

EMPLOYEE BENEFITS SUPERVISOR

JOB DESCRIPTION

Classification Responsibilities: The Employee Benefits Supervisor is responsible for performing specialized, professional duties of considerable difficulty in administering the City's Employee Benefits Programs for active employees and their eligible family members or retirees and their eligible family members, as may be assigned. These programs include multiple self-insured and fully insured health, welfare and voluntary benefit programs. Health Care programs may include but are not limited to Medical, Behavioral Health, Prescription Drug, Dental, Vision Care, Employee Assistance, Flexible Spending Accounts, Stop-Loss Insurance programs and Wellness programs. Welfare benefit programs may include but are not limited to Life Insurance, Accidental Death and Dismemberment Insurance, Business Travel Accident/Commuter Insurance, Short Term Disability Insurance and Long-Term Disability Insurance, and other administration related duties. Duties include: developing and maintaining assigned vendor relationships; assisting with health and related vendor system administration; supervising benefit customer service operations; and assisting with interpreting Employee Benefits Plan Document. Additional duties include: attending and facilitating presentations to employee groups; providing additional staff assistance to Employee Benefits Advisory Committee and Employee Benefits Task Force; supervising Employee Benefits staff; and performing related duties as required.

Distinguishing Features: With considerable independence, this class administers several employee group benefits programs and services' operations, including but not limited to vendor relationships, eligibility, enrollment, billing, customer service and communications. This class is supervised by the Employee Benefits Administrator or Assistant Employee Benefits Administrator through meetings, reports, conferences, and overall results achieved. This class is FLSA exempt-administrative.

QUALIFICATIONS

Employee Values: All employees of the City of Mesa are expected to uphold and exhibit the City's shared employee values of Knowledge, Respect, and Integrity.

Minimum Qualifications Required. Graduation from high school or GED. Any combination of training, education and experience equivalent to considerable (3 - 5 years) experience with group employee insurance programs, and/or benefits administration. Good (1 - 3 years) experience in a direct or acting supervisory or management lead role is also required.

Special Requirement. None.

Substance Abuse Testing. None.

Preferred/Desirable Qualifications. Associate's or higher degree from an accredited college or university in Human Resources, Public or Business Administration or Finance is desirable. World at Work certification as a Certified Benefits Professional (CBP) or equivalent certification as an Employee Benefits Specialist (CEBS) is desirable. Advanced Microsoft Office product knowledge to

include pivot tables, macros, graphs, and creating advanced formulas in Excel. Advanced skills and knowledge in HR/Benefit/Payroll systems (example: HRM Advantage).

ESSENTIAL FUNCTIONS

Communication: Communicates with the general public, City employees, consultants, vendors and/or other agency representatives to obtain benefits information. Responds to inquiries, requiring some research, from employees, dependents, and providers. Provides explanations to the insureds about the various benefit programs available, and technical information regarding claims in process. Produces written documents such as letters, memos, and reports to communicate information to employees, retirees, and representatives from other outside agencies. Establishes goals and prepares performance evaluations.

Manual/Physical: Receives, records, processes, and maintains a variety of moderately complex employee benefits documents, records, and files. Collects and compiles data for activity reports. Operates a variety of standard office equipment such as a personal computer (PC), photocopier, and calculator to effectively complete the duties of the job. Enters data or information into a PC in order pull up information regarding eligibilities, and other similar tasks to effectively administer programs. Attends meetings and serves on various committees.

Mental: Determines claim submission, claim status, deductibles applied, and confirms coverage for employee benefits programs. Comprehends and makes inferences from written material such as benefit plan documents to transmit information to insureds and providers. Prioritizes all work functions to meet established deadlines. Analyzes data such as production reports and cost analyses to make recommendations to management regarding problems and/or changes. Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes and work cooperatively and jointly to provide quality customer service.

Knowledge/Skills/Abilities:

Knowledge of:

the principles and practices of employee benefits administration;
employee benefit programs, including health insurance, flexible spending accounts, disability, and life insurance;
City Personnel rules, regulations, and policies including insurance and benefit programs and enrollment procedures;
the federal, state, and local laws, rules, and regulations pertaining to employee benefits;
accounting, budgeting, and financial management principles and procedures;
the computer techniques used in research and analysis in the administration of employee benefits programs; and
basic medical, dental, and mental health terminology.

Skill in:

operating a PC, including advanced skill in word processing, database, and spreadsheet software;
drafting correspondence, web site articles, flyer text, etc., using terminology that will be understood by

all; and
operating a calculator and variety of common office equipment.

Ability to:

interpret and explain technical employee benefit policies and procedures;
answer questions and resolve problems regarding benefit programs, plan design, coverage, application of plan benefits, etc.;
perform research, and collect and analyze data regarding health insurance plans, health plan costs, and premium calculations;
retrieve data and design reports based upon user needs;
manage multiple tasks at one time;
communicate through presentations as well as deal one-on-one with employees, retirees, providers, and other customers;
maintain a high degree of accuracy in processing detailed statistical and financial data;
interpret insurance carrier contracts;
maintain effective working relationships in a team environment;
resolve health insurance claim discrepancies in an accurate and tactful manner; and
effectively interact and establish an excellent working relationship with claimants, physicians, suppliers, insurance carriers, and medical hospital facilities.

The duties listed above are intended only as general illustrations of the various types of work that may be performed. Specific statements of duties not included does not exclude them from the position if the work is similar, related, or a logical assignment to the position. Job descriptions are subject to change by the City as the needs of the City and requirements of the job change.

Revised 7/18

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INCREMENTS 53-200

PAY GRADE: 48

IND-8810

SWORN-No