



More than a plus-one: The cost of spousal coverage

While employers may focus on employee health needs, it's important to also consider covered family members – who may be driving even greater costs.

When employees add a spouse or partner to their health plan, the move can feel straightforward – but its cost implications are anything but simple.

Spouses represent 17% of health plan membership yet account for 24.8% of total plan spend, according to the [UnitedHealthcare 2026 Health Trends Report](#).¹ This is a meaningful imbalance that far exceeds their proportional footprint. By contrast, employees and subscribers make up 51.3% of membership and 56.2% of spend, while dependents represent 31.8% of membership but just 19% of spend.¹

That comparison should matter to employers. Dependents – children and other covered family members – actually cost less relative to their share of the population. Spouses, on the other hand, cost significantly more.



24.8%

of total plan spend is attributed to spouses despite spouses representing only 17% of health plan membership¹

“At UnitedHealthcare, our data is showing an emerging trend where spousal utilization is outpacing that of the employee.”

Craig Kurtzweil

Chief Data & Analytics Officer
UnitedHealthcare Employer & Individual

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Spouses generated 36% higher per-member costs than employees¹

So, why is this occurring? Age, health needs, gender and site of care preferences all play a role:

1 Age

The average age of covered spouses is 47, compared to an average employee age of 44 – a gap that carries real clinical significance.¹ With age comes greater risk of chronic conditions and growing health needs, such as circulatory issues, digestive disorders and cancer, based on UnitedHealthcare data.¹ “Married people are typically older than single people, and our health needs become greater as we age,” Kurtzweil says.



2 Greater health needs

Spouses account for twice as many hospital admissions and more than one-third of surgeries compared to covered employees – patterns consistent with an older, higher-need population.¹ As Jim Winkler, chief strategy officer for Business Group on Health, has noted: “When a spouse joins their partner’s health plan, it’s likely due in part to the fact that the alternate plan has better coverage and/or is more economical. This becomes more the case when there is a particular medication or condition they are managing, or perhaps an upcoming known medical event to be planned.” In short, spouses who opt in to employer-sponsored coverage tend to be those with the greatest health needs – meaning the cost gap reflects a structural issue in how coverage is designed, not simply a difference in who is enrolling.



Cancer: A telling case study

Cancer data offers a particularly instructive lens on spousal utilization. UnitedHealthcare data shows that **cancer** prevalence is highest among covered spouses compared to both subscribers and dependents – consistent with the age-driven health differences noted above.¹ However, the picture shifts when examining the share of total plan spend attributable to cancer: Subscribers or employees drive a greater proportion of overall cancer-related spend than spouses, even where spouses carry the higher prevalence.¹

This reflects the reality that employees, as the largest membership group, absorb a larger share of aggregate costs even when their individual health risks are comparatively lower. For employers, it means that addressing spousal cost is not simply a matter of restricting access – it requires a nuanced understanding of where both utilization and spend are concentrated.

3

Gender differences

Gender differences matter: According to UnitedHealthcare data, 68.7% of covered spouses are female compared to 43.5% of covered employees.² In general, **women** tend to utilize health benefits 14% more than their male counterparts.¹

This may be attributed to reproductive health needs, higher instances of behavioral health needs and the fact that certain conditions affect women disproportionately.¹ That's why it's critical to consider women's health* when designing benefits for the workforce.

*"Women's health" is a broader term used to describe conditions, services or supportive programs and resources, not to describe those supported. UnitedHealthcare provides supportive resources for all eligible individuals, regardless of gender identity.

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Site of care preferences

Covered employees are 28% more likely to engage with the health system through virtual visits compared to covered spouses, who tend to favor in-person appointments.¹ When appropriate, virtual care can reduce costs and improve access and adherence to treatment. Encouraging spouses – alongside employees – to visit effective **sites of care** is one practical lever employers can pull to manage total plan cost without narrowing coverage.

Compared to men, women:¹



Visit the emergency room (ER) and urgent care 32% more often than men



Account for 67% more inpatient hospital admissions than men



Undergo 22% more outpatient surgeries than men

What this means for employers

The data points to a clear and actionable conclusion: Covered spouses are a meaningful, growing cost driver within employer-sponsored plans. They represent a smaller share of membership than employees yet consume a disproportionate share of resources, driven by older age profiles, greater health needs and a preference for in-person care.

None of this suggests spousal coverage is a liability to be eliminated. Supporting employees' families is a proven driver of retention and engagement, and the value of extensive **family benefits** is real. The more productive question is not whether to offer spousal coverage, but how to offer it sustainably. Employers should examine their spousal population closely – understanding who is covered, what conditions they are managing and whether existing plan design, care navigation and virtual care tools are being fully utilized.

Some employers have also introduced a spousal surcharge to offset the added cost of covering a spouse who has access to coverage elsewhere. While effective as a cost-sharing mechanism, that approach warrants careful consideration given its potential impact on employee satisfaction and health equity. The goal is not to shift burden – it is to strike the right balance between supporting families and protecting the plan's long-term viability.

Driving better utilization among spouses and offering benefits that support employees and their families can be a smart retention strategy. The key is holding the tension between doing that and protecting the bottom line.



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