

Top questions employees should be asking about company benefits:

1. What benefits do you offer and when would I be eligible to participate? (Note: Coverage may not begin for up to 90 days after you begin work.)

Benefits could include: medical, dental, vision, life, long term and/or short term disability, retirement plans, paid time off (vacation/sick), working from home/remote or hybrid work. The eligibility may have different waiting periods for various plans.

2. Can you provide the Summary of Benefits & Coverage for the medical plan(s) so I can compare the plan(s) to my current plan?
3. How do I get access to the plan booklets and summary plan descriptions?
4. How much will the benefit plans cost per paycheck? This may be specific to the age of each individual being covered.
5. Does the company offer a retirement plan and provide a match? If so, when can I participate and how much is that match?
6. Do you provide an option for an FSA (Flexible Savings Account) where I can put money (pre-tax) to be reimbursed for health or childcare expenses?
7. Do you provide an HSA (Health Savings Account) where I can put money (pre-tax) aside to pay for my out-of-pocket medical expenses on a High Deductible Health Plan?

Things to review in a benefit plan:

1. Check on the co-pay per visit for each plan. If your employer offers several plans, the co-pay may vary.
2. Review the coverage for prescription expenses.
3. Review what is considered an “in network” provider for the plan and are the doctors you prefer a part of that plan.
4. If you have a pre-existing condition, check to see if it is covered in the plan. (Group plans generally cannot deny enrollment based on medical conditions when initially eligible.)
5. Check to see if you will receive any compensation if you stay on my parent’s health plan and waive the group medical plan.