

SUPERVISING INSURANCE TECHNICIAN

DEFINITION

Supervises and participates in the work of the Benefits Administration Branch that is responsible for providing information to employees, retirees, and the public in regard to the District's health and welfare programs and advising employees in regard to eligibility, enrollment, and maintaining coverage.

TYPICAL DUTIES

Supervises, assigns and reviews work, and participates in the activities of a unit engaged in the following:

Providing information to employees, retirees, and various outside agencies regarding claims status; medical, dental, and vision plans; employee assistance program; COBRA; Medicare; life insurance; flexible spending accounts; and eligibility requirements.
Researching, interpreting, and explaining rules, regulations, policies, and procedures that pertain to various areas such as employee and dependent eligibility and insurance claims.
Adding, reinstating, or cancelling active employees and retirees' health benefits according to eligibility and receipt of documentation.
Analyzing reports, advising concerned parties, and resolving discrepancies regarding status of benefits and claims.
Reviewing, processing, and making deduction adjustments for flexible spending accounts.
Reconciling and verifying employee enrollment, insurance carrier membership reports, and dependency data.
Maintaining electronic records of employee and retiree benefits information, preparing reports, and initiating correspondence.

Establishes priorities and schedules in consultation with supervisors.
Participates in District-wide new employee and retirement health benefits presentations.
Initiates and recommends procedures for new projects to simplify and expedite workflow.
Assists information technology personnel in testing for system errors.
Prepares various reports related to benefits for the administration or for other departments.
Trains and evaluates new employees.
May supervise and participate in reasonable accommodation processes.
Performs related duties as assigned.

DISTINGUISHING CHARACTERISTICS AMONG RELATED CLASSES

A Supervising Insurance Technician supervises and reviews the work of lower-level employees involved in maintaining employee and retiree insurance plans, participates in the work of the unit, and performs and responds to the more difficult work and problems.

The Claims Representative arranges for the collection of money in payment for damage or loss caused to District property or vehicles.

A Senior Insurance Technician responds to and resolves the more difficult and complex inquiries

by applying detailed knowledge of rules and regulations in interpreting District health and welfare benefits, contracts, reasonable accommodations, and liability and unemployment compensation claims.

SUPERVISION

General supervision is received from a Benefits Manager. General supervision is exercised over Insurance Technicians and may be exercised over other lower-level clerical employees.

CLASS QUALIFICATIONS

Knowledge of:

- Health and welfare benefits programs available to employees of and retirees from public agencies
- Provisions of labor contracts that pertain to various health and welfare plans
- Eligibility, enrollment, and conversion requirements as applied by the District and its various benefits plans
- Privacy guidelines set by HIPAA laws
- Premiums and schedules required for various insurance "direct billing" plans
- Varieties and types of claims filed for compensation
- Data processing codes used in personnel transactions
- Time reporting and payroll procedures
- Sources of information needed to verify personnel and payroll transactions
- School calendars for regular and year-round schools
- Office practices and procedures
- Principles of supervision

Ability to:

- Deal tactfully and effectively in contacts with employees, administrators, various representatives
 - of outside companies and agencies, and the public
- Work accurately with figures
- Write clear, concise correspondence, reports, bulletins, and other documents
- Produce and analyze special reports
- Understand, interpret, apply, and explain rules, policies, and procedures necessary for enrolling in, maintaining, or converting District benefits
 - Train, supervise, and evaluate the work of lower-level employees
 - Recognize and evaluate problems related to workflow and procedures
 - Organize and maintain files and keep accurate records
 - Apply personnel and payroll codes in evaluating employee eligibility and work history
 - Operate an office computer with Microsoft operating systems
 - Operate various office machines

ENTRANCE QUALIFICATIONS

Education:

Graduation from high school or evidence of equivalent educational proficiency. Sixty semester units or equivalent quarter units from a recognized college or university. Additional qualifying experience or experience involving the application of personnel or payroll regulations may be substituted for the two years of required education on a year-for-year basis. Courses in business administration and writing are highly preferable.

Experience:

Three years of experience in interpreting and applying rules and regulations in enrolling, determining eligibility, and maintaining employee health and welfare benefits. One year of call center or customer service lead or supervisory experience in employee benefits is preferred.

This class description is not a complete statement of essential functions, responsibilities, or requirements. Requirements are representative of the minimum level of knowledge, skill, and abilities. Management retains the discretion to add or change typical duties of a position at any time.

Revised and Re-titled
06-24-10
JPK

Reviewed
05-06-20
CA