Technology makes it easier to do just about everything. It simplifies and speeds banking and paying bills. It allows people to stay connected with colleagues, friends and family in numerous ways. It enables collaboration, creativity and research. And it automates programs and processes like health & welfare benefits. But relying on benefits technology alone to solve connectivity challenges can be problematic. Connectivity takes a human touch, especially when it comes to group employee benefits.

Health & welfare benefits and the insurance landscape are becoming more complex as federal and state laws change, healthcare systems adjust the way they operate, and the pharmaceutical industry evolves. Benefits technology with decision-support tools certainly has made life easier for the plan participant, but it’s no substitute for getting a little help from a human, especially in the form of concierge-level employee advocacy like BenefitsVIP®.

Relying solely on benefits technology to choose health & welfare benefits and enroll members without the human touch of an expert could cost time and money, and it could even lead to benefits compliance issues.

Employees need human assistance to select the best, most cost-effective healthcare plan.

Helping Employees Choose the Right Plan

Although just about any benefits technology considers itself "user friendly," that may only mean it’s easy to navigate. And it may even provide a level of education for your HR team and your employees as they enroll. But that doesn’t mean benefits technology alone can help employees choose the best plan for their money.

Healthcare is confusing enough without the litany of changes on the horizon. Employees need help in understanding the reality of current law, when changes will take effect, and how they will impact them during the next plan year. They need assistance in selecting the best, most cost-effective healthcare plan that will offer the right
level of care for them and their families. And helping employees helps employers, too, when it comes to controlling health & welfare benefit costs. Here are just three of many opportunities to insert the human touch into routine benefit transactions:

1. **Flagging Evidence of Insurability**
Relying solely on a benefits administration platform could lead to problems with evidence of insurability (EOI). For example, if a plan member applies for a life insurance policy above the guaranteed issue amount, this individual is likely required to provide information to the carrier for EOI. However, a benefits platform that isn't set up to flag EOI won't ask for that information. If the employer deducts a higher premium from the member, but the carrier doesn't have the right information in place, the employer will be on the hook to pay out on the policy.

2. **Eligible Dependents**
Securing dependent verification information (i.e., birth certificate, marriage certificate) to ensure that only eligible dependents are covered under the plan is another common pitfall employers face. Up to 8% of dependents under the age of 26 are in fact ineligible for care, which means employers could spend thousands of dollars on claims paid for dependents that they should not have been covering. The most common reason a child is found to be ineligible is that the employee is not the legal guardian of the child (a stepchild or a grandchild who lives with the employee). The employer should audit participants on a routine basis to determine if they are truly eligible dependents.

3. **Staying COBRA Compliant**
COBRA provides eligible employees and dependents with continuing health insurance coverage after the policyholder resigns, is terminated, or begins working fewer hours. Under COBRA, plans must provide employees notice within 14 days of a "qualifying event" explaining the rules for how coverage is offered, how employees elect health & welfare benefits coverage and when it can be terminated. Failing to terminate employees and dependents timely and communicate in the correct timeframes poses a compliance risk.

All of these potential missteps are a reminder that though technology has greatly improved how easy it is to do just about everything, it doesn't fully make up for a little human touch to help counsel employers and advocate for employees to help everyone use their coverage effectively. Without this type of help, employers are likely to get stuck footing the bill.

1 [PlanSponsor](http://www.painsight.com), “Ineligible Dependents Drive Up Health Benefits Costs”

For more information, please call 1.877.426.7779