The BenAdmin Playbook Advisors Can Actually Use

Spot risk early. Ask better questions. Pull the right support at the right time.

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Understanding Retention Risk

Market conditions & a new landscape

Challenging economic conditions give clients a reason to re-evaluate every vendor relationship, including yours. Understanding the forces that put your BOR at risk is the foundation of a proactive retention strategy. These aren't isolated issues - they compound and accelerate each other when left unaddressed.

Rate increases
Spikes in healthcare premiums are pushing employers to search for cost containment solutions

Commoditization
Competitors are promising the same strategies and services, sometimes positioned as “free”

Lack of visible value between renewals
Out of sight means out of mind, and long gaps with no tangible wins create an opening for competitors

Client experience
Accumulated friction impacts the experience for employees and HR , and quietly erodes confidence

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The Noise Clients Feel

These aren't dramatic failures — they're the slow, grinding problems that make HR teams feel unsupported and employees feel confused. "Death by a thousand cuts" is a cliché because it's true.

Repeated Employee Issues

The same questions come back week after week — enrollment errors, coverage confusion, ID card problems.

HR Frustration & Manual Work

Processes that should be automated end up on someone's spreadsheet. HR spends time fixing data instead of supporting people.

Messy Handoffs & Missed Deadlines

Unclear ownership means tasks fall through the cracks. Timelines slip. No one is sure who dropped the ball.

Billing & Eligibility Surprises

Unexpected invoices and ineligible dependents create financial and compliance risk that lands directly on the client's desk.

Compliance Stress

ACA reporting gaps, COBRA missteps, and dependent verification failures create anxiety that follows clients to renewal — and beyond.

Lack of visibility creates exposure

The danger for advisors isn't a bad renewal conversation - it's the silence between renewals. When problems surface throughout the year and no one from your team is visibly solving them (or proactively getting ahead of them), the client starts looking for someone who will.

- **Long gaps with no visible value**
  - If your clients only hear from you at renewal, you're not a strategic partner – you're an annual invoice.
  - Value must be demonstrated continuously, not just at the finish line.
- **Problems surface between renewals**
  - Eligibility errors, billing discrepancies, and OE chaos don't wait for your calendar.
  - They happen in real time, and clients notice who's paying attention.
- **Someone else steps in to "fix it"**
  - A competing broker, a vendor rep, or a carrier contact fills the void.
  - Once they've solved the problem you didn't, the relationship dynamic shifts.

Noise is predictable. These problems aren’t random.

They show up in the same moments, every year - during implementation, open enrollment, eligibility changes, and ongoing service. Once you recognize the pattern, you can get ahead of it. The advisors who retain clients aren't lucky. They're prepared.

PREDICTABLE PATTERN

Every client experiences the same friction points at the same moments in the benefits lifecycle.

PROACTIVE APPROACH

Knowing where problems will appear means you can introduce solutions before frustration escalates.

ADVISOR ADVANTAGE

Pattern recognition is your competitive edge. Turn predictable noise into proof of your value.

Where Friction Spikes

Every benefits administration relationship has four predictable moments where noise escalates. These are the "noise spikes" — the moments where friction increases, trust gets tested, and your involvement matters most.

Implementation	Open Enrollment	Eligibility & Billing	Service & Support
The foundation of the relationship. Misaligned expectations and data issues here echo for years.	The highest-visibility moment of the year. Employee confusion and HR overload are the most common failure modes.	Ongoing but often invisible - until something breaks. Enrollment/billing mismatches cause outsized impact.	The day-to-day experience. Slow response times and unclear escalation paths quietly drain client confidence.

The Predictable Moments

Each "noise" spike has a predictable set of failure modes. Recognizing these patterns, without needing to diagnose them in real time, is what separates proactive advisors from reactive ones.

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• Misaligned expectations • Unclear ownership – no one is sure who's accountable for what • Data quality issues and missed deadlines	• Employee confusion about their benefits • HR overwhelmed from managing manual processes	• Ineligible dependents remain on plans undetected • Access to care issues resulting from enrollment discrepancies • Overpayment to carriers due to billing inaccuracy	• "Who do I go to?" • Slow response times • Inconsistent service

Noise = Retention Risk

The most dangerous retention threat is the one you never see coming. Clients rarely escalate in the moment - they absorb the frustration, adjust their expectations downward, and by the time renewal arrives, they've already made up their minds.

- **Clients don’t escalate early**
  - Most clients won't call to complain about a slow response or a billing error.
  - They'll quietly catalog it - and bring it up when someone else is in the room making a pitch.
- **Frustration builds quietly**
  - Noise accumulates between touchpoints.
  - By the time it becomes visible to you, it's already a significant factor in the client's level of satisfaction.
- **Renewal becomes a referendum on “how it felt”**
  - Logic and data matter at renewal - but so does the emotional residue of a year's worth of experience.
  - Feelings of being supported (or not) have a larger impact on final decisions more than most advisors realize.

Diagnose risk early

Advisors don't need all the answers – they just need better questions.

YOUR ROLE IS NOT…

to fix systems, configure platforms, or manage day-to-day administrative tasks on behalf of your clients.

YOUR ROLE IS…

to surface where breakdowns are occurring - and to pull in the right expertise at the right moment.

Simple signals to stay attuned to

Asking these questions give you the opportunity to act, present solutions, and uncover areas to provide value.

1. Did OE start on time?
2. Was it simple to track enrollment progress across the organization?
3. Was enrollment easy and intuitive for employees?
4. Did manual work for the HR/benefits team increase before, during, or after OE?
5. Was the volume of employee calls or emails to the HR/benefits team during or after OE unmanageable?
6. Were enrollments accurate and sent to carriers on time?
7. Did plan participation meet expectations or goals?

Uncovering Pain Points to Add Value

Employee Experience

Employee confusion doesn't stay contained to employees. Every unanswered question becomes a call to HR. Every call to HR is time taken away from strategic work. These questions help you trace the source of that friction.

What are employees most confused about?
How to enroll? Plan design? Using their benefits? The specifics matter - they point directly to where education or decision-support tools are missing.

Where do they get stuck?
During enrollment? When submitting claims? Accessing ID cards? Sticking points reveal platform usability or communication gaps.

How many questions end up with HR?
A high volume of employee inquiries landing on HR is a signal that the system (technology or communications) isn't doing it's job.

Uncovering Pain Points to Add Value

Eligibility Management

Billing and eligibility issues escalate faster than almost any other category. They often have significant dollar amounts attached, and clients pay close attention to that. These questions expose data integrity gaps and identify leakage.

Do carrier, payroll, and benefits data match every month?
Many clients assume they do. Few have verified it. The gap between assumption and reality is where most billing surprises are born.

How are ongoing adds, terms, and changes processed?
Is this automated? Manual mid-year processes are a primary source of eligibility errors.

Are systems actually connected – or just assumed to be?
Many clients believe their platforms and systems are integrated until an issue is uncovered. Assumed integration means manual reconciliation.

Where do billing surprises usually come from?
Ask this directly. Most clients have a pattern — and naming it is the first step toward solving it.

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This is where BenAdmin evolves beyond a backend function and becomes a **competitive advantage.**

BenAdmin as a competitive advantage

Benefits administration has traditionally been viewed as a backend function - necessary, but invisible. That framing is wrong. When managed proactively and supported by the right technology and services, BenAdmin becomes one of the most visible, tangible expressions of your value as an advisor. It's not just operations. It's a retention strategy.

From backend function

- Reactive
- Invisible
- Handled after the fact
- A source of friction

To competitive advantage

- Proactive
- Visible
- Delivered consistently
- A reason clients stay - and a reason prospects choose you

More than an Open Enrollment solution

The most effective benefits technology strategies extend well beyond the annual enrollment window. Advisors who leverage BenAdmin platforms and solutions year-round deliver measurably better client experiences - and create visible value between renewals.

PRE-ENROLLMENT

- Build employee awareness of plan changes and options
- Drive engagement with communications campaigns
- Optimize plan positioning within the enrollment platform

DURING ENROLLMENT

- Provide educational resources and decision-support tools that enable employees to make the best decisions about their benefits
- Deliver a streamlined, intuitive enrollment experience

POST-ENROLLMENT

- Evaluate participation rates and plan selection patterns
- Deploy ongoing communications strategy to keep employees engaged throughout the plan year
- Continue ongoing eligibility verification and reconcile carrier invoices each month to prevent leakage

Bringing in the right solutions early

Open enrollment is the highest-visibility moment in the benefits calendar — and the moment most clients use to evaluate whether their advisor and their technology are actually working. Getting it right requires the right strategy, the right timing, and the right tools.

Start the conversations now

Don't wait until summer to begin evaluating technology for clients with 1/1 renewals. Technology conversations belong in Q1 and Q2 - when there's still time to implement off-cycle and test thoroughly.

Implement well ahead of OE

Implementing a new benefits administration platform off-cycle allows adequate time to train administrators, test integrations, and refine communications before the pressure of enrollment season.

Phase the rollout

Set a phased plan: short-term quick wins, mid-term capability expansion, long-term strategic goals. Attempting too much simultaneously can create confusion and delays.

Levers for cost containment

- **Dependent Eligibility**
  - Risk: Long-term cost leakage + compliance exposure
  - Solution: Dependent eligibility verification audit
  - ROI/tangible results:
    - Immediate cost savings for client
    - Positions advisor as proactive
    - Strengthens renewal narrative
- **Billing/Eligibility Issues**
  - Risk: Overpayments to carriers, missed enrollments & access to care issues
  - Solution: Billing Reconciliation
  - ROI/tangible results:
    - Resolve recurring issues
    - Eliminate overpayments to carriers
    - Prevent gaps in coverage or missed enrollments

Case Study: Dependent Audit as Cost Containment Strategy

CLIENT SNAPSHOT

- Leading global supplier of industrial machinery and equipment, with over 15,000 employees worldwide
- Target Population for Audit: 530 employees with 1,040 enrolled dependents
- Audit Timeline: 8 weeks, followed by a 2-week grace period

RESULTS WE DELIVERED

Cost of audit	$17,730
Dependents Audited	1,040
Ineligible Dependents Uncovered	4%
Annual savings	**$262,248**
Reduction in annual employer healthcare premium spend	**3%**
Return on Investment	**13.8x**

Engaging with the Benefits Administration Technology & Services Center of Excellence (COE)

From the simple to the complex, we offer flexible options so we can meet our clients where they're at – now and as they continue to evolve.

97%
CSAT rating

WHAT SETS US APART

1. **Simplicity:** With so many options on the market, it's essential to cut through the noise and choose the HR & benefits technology solutions that are the right fit. We remove the guesswork by applying our expertise to recommend and deploy a best-fit solution.
2. **Flexibility:** One size does not fit all. Whether your clients and prospects need a single solution or full consulting, we're here to help. With a suite of best-in-breed HR & benefits administration solutions, we empower employers with technology and services that actually address their pain points and meet them where they are. And, your clients have the flexibility to replace carriers, payroll, and HR systems independently of one another.
3. **Client Success:** Our focus on client success extends beyond traditional service and support to deliver an unparalleled experience. After all, technology is only as good as the team that is behind it®

Benefits Administration Platforms

Administrative Services

ACA Reporting	Benefit Service Center	COBRA Administration & Direct Bill	Consolidated Billing & Reconciliation	Dependent Eligibility Verification Audits	Spending Accounts

How we help

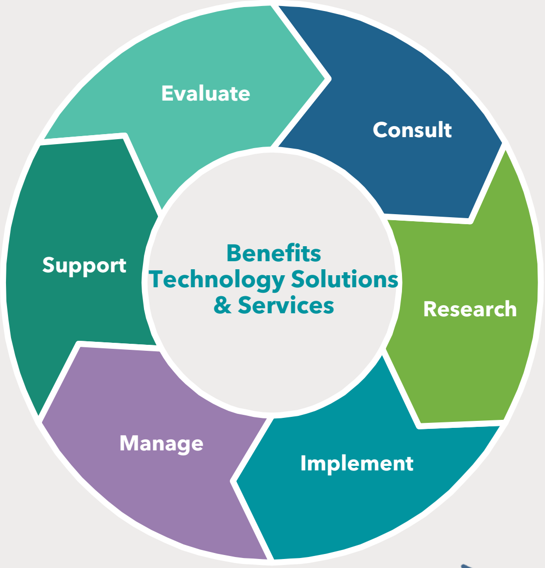
You don't have to be the "tech-xpert" – that's what we're here for 😉. Whether your clients and prospects are in need of a single solution or full suite of services to enhance their benefits administration strategy, we're here to help.

- Seasoned benefits technology experts providing best-in-class administrative solutions to help serve your clients' day-to-day needs and evolve their benefit offerings
- Provide Alera Group clients and account teams consultation to connect them with the best fit technology and administrative solutions for their needs
- Manage everything through the entire client lifecycle, from the initial discovery & demo to implementation and ongoing support
- Scale the right services so Alera Group has the ability to remain competitive among key market segments

WHEN TO BRING US IN

Bring us into the conversation when your client or prospect needs...

1. Benefits Administration Platforms & Technology
2. Enhanced Administrative Solutions & Services



BenAdmin Platforms

We are equipped with a skilled team of experts to assist throughout the entire client lifecycle. From our consultative discovery process through implementation and ongoing service, we focus on identifying solutions that are the right fit, flawlessly executing the rollout of those solutions, and providing exceptional support.

Discover

We explore the challenges your client is facing today and work with them to determine needs, requirements, budget, and ongoing tech strategy.

- Solutions Overview
- Technical RFP Assistance
- Needs Assessment
- Platform Demos
- Project Scoping
- Proposal Issuance

Launch

Our skilled team of experts leads the client through the implementation every step of the way for a successful system launch.

- Project Management
- Coordination of Services
- Carrier & Payroll Integration (EDI/API/SSO)
- System Configuration & Customization
- Quality Assurance (QA) Testing
- System Administrator Training

Delight

Our client success team makes magic happen. Dedicated Client Success Manager remains assigned to the client ongoing to coordinate services & deliver excellence.

- Account Management
- Guidance on Best Practices
- Issue Resolution
- Ongoing Training & Education
- System Updates & Renewal Changes
- EDI/API/SSO Maintenance

A complete employee benefits solution you can count on

EASE OF BUSINESS

Centralized resources for all your clients' HR and benefits administration needs

DEDICATED SUPPORT

Expert guidance, service, and support every step of the way

COST EFFECTIVE

Solutions designed to meet your clients where they're at, while delivering a true ROI

Redefining Advisor Value

Making your value visible

With the rising cost of healthcare, changing economic conditions, and an increasingly competitive marketplace, it's become more important than ever to consistently demonstrate your value as an advisor.

Clients are looking for:

- Cost control solutions
- Operational efficiency
- Time savings
- Better employee experience

Advisors can redefine their value by:

- Not just negotiating rates
- Not just presenting options
- Using BenAdmin as a lever to:
  - Drive deeper engagement
  - Strengthen client relationships and create "stickiness"
  - Create a client experience competitors can't replicate

If you're not talking to your clients about technology, someone else is.

Start the conversation.

The advisors winning in this market aren't waiting for clients to ask. They're leading with technology, surfacing problems before renewal, and delivering visible value every month of the year. That's the playbook. That's how you retain clients and grow.

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Ready to bring us in?
Whether your client needs a single solution or a full suite of benefits technology and administrative services, the COE is ready to support you through every step - from discovery to ongoing client success.

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