

What does Compass actually save you?

An honest, sourced estimate of the per-employee ROI of healthcare education and bill review — not a marketing number.

WHY THIS EXISTS

Most healthcare-vendor ROI calculators inflate. They pick the most aggressive assumption from a friendly study, multiply it by a workforce size, and produce a headline number nobody on the buying side believes. We took the opposite approach: define each savings driver, source it to a study a CFO can verify, and show the math at conservative, midpoint, and aggressive scenarios. The number you should trust is the midpoint.

How Compass produces savings

Three quantified drivers and two qualitative ones. The hard-dollar ROI in this document only counts the quantified three.

Driver	Conservative	Midpoint	Aggressive	Source / note
Plan-selection savings	\$80 PEPY	\$140 PEPY	\$220 PEPY	McKinsey-cited study; split 50/50 EE/ER
HR helpdesk time recovered	\$15 PEPY	\$30 PEPY	\$55 PEPY	SHRM benefits-burden estimate
Site-of-service shift (self-funded)	\$60 PEPY	\$130 PEPY	\$240 PEPY	AJMC/RAND 2025: ASC vs HOPD
ESTIMATED HARD-DOLLAR ROI	\$155 PEPY	\$300 PEPY	\$515 PEPY	Per Employee Per Year

All numbers assume 35% workforce adoption at the midpoint. See sensitivity analysis below.

The math, in plain English

DRIVER 1 • PLAN-SELECTION SAVINGS

McKinsey-cited research finds that 61% of employees pick the wrong health plan for their needs, costing an average of \$372 PEPY in over-paid premiums. We treat that as split roughly 50/50 between employer contribution and employee paycheck. Compass courses on plan selection — including the Open Enrollment Playbook — directly address the literacy gap that drives this. We assume a third to half of the over-payment is recoverable through better plan choice. Midpoint PEPY: \$140.

DRIVER 2 • HR HELPDESK TIME RECOVERED

HR teams field benefits questions year-round, with peaks during open enrollment. SHRM and benefits-administration surveys put the typical burden at 2-5 hours per HR FTE per week, fully loaded at \$50-60 per hour. Education shifts the routine questions — "what does my deductible mean," "is this provider in-network," "how do I read this EOB" — back to the employee, freeing HR time for higher-leverage work. Conservatively

counted at \$30 PEPY (assumes one HR FTE per ~80 employees and a meaningful portion of their time recovered).

DRIVER 3 · SITE-OF-SERVICE SHIFT (SELF-FUNDED PLANS)

This is the strongest financial story for self-funded employers and does not apply to fully-insured. RAND researchers (October 2025, AJMC) compared insurer-paid amounts for common outpatient surgeries and found that in-network hospital outpatient departments cost insurers 110% more — more than double — than in-network ambulatory surgery centers for the same procedure. Educated employees ask better questions about where their care is delivered. Even a modest shift — 5% of an employer's outpatient surgical volume moving from HOPD to ASC — produces \$60,000–\$240,000 of plan savings on a 500-person workforce. The midpoint here is conservative: \$130 PEPY.

Worked example: 500 employees, self-funded

Line item	Calculation	Result
Workforce size	Self-funded employer	500 EEs
Plan-selection savings	500 × \$140 (midpoint)	\$70,000
HR helpdesk time recovered	500 × \$30 (midpoint)	\$15,000
Site-of-service shift	500 × \$130 (midpoint)	\$65,000
Estimated annual ROI (35% adoption)	Sum of three drivers	\$150,000
Per-employee annual value (PEPY)	\$150,000 ÷ 500	\$300 PEPY

Compass typical engagement cost for this workforce size: \$20,000–\$40,000 annually depending on scope. **Net ROI at midpoint: roughly 4–7x.**

Adoption sensitivity

Adoption — what percentage of employees actually engage with Compass content meaningfully — is the single most consequential assumption. Here's how the 500-employee number above moves with adoption:

If adoption is 15%	If adoption is 35% (midpoint)	If adoption is 60%
\$64,000	\$150,000	\$257,000
≈ \$128 PEPY	≈ \$300 PEPY	≈ \$514 PEPY

We model 35% as the realistic midpoint. Below 15% means the program isn't being promoted internally. Above 60% is achievable but requires sustained executive sponsorship and integration with onboarding and open enrollment.

Two more drivers — not in the headline number

These create real value but we deliberately don't count them in the per-employee ROI, because they're harder to source defensibly. We name them anyway.

BILL REVIEW AS EMPLOYEE BENEFIT

Compass offers professional medical bill review. Industry studies suggest 49–80% of bills contain at least one error. For employees, this is direct dollars in their pocket — a \$1,200 average savings on a reviewed bill is what

we see in our practice. For self-funded employers specifically, employee-initiated bill review can also surface plan-side overpayments — duplicate charges paid by the plan, services billed but not rendered, coding errors that landed in claims. We don't model this in the headline number because the volume is unpredictable, but on a per-incident basis it's the single highest-ROI line in the entire program.

REDUCED ENROLLMENT CHURN AND BENEFITS DISSATISFACTION

Employees who don't understand their benefits don't value them. Educated employees use what they have, which protects the investment the employer already made in the benefits package itself. Hard to quantify in dollars; visible in employee surveys, retention, and Glassdoor reviews.

Assumptions and sources

- Plan-selection over-payment: \$372 PEPY, McKinsey-cited academic research. We assume 35–50% recoverable through better plan choice.
- Plan-selection split: 50/50 employer / employee. Actual ratio varies by plan design (typical employer share 70–80% of premium, but over-payment from plan mismatch is more evenly distributed).
- HR helpdesk burden: 2–5 hrs / HR FTE / week, fully loaded at \$50–60/hr. SHRM benefits surveys; range reflects company size and benefits complexity.
- Site-of-service: 110% insurer cost differential between in-network HOPD and in-network ASC for common outpatient surgeries (Zhao et al., AJMC, October 2025; RAND analysis). We assume only 5% of outpatient surgical volume shifts due to education — a deliberately conservative assumption.
- Bill review savings: ~\$1,200 average per reviewed bill (Compass internal data). Industry error-rate range 49–80% (multiple studies).
- Adoption: 15–60% range. Midpoint of 35% based on benchmarks for voluntary employee education programs with executive sponsorship.
- Self-funded vs. fully-insured: Driver 3 (site-of-service) only applies to self-funded employers. For fully-insured employers, remove this driver — midpoint ROI becomes ~\$170 PEPY.

These are estimates. Actual savings depend on workforce composition, benefits design, adoption, and engagement. Compass will work through these assumptions with your specific numbers on a 30-minute call: calendly.com/shay-getcompasshealth/30min