The Pink Tax on Your Health

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The numbers

Working women with employer insurance pay about $266 more a year out of pocket than men on the same plans, even with pregnancy costs removed. That adds up to $15.4 billion a year.

Figure	What it means
$15.4 billion	Extra out-of-pocket costs employed women pay each year, compared with men
$266 per year	The average extra cost per woman on single coverage
18% more	Women's out-of-pocket spending above men's, pregnancy excluded
10% more	Women's total health spending above men's
$1.3 billion less	The estimated value of coverage women get, compared with men

The gap shows up at every age from 19 to 64. The study did not count prescriptions, so the real gap may be larger.

Why it happens

Insurance plans charge cost-sharing the same way for everyone, but women's care more often lands above the deductible.

- **One test becomes three bills.** An irregular screening mammogram leads to a diagnostic mammogram, an ultrasound, or a biopsy. Each one can bring its own copay or count toward your deductible.

- **More care that crosses the deductible.** Women more often use imaging, lab work, mental health care, therapy, and office visits. Many of these cost more than a typical deductible.
- **Earlier and more frequent checkups.** Gynecological exams and menopause care add visits that men's care doesn't have.
- **Less value for the same premium.** Deloitte estimates the coverage women get is worth about $1.3 billion less than men's.

You'll hear that women simply use more care. That explains part of it. But women's total spending is about 10% higher, while their out-of-pocket costs run 18% higher. The cost-sharing design is doing the rest.

Open enrollment checklist

Look past the premium. The plan that costs least per paycheck can cost most when you actually need care.

- [ ] Compare the deductible and out-of-pocket maximum, not just the premium. Ask yourself whether you're likely to hit the deductible this year.
- [ ] Look up how the plan covers diagnostic imaging: diagnostic mammograms, breast ultrasound, and MRI. These are often billed differently from your free screening.
- [ ] Check whether your state requires no-cost follow-up breast imaging. Some states do, but rules differ and some plan types are exempt.
- [ ] Make sure your OB-GYN, imaging center, and lab are in network.
- [ ] Check whether the plan covers specialists with a flat copay or makes you pay toward the deductible first.
- [ ] If you have an HSA or FSA option, estimate next year's costs and set money aside pre-tax.
- [ ] Write down your questions and send them to HR before the enrollment deadline.

If you get the bill

Don't pay a surprising bill until you've checked it. Work through these steps in order.

1. **Ask for an itemized bill.** Check every line for duplicate charges and services you didn't get.

2. **Check the coding.** A routine screening mammogram should be billed as preventive care, which in-network plans must cover at no cost under the Affordable Care Act. If it was coded as diagnostic, ask the provider's billing office to review it.
3. **Compare against your Explanation of Benefits.** The amount on the bill should match what your insurer says you owe.
4. **Appeal a denial.** You have the right to an internal appeal with your insurer. If that fails, you can ask for an independent external review.
5. **Ask about financial assistance.** Nonprofit hospitals must have a financial assistance policy. Ask for the application, even if you think you won't qualify.
6. **Watch for surprise out-of-network charges.** At an in-network hospital, the No Surprises Act protects you from most surprise bills from out-of-network providers like radiologists and anesthesiologists.

Send this to HR

Copy this message, fill in the brackets, and send it before open enrollment closes.

> Hi [HR contact],
>
> As I review my benefits for open enrollment, I have a few questions about how our plans cover women's health.
>
> A 2023 Deloitte analysis found that employed women pay about 18% more out of pocket than men on the same employer plans, even with pregnancy costs excluded. Deloitte estimated that closing this gap would cost employers about $133 per employee per year.
>
> Could you tell me:
>
> 1. How do our plans cover follow-up breast imaging after an irregular mammogram, such as diagnostic mammograms, ultrasounds, and MRIs?
> 2. Has the company reviewed our plans' out-of-pocket costs by gender?
> 3. Would the company consider covering diagnostic follow-up imaging at no cost, or adding a women's health benefit?
>
> Thank you, [Your name]

Sources

- Deloitte: Women's health equity disparities (2023)
- CNBC: Working women's health care costs far outpace men's
- Axios: Women pay billions more out of pocket for health care
- Marketplace: Women pay more than men for health care

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