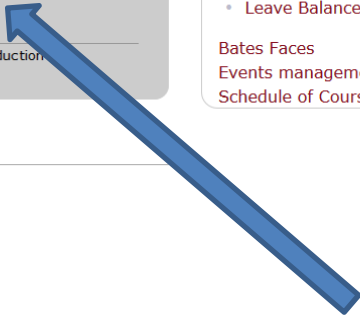
**Employees**

- Compensation & Benefits**
  - Benefits Summary
  - Pay Letters
  - Total Compensation
- Pay**
  - Deductions History
  - Direct Deposit
  - Earnings History
  - Pay Stubs
- Taxes**
- Training/Development**

**Account & Access**

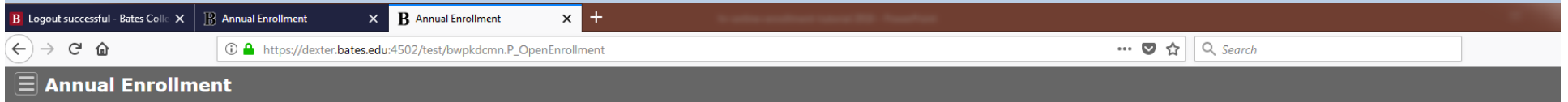
**Now open!**

Nothing is currently open.



Under "To Do" click on Annual Benefits Enrollment

The first time you enter the open enrollment process you will open the annual enrollment process by clicking on the Start Open Enrollment button.



**Open Enrollment Start Date:** Oct 16, 2018  
**Open Enrollment End Date:** Nov 20, 2018  
**Benefits Effective Date:** Dec 23, 2018

| Group  | Benefits Status                |
|--|--------------------------------|
| Health Insurance                                   | No choices made in this group. |
| Healthcare & Dependent Care Reimbursement Accounts | No choices made in this group. |
| Dental & Vision                                    | No choices made in this group. |

*To finalize your enrollment, click Complete when you have finished making your elections:*

[Start Open Enrollment](#)

**Need Help?**

[Review benefits for next year](#)

**Resources:**

- [Detailed Information](#)
- [Frequently Asked Questions](#)
- [Online Tutorial](#)

**Benefits Contacts:**

**Brenda Sawyer**  
Benefits Specialist  
786-6176  
[bsawyer@bates.edu](mailto:bsawyer@bates.edu)

**Ken Emerson**  
Senior Director of Human Resources  
786-8271  
[kemerson@bates.edu](mailto:kemerson@bates.edu)

You are now ready to start making your elections

Before you start making your elections, it is suggested that you spend a little time looking at the tools that have been made available to help you through the process.

1. Review Benefits for next year: Once you have made your elections you will want to check here to make sure they are what you elected.
2. Detailed Instructions will explain the various healthcare choices you have available.
3. Frequently Asked Questions (FAQ) will help to answer some of the questions you may have on the online enrollment process.
4. Online Tutorial...You can look at the online tutorial as many times as you need to.
5. If you still have questions at the end of this process, contact Ken or Brenda for assistance.

The screenshot shows a web browser window with the URL [https://dexter.bates.edu:4502/test/bwpkdcnm.P\\_OpenEnrollmentFuncs](https://dexter.bates.edu:4502/test/bwpkdcnm.P_OpenEnrollmentFuncs). The page title is "Annual Enrollment".

**Open Enrollment Start Date:** Oct 16, 2018  
**Open Enrollment End Date:** Nov 20, 2018  
**Benefits Effective Date:** Dec 23, 2018

| Group  | Benefits Status  |
|--|--|
| <b>1) Health Insurance</b>                                       | [HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be continued into the new year.                                     |
| <b>2) Healthcare &amp; Dependent Care Reimbursement Accounts</b> | No choices made in this group.   |
| <b>3) Dental &amp; Vision</b>                                    | Bates Standard Dental Plan will be continued into the new year.<br>[Vision] Aetna Voluntary Vision Plan will be continued into the new year. |

To finalize your enrollment, click Complete when you have finished making your elections:

[Complete](#) [Restart](#)

**Need Help?**

[Review benefits for next year](#)

**Resources:**

- [Detailed Information](#)
- [Frequently Asked Questions](#)
- [Online Tutorial](#)

**Benefits Contacts:**

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**Ken Emerson**  
Senior Director of Human Resources  
786-8271  
[kemerson@bates.edu](mailto:kemerson@bates.edu)

You are now ready to start making your elections

Once you start annual enrollment you will notice that your current medical, dental and vision elections are carried forward.

For the reimbursement accounts you must make a new election each year. Your current reimbursement account elections do not carry forward.

**Annual Enrollment**

**Open Enrollment Start Date:** Oct 13, 2017  
**Open Enrollment End Date:** Nov 21, 2017  
**Benefits Effective Date:** Jan 01, 2018

| Group  | Benefits Status  |
|--|--|
| <b>1) Health Insurance</b>                                       | [HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be continued into the new year. |
| <b>2) Healthcare &amp; Dependent Care Reimbursement Accounts</b> | No choices made in this group.   |
| <b>3) Dental &amp; Vision</b>                                    | Bates Standard Dental Plan (\$1,000 max) will be continued into the new year.                            |

*To finalize your enrollment, click Complete when you have finished making your elections:*

[Complete](#) [Restart](#)

**Need Help?**

**Review benefits for next year**

**Resources:**

- [Detailed Information](#)
- [Frequently Asked Questions](#)
- [Online Tutorial](#)

**Benefits Contacts:**

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Senior Director of Human Resources  
786-8271  
[kemerson@bates.edu](mailto:kemerson@bates.edu)

Please make your medical elections first . Your medical election will effect what medical reimbursement account options you have available to you. Note the Health Insurance Contribution Credit is only available if you choose the PPO or Whole Health (ACO) options.

B Open Enrollment Group x

Secure | https://dexter.bates.edu:4502/test/bwpkdcmn.P\_OpenEnrollmentFuncs

## Health & Dental Insurance

**If you do nothing, your current elections will be continued effective January 1st.**

To change plans: 1) click on your current election 2) click on the Stop Benefit button 3) click on your benefit choice 4) make your election 5) click submit

If adding dependents or changing coverage levels remember to submit the **Enrollment/Coverage Change form** to HR.

**Health Insurance Contribution Credit (HICC)** If you enroll in the PPO or the ACO and your household Adjusted Gross Income is less than \$60,000 (from last year's tax form) you may apply for the HICC. If you qualify, you will receive a credit for 20%, 25% or 30% of the amount you contribute toward your medical plan.

**Hospital Indemnity Plan (HIP):** This is a new plan offered in 2018. If you enroll in the Aetna Consumer Choice HSA Plan you will automatically be enrolled in this plan and Bates will cover the cost of the coverage. If you enroll in the PPO Plan, ACO Plan or opt out of medical coverage **you must either elect the HIP or choose to opt out of the HIP.**

Make an election:

**[PPO] Aetna**

You have not selected this benefit deduction.

**[ACO] Aetna Whole Health Plan**

You have not selected this benefit deduction.

**[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan)**

**Please select a health insurance plan (or opt out) first.**

[ 1: Health | 2: Reimbursement Accounts | 3: Dental & Vision | 4: Complete Annual Enrollment ]

Select the medical plan you want and then choose the level of coverage by clicking on the My Choice button next to the level of coverage you want.

**[ACO] Aetna Whole Health Plan**

If you elect the [ACO] Aetna Whole Health Plan you must also choose a Doctor in the ACO network for each person covered under the plan. Please complete and submit the **Enrollment/Coverage Change form** with your doctor's **Provider ID**.

**Adding dependents or changing coverage levels:** remember to submit the **Enrollment/Coverage Change form** to HR.

**Your medical reimbursement account choices:** If you enroll in the ACO you may also elect the Healthcare Reimbursement Account. However, if your spouse has a Health Savings Account (either at Bates or another employer) you would only be able to elect a Limited Purpose Flexible Spending Account.



**Aetna Hospital Indemnity Plan:** New this year you may also elect the Aetna Hospital Indemnity Plan (HIP). The premium will be deducted from your check on an after-tax basis. The HIP plan provides a \$1,000 benefit should any covered member of your family have an overnight stay in the hospital. You will receive an additional \$100 for any additional day spent in the hospital or \$200 a day in the ICU. See HIP Plan details for more information.


If you elect the [HSA] Aetna Consumer Choice Plan then the college will cover the cost and automatically enroll you in this plan.

**Opt out of the [HIP] Hospital Indemnity Plan:** If you do not elect the [HSA] Aetna Consumer Choice Plan and do not want to enroll in the HIP then you need to opt out of the [HIP] Hospital Indemnity Plan.

**Make an election:**  
Deduction Effective as of: Jan 01, 2018

| Plan                         | Your Contribution | Bates Contribution | My Choice             |
|------------------------------|-------------------|--------------------|-----------------------|
| (1)-You Only                 | 95.00             | 610.98             | <input type="radio"/> |
| (2)-You & Spouse             | 378.00            | 1,104.56           | <input type="radio"/> |
| (3)-You & Child(ren)         | 323.00            | 947.76             | <input type="radio"/> |
| (4)-You, Spouse & Child(ren) | 586.00            | 1,531.95           | <input type="radio"/> |



If you choose the PPO or the Whole Health (ACO )you may also choose the Health Insurance Contribution Credit. If you qualify, choose My Choice. You will have to send in a copy of your 2017 tax form along with the Health Insurance Contribution Credit Form. Note that this year you may submit your HICC Form to HR directly to HR from Docusign. If you choose to you can also attach a copy of your 2017 tax return through this secure connection.

### Health Insurance Contribution Credit Application (under \$60,000 in 2017 Household Income)

If you enroll in the [PPO] or the [ACO] and your household Adjusted Gross Income is less than \$60,000 (from last year's tax form) you may apply for the [HICC] Health Insurance Contribution Credit. If you qualify, you will receive a credit back of the amount **you contribute** toward the [PPO] or the [ACO].

*The HICC is not available for the [HSA] Aetna Consumer Choice plan.*

If applying for the [HICC] Health Insurance Contribution Credit please submit the **HICC form** along with a copy of last year's tax form to HR.

#### Make an election:

Deduction Effective as of: Dec 23, 2018

Elect

Yes-I Qualify for the Credit

My Choice



Add Choice





If you choose the PPO or the Whole Health (ACO )you may also choose the New **Hospital Indemnity Plan (HIP)**. The premium will be deducted from your check on an after-tax basis. The HIP plan provides a \$1,000 benefit should any covered member of your family be admitted to stay overnight in the hospital. You will receive an additional \$100 for any additional day admitted to the hospital or \$200 a day in the ICU. If you do not want the HIP you must Opt Out of the HIP Plan.

If you elect the [HSA] Aetna Consumer Choice Plan then the college will cover the cost and automatically enroll you in this plan.

## Health & Dental Insurance

Opt Out of Bates Medical Plan - I am covered under other Health Insurance  
This benefit deduction cannot be selected as you have selected the following:  
[ACO] Aetna Whole Health Plan

**Health Insurance Contribution Credit Application (under \$60,000 in 2016 Household Income)**

You have not selected this benefit deduction.

**[HIP] Hospital Indemnity Plan**

You have not selected this benefit deduction.

**Opt out of the [HIP] Hospital Indemnity Plan**

You have not selected this benefit deduction.

If you elect the PPO, ACO or opt out of coverage you must either choose the HIP Plan or opt out of the HIP plan.

If you add or remove a dependent from either your medical or dental plan coverage you need to complete the Enrollment/Coverage Change Form and return it to Human Resources. This can also be submitted directly to HR through the secure DocuSign connection.



**Human Resources**  
Enrollment/Coverage Change Form

**Instructions:** To enroll in a plan please complete all information for yourself and covered dependents. To add or delete a dependent to a plan please complete the below information for each dependent you are adding or deleting and indicate what plan you are adding or deleting them from. If you have more than four dependents use a 2<sup>nd</sup> form.

|                         |   |   |   |   |  |
|-------------------------|---|---|---|---|--|
| Name of Bates Employee: |   |   | Bates ID Number:  |   |  |
| <b>1</b>                | <b>Add</b>  | <b>Delete</b>   | First:  | Middle:   | Last:  |
|                         | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> Male <input type="radio"/> Female<br>DOB:<br>SSN: | <input type="radio"/> Self<br><input type="radio"/> Spouse <input type="radio"/> Partner<br><input type="radio"/> Child | <b>For ACO Only:</b><br>Doctor's name:<br>Provider ID: _____ |
| <b>2</b>                | <b>Add</b>  | <b>Delete</b>   | First:  | Middle:   | Last:  |
|                         | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> Male <input type="radio"/> Female<br>DOB:<br>SSN: | <input type="radio"/> Self<br><input type="radio"/> Spouse <input type="radio"/> Partner<br><input type="radio"/> Child | <b>For ACO Only:</b><br>Doctor's name:<br>Provider ID: _____ |
| <b>3</b>                | <b>Add</b>  | <b>Delete</b>   | First:  | Middle:   | Last:  |
|                         | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> Male <input type="radio"/> Female<br>DOB:<br>SSN: | <input type="radio"/> Self<br><input type="radio"/> Spouse <input type="radio"/> Partner<br><input type="radio"/> Child | <b>For ACO Only:</b><br>Doctor's name:<br>Provider ID: _____ |
| <b>4</b>                | <b>Add</b>  | <b>Delete</b>   | First:  | Middle:   | Last:  |
|                         | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> ACO<br><input type="radio"/> PPO<br><input type="radio"/> HSA<br><input type="radio"/> Dental<br><input type="radio"/> Vision | <input type="radio"/> Male <input type="radio"/> Female<br>DOB:<br>SSN: | <input type="radio"/> Self<br><input type="radio"/> Spouse <input type="radio"/> Partner<br><input type="radio"/> Child | <b>For ACO Only:</b><br>Doctor's name:<br>Provider ID: _____ |

Print Your Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Once you have made your medical elections you can either (1) go to the reimbursement account menu to make your elections , (2) make your dental and vision plan elections, or if done (3) go to the Complete Annual Enrollment Menu to hit the Complete Button.

**Health & Dental Insurance**

**If you do nothing, your current elections will be continued effective January 1st.**

To change plans: 1) click on your current election 2) click on the Stop Benefit button 3) click on your benefit choice 4) make your election 5) click submit

If adding dependents or changing coverage levels remember to submit the **Enrollment/Coverage Change form** to HR.

**Health Insurance Contribution Credit (HICC)** If you enroll in the PPO or the ACO and your household Adjusted Gross Income is less than \$60,000 (from last year's tax form) you may apply for the HICC. If you qualify, you will receive a credit for 20%, 25% or 30% of the amount you contribute toward your medical plan.

**Hospital Indemnity Plan (HIP):** This is a new plan offered in 2018. If you enroll in the Aetna Consumer Choice HSA Plan you will automatically be enrolled in this plan and Bates will cover the cost of the coverage. If you enroll in the PPO Plan, ACO Plan or opt out of medical coverage **you must either elect the HIP or choose to opt out of the HIP.**

**Make an election:**

[PPO] Aetna  
This benefit deduction cannot be selected as you have selected the following:  
[ACO] Aetna Whole Health Plan

**[ACO] Aetna Whole Health Plan**

| Plan         | Your Contribution | Bates Contribution |
|--------------|-------------------|--------------------|
| (1)-You Only | 95.00             | 610.98             |

You have asked to start this benefit in the new year

[ 1: Health | 2: Reimbursement Accounts | 3: Dental & Vision | 4: Complete Annual Enrollment ]

(1)



(2)



(3)

The Dependent Care and Healthcare Reimbursement Accounts must be reentered each year. Your elections from last year are not carried over.

## Healthcare & Dependent Care Reimbursement Accounts

You must actively make an election each year in order to participate. Your current elections will not carry forward automatically.

**Dependent Care:** If contributing to the **Dependent Care Account**, you must also complete and submit the **Dependent Care Subsidy Form**.

**Healthcare Reimbursement Account:** New: unused contributions of up to \$500 can be carried over into next year, with a new filing deadline of February 28th for this year's expenses.

**Limited Purpose Flexible Spending Account:** If you select the [HSA] Aetna Consumer Choice Plan, this account can be used in combination with the tax advantaged Health Savings Account (HSA) to cover medical expenses for you and your tax dependents. *Note: The HSA must be set up separately through Human Resources*

### Make an election:

**Dependent Care Reimbursement Account Contribution**

You have not selected this benefit deduction.

**Higher Dependent Care Subsidy Application (under \$60,000 in 2013 Household Income)**

You have not selected this benefit deduction.

**Healthcare Reimbursement Account Contribution**

You have not selected this benefit deduction.

**Healthcare Reimbursement Account with Debit Card**

You have not selected this benefit deduction.

**Limited Purpose Flexible Spending Account**

You have not selected this benefit deduction.

**Limited Purpose Flexible Spending Account with Debit Card**



The Limited Purpose Flexible Spending Account and Limited Purpose Flexible Spending Account with Debit Card. Are options used if you or your spouse are contributing to a Health Savings Account which you makes you ineligible to participate in the regular Healthcare Reimbursement Account.

If you elect the Dependent Care Account you can either elect a per pay period amount or the annual amount and the other one will calculate. The maximum that may be contributed is \$5,000 which includes the Bates Subsidy (example you have one child and you receive a \$520 a year subsidy from the college, the most you can contribute is \$4,480).

**Dependent Care Reimbursement Account Contribution**

**Annual contribution:** minimum \$100, maximum \$5,000, including your annual contribution and the College's Dependent Care Subsidy. The College's contribution can be found on the **Dependent Care Subsidy form** which you will need to fill out and return to HR.

Employees whose household adjusted gross income as listed on their previous year's tax return is less than \$60,000 may apply for a **Higher Dependent Care Subsidy**.

**Note:** You have until March 15th to use contributions from this year. To ask about your current balance please call Group Dynamic at 781-859-9000 or toll free at 1-800-626-3539.

*Enter an amount in either space, the other amount will automatically calculate.*

**Make an election:**  
Deduction Effective as of: Jan 01, 2018  
Per Pay Period Contribution :(You have 12 pay periods per year)   
Total for the Year :

**calculate**

**back** Add Choice

Be sure to complete and return the Dependent Care Subsidy Form. If your 2017 Household adjusted gross income is less than \$60,000 you can elect the Higher Dependent Care Subsidy.

If you chose to participate in the Aetna PPO or Whole Health (ACO) and your spouse (if any) does not contribute to a Health Savings Account you can elect either the Healthcare Reimbursement Account or the Healthcare Reimbursement Account with Debit Card. Enter either the per pay period amount or the annual amount you would like to contribute and hit the calculate button. The maximum you can contribute is \$2,650 in 2019.

B Open Enrollment Choice x

Secure | https://dexter.bates.edu:4502/test/bwpkdcmn.P\_OpenEnrollmentDetail?dcde=HCD

## Healthcare Reimbursement Account Contribution

If you enroll in the [HSA] Aetna Consumer Choice Plan you are not eligible to enroll in the Healthcare Reimbursement Account.

**Annual contribution:** minimum \$100, maximum \$2,650.  
*(Note: Any carry over amount **will** count toward the minimum, but **not** toward the maximum.)*

You have until December 31st to use contributions from this year, and until March 31st to make claims for this year. You may carry over up to \$500 remaining in your account into the new year. The carryover will occur automatically as long as you have a minimum of \$100 in your account between unused contributions from this year and any new election you make for next year.

To ask about your current balance please call Group Dynamic at 781-8800 or toll free at 1-800-626-3539.

*Enter an amount in either space, the other amount will automatically calculate.*

**Make an election:**  
Deduction Effective as of: Jan 01, 2018  
Per Pay Period Contribution :(You have 12 pay periods per year)   
Total for the Year :

You have until December 31st to use contributions from this year, and until March 31st to make claims for this year. You may carry over up to \$500 remaining in your account into the new year. The carryover will occur automatically as long as you have a minimum of \$100 in your account between unused contributions from this year and any new election you make for next year. The carryover counts towards the minimum \$100 you must have to continue an account in 2016 but not towards the \$2,650 maximum.

You would choose a Limited Purpose Flexible Spending Account (with or without Debit Card) if you or your spouse are having contributions made to a Health Savings Account.

**B** Open Enrollment Choice x

Secure | [https://dexter.bates.edu:4502/test/bwpkdcmn.P\\_OpenEnrollmentDetail?dcde=LFA](https://dexter.bates.edu:4502/test/bwpkdcmn.P_OpenEnrollmentDetail?dcde=LFA)

## Limited Purpose Flexible Spending Account

**Annual contribution:** minimum \$100, maximum \$2,650.

If you select the [HSA] Aetna Consumer Choice Plan, this account can be used in combination with the tax advantaged Health Savings Account (HSA). With an LFSA you may be reimbursed for dental and vision expenses for you or any of your tax dependents. Once you've reached a federally mandated amount of medical deductible expenses you can also use the account for reimbursement of your medical expenses.

You have until December 31st to use contributions from this year, and until March 31st to make claims for this year. You may carry over up to \$500 remaining in your account into the new year. The carryover will occur automatically as long as you have a minimum of \$100 in your account between unused contributions from this year and any new election you make for next year.

Note: To ask about your current balance please call Group Dynamic at 781-8800 or toll free at 1-800-626-3539.

**Switching from the HCRA:** You may carry over up to \$500 remaining in your HCRA into this account in the new year. Any carry over amount **will** count toward the minimum, but **not** toward the maximum.

**Health Savings Account:** to make contributions from your paycheck to the tax advantaged HSA you must complete and submit the **HSA Payroll Deduction form** to Human Resources.

*Enter an amount in either space, the other amount will automatically calculate.*

Make an election:  
Deduction Effective as of: Jan 01, 2018  
Per Pay Period Contribution :(You have 12 pay periods per year)   
Total for the Year :

Note: If you choose the Limited Purpose Flexible Spending Account with Debit Card the Debit Card will work for dental and vision expenses only – even if you exceed the minimum medical deductible and are able to get reimbursement for general medical expenses.

Once you have completed your elections you will want to click on the (4) Complete Annual Enrollment Link.

Open Enrollment Group x

Secure | [https://dexter.bates.edu:4502/test/bwpkdcmn.P\\_OpenEnrollmentUpdate](https://dexter.bates.edu:4502/test/bwpkdcmn.P_OpenEnrollmentUpdate)

## Healthcare & Dependent Care Reimbursement Accounts

### (Income)

You have not selected this benefit deduction.

- Healthcare Reimbursement Account Contribution  
This benefit deduction cannot be selected as you have selected the following:  
Limited Purpose Flexible Spending Account
- Healthcare Reimbursement Account with Debit Card  
This benefit deduction cannot be selected as you have selected the following:  
Limited Purpose Flexible Spending Account

### Limited Purpose Flexible Spending Account

| Per Pay Period Contribution | Total for the Year |
|-----------------------------|--------------------|
| 41.67                       | 500.00             |

You have asked to start this benefit in the new year

- Limited Purpose Flexible Spending Account with Debit Card  
This benefit deduction cannot be selected as you have selected the following:  
Limited Purpose Flexible Spending Account

[ 1: Health | 2: Reimbursement Accounts | 3: Dental & Vision | 4: Complete Annual Enrollment ]



To submit your elections you must hit the Complete Button.

**B** Annual Enrollment x

Secure | [https://dexter.bates.edu:4502/test/bwpkdcmn.P\\_OpenEnrollment](https://dexter.bates.edu:4502/test/bwpkdcmn.P_OpenEnrollment)

## Annual Enrollment

**Open Enrollment Start Date:** Oct 13, 2017  
**Open Enrollment End Date:** Nov 21, 2017  
**Benefits Effective Date:** Jan 01, 2018

| Group  | Benefits Status   |
|--|---|
| <b>1) Health Insurance</b>                                       | [HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be terminated.<br>[ACO] Aetna Whole Health Plan will be started in the new year. |
| <b>2) Healthcare &amp; Dependent Care Reimbursement Accounts</b> | Limited Purpose Flexible Spending Account will be started in the new year.  |
| <b>3) Dental &amp; Vision</b>                                    | Bates Standard Dental Plan (\$1,000 max) will be continued into the new year.   |

*To finalize your enrollment, click Complete when you have finished making your elections:*

[Complete](#) [Restart](#)

### Need Help?

[Review benefits for next year](#)

**Resources:**

- [Detailed Information](#)
- [Frequently Asked Questions](#)
- [Online Tutorial](#)

**Benefits Contacts:**

**Brenda Sawyer**  
Benefits Specialist  
786-6176  
[bsawyer@bates.edu](mailto:bsawyer@bates.edu)

**Ken Emerson**  
Senior Director of Human Resources  
786-8271  
[kemerson@bates.edu](mailto:kemerson@bates.edu)

To review your elections you may click on the “Review benefits for next year” link with your mouse. Note Firefox and Chrome work better than IE in immediately viewing your updated elections. If they do not appear updated, go to the Employee Menu on the Garnet Gateway and click on the Benefit Statement Link and choose the next year’s date from the drop down menu.

**Open Enrollment Start Date:** Oct 13, 2017  
**Open Enrollment End Date:** Nov 21, 2017  
**Benefits Effective Date:** Jan 01, 2018

| Group  | Benefits Status   |
|--|---|
| Health Insurance                                   | [HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be terminated.<br>[ACO] Aetna Whole Health Plan will be started in the new year. |
| Healthcare & Dependent Care Reimbursement Accounts | Limited Purpose Flexible Spending Account will be started in the new year.  |
| Dental & Vision                                    | Bates Standard Dental Plan (\$1,000 max) will be continued into the new year.   |

*To finalize your enrollment, click Complete when you have finished making your elections:*

[Reopen Open Enrollment](#)

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**Resources:**

[Detailed Information](#)  
[Frequently Asked Questions](#)  
[Online Tutorial](#)

**Benefits Contacts:**

**Brenda Sawyer**  
Benefits Specialist  
786-6176  
[bsawyer@bates.edu](mailto:bsawyer@bates.edu)

**Ken Emerson**  
Senior Director of Human Resources  
786-8271  
[kemerson@bates.edu](mailto:kemerson@bates.edu)

After you have completed your annual enrollment, if you need to make changes, you can click on the Reopen Open Enrollment button anytime before annual enrollment ends at midnight on Tuesday November 20th. Be sure to follow these preceding procedures and click on the complete button again to finalize and submit your new elections.

**Open Enrollment Start Date:** Oct 13, 2017  
**Open Enrollment End Date:** Nov 21, 2017  
**Benefits Effective Date:** Jan 01, 2018

| Group  | Benefits Status   |
|--|---|
| Health Insurance                                   | [HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be terminated.<br>[ACO] Aetna Whole Health Plan will be started in the new year. |
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