JUPITER PRIME
Consulting • Training • Advisory
جوبيتر برايم للاستشارات والتدريب

COURSE BROCHURE

Employee Benefits Costing and Benefits Vendor Management Training Course

31 May – 11 June 2027
Amsterdam

Employee Benefits Costing and Benefits Vendor Management Training Course

Ref: 1695_62161 **Date:** 31 May – 11 June 2027 **Location:** Amsterdam **Fees:** 9500 GBP

Employee Benefits Costing and Benefits Vendor Management is a 2-week advanced training course for payroll managers and benefits administrators, in which each participant builds a benefits cost and provider scorecard for their own plan portfolio. Medical premiums, allowance claims and provider fees now rise faster than base pay in many organisations. Jupiter Prime Training treats employee benefits costing as a finance discipline with contracts behind every figure.

Why Employee Benefits Costing and Benefits Vendor Management Matter Now

Three groups shape the subject today. Insurers and third-party administrators reprice group medical, life and disability cover each renewal using claims experience. Finance directors ask payroll to explain every benefits accrual and variance at month-end. Employees compare packages and expect accurate, timely reimbursements. An organisation that costs and contracts benefits well keeps premiums predictable and audit findings rare; one that does it badly overpays providers, misstates accruals and loses trust. The course rests on driver-based planning, linking headcount, dependants and utilisation to cost, and on rolling forecasts for benefits budgets.

Who Gains Most from Employee Benefits Costing and Benefits Vendor Management

- Payroll specialists who post benefits deductions, employer contributions and gratuity accruals
- Benefits administrators who enrol members, process claims and manage provider queries
- Reward analysts who cost plan design changes and eligibility rules
- Finance business partners who forecast people costs and explain benefits variances
- Procurement and contract specialists who tender and renew insurer and administrator agreements

A payroll and benefits pairing gains most when several members attend together, because provider invoices, payroll deductions and ledger accruals must agree before any renewal is negotiated.

Employee Benefits Costing and Benefits Vendor Management Capabilities

Participants learn to trace every benefits figure from enrolment record to invoice, ledger and provider contract.

- Calculate per-member benefits cost from enrolment, dependants and utilisation drivers — the annual benefits budget
- Reconcile insurer invoices against payroll deductions and member census files — the month-end close
- Test gratuity and leave accruals against service records and policy terms — finance and auditors
- Assess insurer and administrator renewal quotes using claims experience — the renewal decision
- Design provider service levels and performance scorecards — procurement and HR leadership
- Communicate benefits cost trends and plan options — the reward committee

Key Employee Benefits Costing and Benefits Vendor Management Terms

- Per member per month cost — total benefits spend for a period divided by covered members and months, used to compare plans and providers.
- Loss ratio — claims paid by an insurer divided by premiums received, the main lever in a group medical renewal discussion.
- Census file — the member list sent to providers with ages, grades, dependants and cover levels, used for pricing and billing.
- Gratuity accrual — the liability recorded each period for end-of-employment payments earned by service under policy or contract terms.
- Third-party administrator — a provider that processes claims, manages networks or runs self-funded plans on behalf of an employer.
- Benefits reconciliation — matching provider invoices, payroll deductions and ledger postings so that every member and charge is accounted for.

Employee Benefits Costing and Benefits Vendor Management Day by Day

Day 1: Benefits Cost Landscape and Plan Portfolio

- Benefits Portfolio Inventory — Mapping Medical, Life, Allowance and Leave Plans
- Total Reward Cost Breakdown — Separating Cash Pay From Benefits Spend
- Employer Contribution Structures — Choosing Fixed, Tiered or Percentage Funding
- Insured Versus Self-Funded Models — Weighing Risk Retention Against Premium
- Benefits Cost Trend Review — Identifying the Fastest-Rising Plan Lines

Day 2: Driver-Based Benefits Costing

- Headcount and Dependant Drivers — Linking Enrolment to Premium Spend
- Per Member Per Month Calculation — Comparing Plans on One Basis
- Utilisation and Claims Frequency Drivers — Forecasting Variable Benefits Cost
- Plan Design Change Costing — Pricing Deductibles, Co-Pays and Cover Tiers
- Rolling Benefits Forecast — Updating Spend as Enrolment Shifts

Day 3: Payroll Deductions and Benefits Postings

- Deduction and Contribution Code Mapping — Aligning Payroll Elements to Plans
- Mid-Month Joiner and Leaver Proration — Correcting Premium Charges
- Benefits Journal Design — Posting Employer Cost to Correct Cost Centres
- Taxable Benefit Treatment Review — Flagging Items for Payroll Reporting
- Payroll-to-Ledger Benefits Reconciliation — Clearing Unmatched Postings

Day 4: Gratuity, Leave and Long-Term Accruals

- Gratuity Accrual Calculation — Applying Service Bands and Final Pay Rules
- Leave Liability Accrual — Valuing Untaken Annual Leave Balances
- Accrual Roll-Forward Schedules — Explaining Movements to Finance
- Service Record Validation — Testing Hire Dates and Breaks in Service
- Accrual Sensitivity Testing — Showing Effect of Pay and Turnover Changes

Day 5: Provider Invoices and Census Control

- Census File Preparation — Sending Accurate Member Data to Providers
- Insurer Invoice Reconciliation — Matching Billed Lives to Active Members
- Retroactive Adjustment Tracking — Recovering Premiums for Leavers
- Claims Report Analysis — Reading Utilisation and High-Cost Claimant Data
- Duplicate and Ghost Member Detection — Stopping Payments for Ineligible Lives

Day 6: Benefits Audit and Control Testing

- Benefits Control Matrix — Assigning Owners to Enrolment, Billing and Payment Steps
- Segregation of Duties Review — Separating Enrolment From Invoice Approval
- Sample-Based Benefits Audit — Testing Eligibility and Cover Levels
- Exception Log Management — Tracking Corrections to Closure
- Audit Finding Response Plans — Prioritising Fixes by Cost Exposure

Day 7: Benefits Vendor Sourcing and Contracts

- Provider Market Scan — Shortlisting Insurers, Brokers and Administrators
- Request for Proposal Design — Specifying Cover, Network and Service Needs
- Quote Comparison Model — Normalising Premiums, Fees and Exclusions
- Contract Clause Review — Checking Rate Locks, Termination and Data Terms
- Broker Remuneration Assessment — Separating Commission From Advisory Fees

Day 8: Renewal Negotiation and Vendor Performance

- Claims Experience Renewal Analysis — Challenging Proposed Premium Increases
- Loss Ratio Benchmarking — Setting a Target Renewal Position
- Service Level Agreement Design — Defining Claims Turnaround and Accuracy Targets
- Provider Performance Scorecard — Rating Cost, Service and Member Feedback
- Vendor Review Meetings — Escalating Persistent Service Failures

Day 9: Benefits Reporting and Decision Support

- Benefits Cost Dashboard — Tracking Spend per Member and per Plan
- Variance Commentary Drafting — Explaining Budget Gaps to Finance
- Plan Option Modelling — Presenting Cost and Coverage Trade-Offs
- Member Communication Costing — Estimating Uptake of New Benefit Options
- Reward Committee Paper — Recommending Plan and Provider Changes

Day 10: Practising the Benefits Cost and Provider Scorecard

- Plan Portfolio Costing Rebuild — Applying Driver-Based Costing to a Case
- Invoice and Census Reconciliation Test — Applying Billing Controls to Sample Data
- Renewal Position Paper — Applying Claims Experience to a Provider Quote
- Peer Challenge Across Sectors — Comparing Healthcare and Logistics Benefit Plans
- Benefits Cost and Provider Scorecard — Completing the Portfolio View

Applying Employee Benefits Costing and Benefits Vendor Management After the Course

- Reconcile one month of insurer invoices against the payroll census and ledger postings, and report recovered premiums for leavers to finance.
- Rebuild the per member per month cost for the largest benefit plan and use it to set the target position for the next renewal.

Employee Benefits Costing and Benefits Vendor Management Questions FAQ

What is employee benefits costing and benefits vendor management and why does it matter now?

It is the practice of costing benefit plans from enrolment drivers and managing the insurers and administrators who deliver them. It matters now because benefits costs rise faster than pay and finance expects every accrual explained.

Which roles gain most from employee benefits costing and benefits vendor management?

Payroll specialists, benefits administrators, reward analysts, finance business partners and contract specialists gain most. You benefit most if you post benefits costs, reconcile provider invoices or prepare renewals.

How does employee benefits costing and benefits vendor management differ from a general compensation and benefits course?

It goes deeper into the finance and contract side. A general compensation and benefits course covers job evaluation, pay ranges and salary reviews; this course costs plans, reconciles provider billing and negotiates renewals.

What will I bring back from employee benefits costing and benefits vendor management?

You bring back a benefits cost and provider scorecard: plan-level cost per member, reconciled invoices, tested accruals and rated provider performance, ready for the next renewal discussion.

Employee Benefits Costing and Benefits Vendor Management: The Way Forward

The benefits cost and provider scorecard first informs whether the largest plan is renewed, re-tendered or redesigned. Payroll managers keep its reconciliation figures current, benefits administrators its service ratings, and finance partners its forecast. After the first renewal cycle, revisit the utilisation drivers, because actual claims often shift which plan lines deserve the most attention.