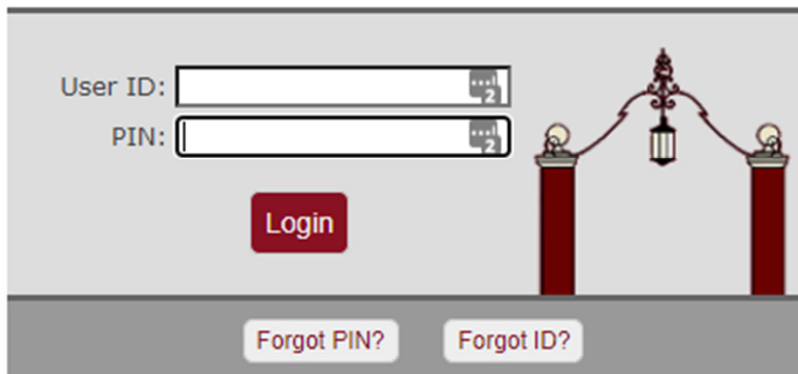


Get to the Garnet Gateway by typing in bates.edu/g in your browser

## Garnet Gateway Login

This is a secure service for members of the Bates community.



The login form features two input fields: 'User ID:' and 'PIN:'. Each field has a small icon of a person and a number '2' on the right side. Below the fields is a red 'Login' button. At the bottom of the form are two buttons: 'Forgot PIN?' and 'Forgot ID?'. The form is decorated with a graphic of two red columns supporting a hanging lantern.

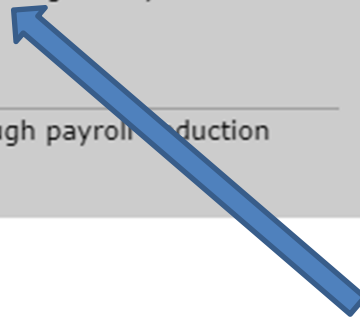
**Protect your privacy!**

Don't forget to logout and close this tab or window.

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

To-do

- 1 Gender identity & pronouns**  
Tell us more about yourself...
- 2 Annual benefits enrollment**  
by Nov 17 choose the benefits that are right for you!
- 3 Community giving campaign**  
by Dec 7: Support local charities through payroll deduction



**Now 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.

**Gateway**

Home  
Employees  
Events  
Shadowing  
Logout

**Open Enrollment Start Date:** Oct 12, 2020  
**Open Enrollment End Date:** Nov 17, 2020  
**Benefits Effective Date:** Jan 01, 2021

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](#)

**NEW!** [Benefits advisor: Ask Alex!](#)

**Benefits Contacts:**


**Brenda Sawyer**  
Senior Benefits Specialist & Manager of Leave Programs  
786-6176  
[bsawyer@bates.edu](mailto:bsawyer@bates.edu)

**Ken Emerson**  
Director of Compensation & Benefits  
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.



## Annual Enrollment

**Open Enrollment Start Date:** Oct 12, 2020  
**Open Enrollment End Date:** Nov 17, 2020  
**Benefits Effective Date:** Jan 01, 2021

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. [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](#)

**NEW!** [Benefits advisor: Ask Alex!](#)

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**Ken Emerson**  
Director of Compensation & Benefits  
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

Home

Employees

Events

Shadowing

Logout

**Open Enrollment Start Date:** Oct 12, 2020

**Open Enrollment End Date:** Nov 17, 2020

**Benefits Effective Date:** Jan 01, 2021

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. [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](#)

**NEW!** [Benefits advisor: Ask Alex!](#)

#### Benefits Contacts:

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

**Ken Emerson**  
Director of Compensation & Benefits  
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.

 Health

**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. To add a dependent you must submit **documentation of their eligibility**  such as a birth certificate, marriage license, tax returns or other documents.

**[HICC] Health Insurance Contribution Credit:** 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.

**[HIP] Hospital Indemnity Plan:** If you elect the [HSA] Aetna Consumer Choice Plan then the college will cover the cost and automatically enroll you in this plan. If you enroll in the [PPO] or [ACO] or opt out of medical coverage **you must either elect the [HIP] or choose to opt out of the [HIP].**

Make an election:

 Please select a health insurance plan: [PPO] [ACO] or [HSA] (or opt out) first.

[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)


You have asked to terminate this benefit in the new year

Opt Out of Bates Medical Plan - I am covered under other Health Insurance

You have not selected this benefit deduction.

Health Insurance Contribution Credit Application (under \$75,000 in 2019 Household Income)

You have not selected this benefit deduction.

 Cannot be combined with HSA medical plan

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. Then click on Add choice.

 [PPO] Aetna

**Adding dependents or changing coverage levels:** remember to submit the [Enrollment/Coverage Change form](#) to HR. **Documentation is required to add a dependent.**

**Your medical reimbursement account choices:** If you enroll in this plan 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.

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

If you do not want the optional [HIP] Hospital Indemnity Plan then please remember to **Opt out of the [HIP] Hospital Indemnity Plan** under Health Insurance.

Make an election:

Deduction Effective as of: Jan 01, 2021

Plan	Your Contribution	Bates Contribution	My Choice
(1)-You Only	116.13	634.10	<input type="radio"/>
(2)-You & Spouse	431.81	1,143.69	<input type="radio"/>
(3)-You & Child(ren)	369.51	980.91	<input type="radio"/>
(4)-You, Spouse & Child(ren)	667.23	1,583.47	<input type="radio"/>



Add Choice




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 2019 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 Adobe Sign. If you choose to you can also attach a copy of your 2019 tax return through this secure connection.

### Health Insurance Contribution Credit Application (under \$75,000 in 2019 Household Income)

If you enroll in the [PPO] or the [ACO] and your household Adjusted Gross Income is less than \$75,000 (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 20%, 25% or 30% 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: Jan 01, 2021

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 **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.

You have asked to terminate this benefit in the new year

**Opt Out of Bates Medical Plan - I am covered under other Health**

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.


**Health Insurance Contribution Credit Application (under \$75,000 in 2019 Household Income)**

You have not selected this benefit deduction.

 **Cannot be combined with HSA medical plan**

**[HIP] Hospital Indemnity Plan**

You have not selected this benefit deduction.

 **Included with HSA, optional for ACO & PPO**

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

You have not selected this benefit deduction.



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 Adobe Sign connection. To add a dependent you must also send documentation that they are an eligible dependent.



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

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. To add a dependent you must submit **documentation of their eligibility** such as a birth certificate, marriage license, tax returns or other documents.

**[HICC] Health Insurance Contribution Credit:** 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.

**[HIP] Hospital Indemnity Plan:** If you elect the [HSA] Aetna Consumer Choice Plan then the college will cover the cost and automatically enroll you in this plan. If you enroll in the [PPO] or [ACO] 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:  
[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan)

[ACO] Aetna Whole Health Plan  
This benefit deduction cannot be selected as you have selected the following:  
[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan)

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

Plan	Your contribution	Bates contribution
(2)-You & Spouse	268.83	1,061.15

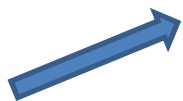
You have asked to continue this benefit into the new year

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

Health Insurance Contribution Credit Application (under \$75,000 in 2019 Household Income)  
This benefit deduction cannot be selected as you have selected the following:  
[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan)

[ 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. Note that you will automatically receive a Debit Card at no cost if you sign up for either the regular Healthcare Reimbursement Account or the Limited Purpose Flexible Spending Account

## 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** to HR.

**Healthcare Reimbursement Account with Debit Card:** Reminder: unused contributions of up to \$550 can be carried over into next year, with a filing deadline of March 31st for this year's expenses.

**Limited Purpose Flexible Spending Account with Debit Card:** 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 \$75,000 in 2019 Household Income)**

You have not selected this benefit deduction.

**Healthcare Reimbursement Account with Debit Card**

You have not selected this benefit deduction.

 **Cannot be combined with HSA medical plan**

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

You have not selected this benefit deduction.



The Limited Purpose Flexible Spending Account with Debit Card are options used if you or your spouse are contributing to a Health Savings Account which 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).

**B** Open Enrollment Choice x

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

## 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 \$75,000 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 781-850-1100 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, 2020  
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 2019 Household adjusted gross income is less than \$75,000 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 \$2,750 in 2021.

**B** Open Enrollment Choice x

Secure | [https://dexter.bates.edu:4502/test/bwpkdcmn.P\\_OpenEnrollmentDetail?dcde=HCD](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 \$2,750  
(**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 \$550 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, 2021

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 \$550 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 2021 but not towards the \$2,750 maximum.

You would choose a Limited Purpose Flexible Spending Account with 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 \$2,750

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 \$550 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 \$550 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 2021  
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.

## Healthcare Reimbursement Account with Debit Card

With this option you may use a "Group Dynamic Debit Card" to pay for your eligible expenses. There is no fee for the debit card. More information on the Group Dynamic Debit Card can be found at [Detailed Information about Reimbursement Accounts](#).

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 \$ 2,750

(**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 550 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.

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

Make an election: 2021

Deduction Effective as of: Jan 01,

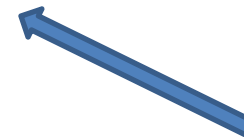
Per Pay Period Amount : (You have 12 pay periods per year)

Total for the Year :

[calculate](#)

[Add Choice](#)

[←back](#)





To submit your elections you must hit the Complete Button.

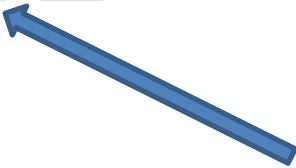
## Annual Enrollment

**Open Enrollment Start Date:** Oct 12, 2020  
**Open Enrollment End Date:** Nov 17, 2020  
**Benefits Effective Date:** Jan 01, 2021

Group	Benefits Status
1) Health Insurance	[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be terminated.
2) Healthcare & Dependent Care Reimbursement Accounts	No choices made in this group.
3) Dental & Vision	Bates Standard Dental Plan will be continued into the new year. [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](#)   
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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.

## Annual Enrollment

**Open Enrollment Start Date:** Oct 12, 2020

**Open Enrollment End Date:** Nov 17, 2020

**Benefits Effective Date:** Jan 01, 2021


Group	Benefits Status
<b>1) Health Insurance</b>	[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be terminated.
<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. [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](#) 

**NEW!** [Benefits advisor: Ask Alex!](#) 

#### Benefits Contacts:

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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 17th. Be sure to follow these preceding procedures and click on the complete button again to finalize and submit your new elections.

## Annual Enrollment

**Open Enrollment Start Date:** Oct 12, 2020

**Open Enrollment End Date:** Nov 17, 2020

**Benefits Effective Date:** Jan 01, 2021

### Group

Health Insurance

Healthcare & Dependent Care Reimbursement  
Accounts

Dental & Vision

[Reopen Open Enrollment](#)

### Benefits Status

[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be continued into the new year.

No choices made in this group.


Bates Standard Dental Plan will be continued into the new year.


[Vision] Aetna Voluntary Vision Plan will be continued into the new year.

### Need Help?

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