

Health & Welfare Benefits Q & A LICH House Staff 2008

When will I be able to make my benefit plan selections on-line?

In order to access the on-line benefits enrollment site (*BenElect*) you will need an employee identification number. Your employee identification number is assigned when your new hire information is entered in Continuum's HR/Payroll system. However, your new hire information cannot be entered until the entire credential process has been completed and the information is provided to your coordinator. The earlier you complete your packet, the sooner you will get an employee identification number. Once your pre-employment credential process is complete, please allow administrative time for GME and HR to process your new hire information and enter it in the system. Check with your coordinator after you have completed your packet.

What should I do if I do not receive my employee identification number after completing my pre-employment process?

Contact your coordinator.

When is my health insurance effective?

Your health & welfare benefits (medical, dental, life and disability) are effective as of your date of hire. You are given 30 days to make your benefit plan choices. Enrollment information (including default elections for those individuals who did not actively enroll on-line) will be sent to the carriers after the 30-day period with your date of hire as the effective date. The insurance carriers will process claims for any eligible services that you may incur beginning with your date of hire.

What if I need medical services before I receive my identification card from the insurance carrier?

If you require non-emergency services prior to the receipt of your medical ID card, you may contact the Corporate Benefits Office at (212) 523-5193. Benefits Office personnel will ensure you have made your medical plan election on-line and will have the carrier manually enroll you (and your eligible dependents, if any) in the plan.

If you require emergency services, seek medical services following the rules of the medical plan you elected (refer to the H&W SPD, pages 11-30). In this case, you may be required to pay for services at the time they are provided. If so, please obtain an itemized bill (date of service, diagnosis, services performed, fees) from the provider. Once you are enrolled in the medical plan through the insurance carrier, you may contact the carrier (refer to the H&W SPD, page 60) for instructions to submit your medical expenses. Your medical claim will be processed for reimbursement in accordance with plan provisions.