BENEFITS ADMINISTRATOR

DISTINGUISHING FEATURES OF THE CLASS: This position is responsible for the maintenance and administration of benefits programs for all employees. The work includes acting as a liaison between benefits providers and employees regarding coverage and other benefits matters. An incumbent will reconcile billing and terminate coverage when appropriate, maintain benefits records and assist with open enrollment. Direct supervision is received from administrative personnel.

TYPICAL WORK ACTIVITIES: (Illustrative Only)

- Performs administrative functions related to all health, vision and dental insurance plans including enrollments, cancellations and changes via benefits administration software and any benefit provider portals;
- Performs data entry through third-part vendor websites/portals to maintain subscriber information, add or remove participants or deactivate accounts when necessary;
- Conducts benefits portion of employee orientation and on-boarding sessions;
- Educates employees and retirees about health insurance and other fringe benefit options and entitlements;
- Serves as the primary contact for benefits-related questions and works directly with the city’s benefit providers in terms of routine transactions and attempting to resolve enrollment and claims issues;
- Prepares letters and forms concerning benefit programs, policies and procedures for own or supervisor’s signature including COBRA notices;
- Provides customer service to employees and retirees in assisting them in gaining better understanding of their eligibility and of the various employee benefits extended to them;
- Tracks dependent eligibility for health, vision and dental coverage and prepares requests for and collects updated proof of full-time student status;
- Maintains health insurance and workers’ compensation files;
- Meets with employees whose benefit status is changing to consult with them about their health insurance options;
- Uses computer applications and database software in performing work assignments;
- Assists in conducting member benefits eligibility review on an annual basis or as required;
- Assists and instructs employees and customers with use of application software;
- Performs related work as required.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

- Good knowledge of regulations, eligibility requirements and types of health insurance and benefit programs;
• Good knowledge of basic medical and insurance industry terminology;
• Good knowledge of office terminology, procedures and computer systems used;
• Good knowledge of principles and processes for providing customer and personal services.
• Working knowledge of third party and medical provider billing and payment procedures
• Ability to use Microsoft Office Suite, including Excel;
• Ability to establish and maintain effective interpersonal relationships with employees, retirees, and third party vendors;
• Ability to communicate effectively verbally and in writing;
• Good judgment;
• Tact and courtesy

MINIMUM QUALIFICATIONS:

A. Graduation from a regionally accredited or New York State registered college or university or one accredited by the NYS Board of Regents to grant degrees with a Bachelor’s Degree; OR

B. Graduation from a regionally accredited or New York State registered college or one accredited by the NYS Board of Regents to grant degrees with an Associate’s Degree and two (2) years of full-time paid experience where primary function was the administration and/or processing of employee benefit program enrollments and/or claims; OR

C. Graduation from high school or possession of a high school equivalency diploma and four (4) years of full-time paid experience where primary function was the administration and/or processing of employee benefit program enrollments and/or claims.