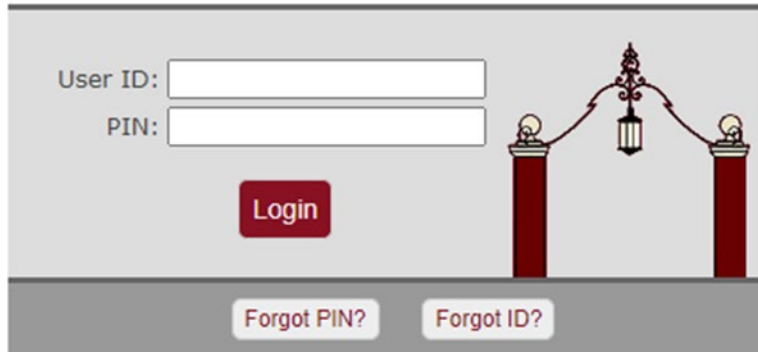


# 2024 Annual Enrollment Tutorial

Get to the Garnet Gateway by typing in [bates.edu/g](https://bates.edu/g) in your web browser

## Garnet Gateway Login

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

The login form is set against a light gray background. It features two white input fields for 'User ID' and 'PIN'. To the right of these fields is a decorative illustration of a red metal gate with two pillars and a hanging lantern. Below the input fields is a red 'Login' button. At the bottom of the form are two light gray buttons labeled 'Forgot PIN?' and 'Forgot ID?'.

User ID:

PIN:

Login

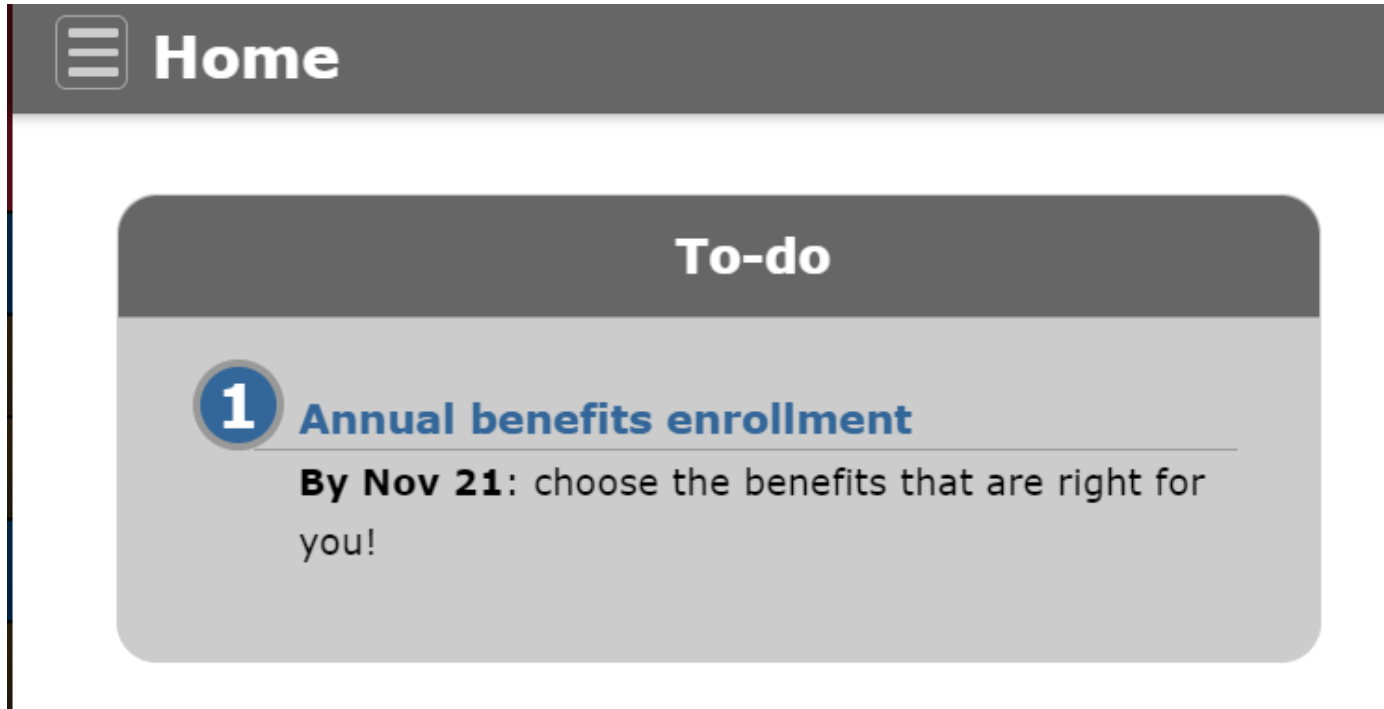
[Forgot PIN?](#) [Forgot ID?](#)

**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

Under “To Do” click on Annual Benefits Enrollment



The screenshot shows a web interface with a dark gray header bar. On the left of the header is a white menu icon (three horizontal lines) followed by the word "Home" in white. Below the header, there is a light gray rounded rectangle. At the top of this rectangle is a dark gray bar with the text "To-do" in white. Below this bar, the first item in the list is "1 Annual benefits enrollment". The number "1" is inside a blue circle. The text "Annual benefits enrollment" is in blue. Below this item, there is a line of text: "By Nov 21: choose the benefits that are right for you!".

**Home**

**To-do**

**1 Annual benefits enrollment**

**By Nov 21:** choose the benefits that are right for you!

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

Annual Enrollment

Open Enrollment Start Date:

November 6, 2023

Open Enrollment End Date:

November 21, 2023

Benefits Effective Date:

January 1, 2024

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

# Getting Started

- 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 the Benefits Team at [benefits@bates.edu](mailto:benefits@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.

The screenshot shows the 'Annual Enrollment' page on the Garnet Gateway. On the left is a navigation menu with links: Home, Employees, Events, Shadowing, and Logout. The main content area displays enrollment dates (Oct 24, 2022 to Nov 22, 2022) and a table of current benefit statuses. The table has two columns: 'Group' and 'Benefits Status'. It lists three groups: 1) Health Insurance, 2) Healthcare & Dependent Care Reimbursement Accounts, and 3) Dental & Vision. Each group shows that its current plan will be continued into the new year. At the bottom, there are 'Complete' and 'Restart' buttons. On the right side, there is a 'Need Help?' section with links to 'Review benefits for next year', 'Resources' (including Detailed Information, Frequently Asked Questions, and Online Tutorial), a 'Questions? Ask Alex!' search bar, and 'Benefits Contacts' information.

Group	Benefits Status
1) Health Insurance	[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be continued into the new year.
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.

Please make your medical elections first. Your medical election will affect 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 \$75,000 (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
(1)-You Only	19.10	352.85

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)

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

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

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

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

**Health Savings Accounts:** to make contributions from your paycheck to a tax advantaged HSA you must submit the **HSA Payroll Deduction form** to HR.

**Limited Purpose Flexible Spending Account with Debit Card:** can be used in combination with the HSA to cover dental and vision expenses for you and 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.

**[HIP] Hospital Indemnity Plan:** with your election of the [HSA] Aetna Consumer Choice plan you will automatically be enrolled in the [HIP] Aetna Hospital Indemnity Plan at the same level of coverage. The premium will be deducted from your check on an after-tax basis but you will also receive a credit in your paycheck for the same amount. The [HIP] provides a \$1,000 benefit if any member is admitted for an overnight stay in the hospital. You will receive an additional \$100 for any additional day you are admitted to the hospital, \$200 a day in the ICU or \$50 a day in a rehabilitation unit following a hospital stay. See **[HIP] details** for more information on the definition of being admitted to the hospital.

**Make an election:**  
Deduction Effective as of: Dec 18, 2022

Current Plan	Plan	Your Contribution	Bates Contribution	My Choice
My Current Plan	(1)-You Only	19.10	352.85	<input checked="" type="radio"/>
	(2)-You & Spouse	142.48	638.60	<input type="radio"/>
	(3)-You & Child(ren)	113.54	555.95	<input type="radio"/>
	(4)-You, Spouse & Child(ren)	224.36	891.47	<input type="radio"/>

[Back](#) [Submit Change](#) [Stop Benefit](#)

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 2022 tax form along with the Health Insurance Contribution Credit Form. Note- this year you may submit your HICC Form to HR directly from Adobe Sign. If you choose to you can also attach a copy of your 2022 tax return through this secure connection.

Health Insurance Contribution Credit Application (under \$75,000 in 2021 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: January 1, 2023


Elect

Yes-1 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 \$1,000 benefits 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, \$200 a day in the ICU, or \$50 a day in a rehabilitation after a following hospital stay. 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.

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

 Opt out of the [HIP] Hospital Indemnity Plan   
This benefit deduction cannot be selected as you have selected the following:  
[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity 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 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="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ SSN: _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> 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="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ SSN: _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> 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="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ SSN: _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> 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="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> ACO <input type="checkbox"/> PPO <input type="checkbox"/> HSA <input type="checkbox"/> Dental <input type="checkbox"/> Vision	<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ SSN: _____	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> 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.



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

The Dependent Care and Healthcare Flexible Spending 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 Flexible Spending 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 \$570 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 2021 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

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.

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

You have not selected this benefit deduction.

If you elect the Dependent Care Account you can either elect a per pay period amount or the annual enrollment and the other one will calculate. The maximum that be contributed is \$5,000 which includes the Bates Subsidy (example- you have one child an 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 \$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 781-8800 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: January 1, 2023

Per Pay Period Contribution : (You have 24 pay periods per year)

Total for the Year :

Add Choice

⬅️ back

Be sure to complete and return the Dependent Care Subsidy Form. If your 2021 Household Adjusted Gross Income is less than \$75,000 you can elect the Higher Dependent Care Subsidy.

calculate

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.

Limited Purpose Flexible Spending 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](#).

**Annual contribution:** minimum \$100, maximum \$2,850.

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 \$570 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 \$570 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.

**Note:** the debit card will only work for dental and vision services even after you are eligible for general medical reimbursement.

**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 HR. **Documentation is required to add a dependent.**

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

Make an election:

Deduction Effective as of: January 1, 2023

Per Pay Period Contribution : (You have 24 pay periods per year)

Total for the Year :

calculate

Add Choice

Back

Note: If you choose the Limited Purpose Flexible Spending Account with Debt 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 contributions:** minimum \$100, maximum \$3,850  
(*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.

**Notes:** 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, 2023

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

Total for the Year :

calculate

Add Choice

back

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



To submit your elections, you must hit the Complete button.

Annual Enrollment

Open Enrollment Start Date: [REDACTED] November 6, 2023

Open Enrollment End Date: [REDACTED] November 21, 2023

Benefits Effective Date: [REDACTED] January 1, 2024

Group	Benefits Status
1) Health Insurance	[HSA] Aetna Consumer Choice Plan (Includes Hospital Indemnity Plan) will be continued into the new year.
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







To review your elections, you may click on the “Review Benefits for Next Year” link. Note that Firefox and Chrome work better than Internet explorer in immediately viewing you updated elections. If they do not appear updated, got to the Employee Menu on the Garnet Gateway and click on Benefit Statement link and choose 2024 from the drop-down menu.

**Need Help?**

**Review benefits for next year** 

**Resources:**

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

**Questions?** **Ask Alex!** 


**Benefits Contacts:**

Need to contact the Benefits team directly?

Email us at **benefits@bates.edu** and we'll follow up with your questions or concerns.

Thank you!

After you have completed your Annual Enrollment, if you need to make changes, you can click on the Reopen Open Enrollment button at anytime before Annual Enrollment ends at midnight on Tuesday, November 21<sup>st</sup>. Be sure to follow these preceding procedures and click on the complete button again to finalize and submit your new elections.

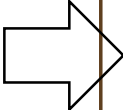
 **Annual Enrollment**

**Open Enrollment Start Date:**  
**Open Enrollment End Date:**  
**Benefits Effective Date:**

██████████  
██████████  
██████████

November 6, 2023  
November 21, 2023  
January 1, 2024

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

 [Reopen Open Enrollment](#)