

BENEFITS SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: Employees in this class perform a variety of administrative and specialized tasks in support of the day-to-day administration of the Broome County Employee Benefit Programs and serves as a source of information to Broome County employees and retirees with various benefit related issues and/or concerns in accordance with established policies and regulations, while maintaining a very high degree of confidentiality. Work is performed under the general supervision of the Director of Risk Management or Health Insurance Analyst with leeway allowed for the exercise of independent judgment. Does related work as required.

TYPICAL WORK ACTIVITIES:

Processes benefit changes including but not limited to enrollments, terminations and reinstatements, for County employees, retirees and eligible dependents;

Responds to verbal and written inquiries from employees, retirees, providers, and plan administrators on eligibility criteria, benefit provisions, and claims handling and procedures;

Has responsibility for the maintenance of retiree benefits, group benefits database, and updating member records;

Maintains records for current and/or former employees who are enrolled in direct payment and/or eligible for continuation of benefits under COBRA, and follows up on the status of these individuals on a regular basis;

Coordinates daily retiree benefit processing, including but not limited to, enrollments, COBRA, terminations, and changes;

Gather retiree data and processes monthly billings;

Prepares vouchers for payment of administrative fees for all group plans;

Posts payments and reconciliation of retiree payment accounts;

Ensures that all eligible employees and retirees are appropriately enrolled in the proper program;

Provides customer service support to internal and external customers.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of health, dental, and vision insurance plans;

Good knowledge of employee benefits terminology and procedures;

Good knowledge of the methods and procedures used in record maintenance and the processing of benefit transactions;

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Good knowledge of customer service skills and the ability to disseminate information and relate well with people in person and over the telephone regarding benefit matters;
Working knowledge of basic medical and insurance industry terminology;
Working knowledge of Medicare procedures and benefits;
Working knowledge of various computer programs to maintain data necessary for the overall performance of benefit programs;
Working knowledge of third party and medical provider billing and payment procedures;
Ability to manage multiple tasks simultaneously while working under pressure to meet deadlines;
Ability to evaluate and analyze potential program problem areas and formulate and recommend workable solutions;
Ability to gather and organize pertinent data and to draw appropriate Conclusions;
Ability to communicate effectively both orally and in writing;
Ability to understand and interpret complex oral and/or written directions;
Ability to establish and maintain effective working relationships;
Ability to prepare and maintain a variety of reports;
Ability to interpret written, narrative, and tabular material regarding benefit programs;
Ability to work as an effective member of a team;
Good judgment;
Courtesy.
Tact.

MINIMUM QUALIFICATIONS:

A) Graduation from a regionally accredited or New York State registered college or university with a Bachelor's degree and one year of experience in the administration of an employee insurance program which included processing employee benefit transactions and/or employee entitlement programs, or processing Medicaid claims, Medicare claims, or medical insurance claims;
OR

B) Graduation from a regionally accredited or New York State registered college or university with an Associate's degree and three years of experience in the administration of an employee insurance program which included processing employee benefit transactions or employee entitlement programs, or processing

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Medicaid claims, Medicare claims, or medical insurance claims;
OR

C) Graduation from high school or possession of an equivalency diploma and six years of experience in the administration of an employee insurance program which included processing employee benefit transactions or employee entitlement programs, or processing Medicaid claims, Medicare claims, or medical insurance claims; OR

D) An equivalent combination of training and experience as indicated between the limits of A), B), and C) above.

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