Disney – Working Spouse Savings – Eyepopping! – Part 1

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Disney just notified more than 200,000 employees that starting in 2027, spouses with access to coverage through their own employer will no longer be eligible for its medical plan.

It's the highest-profile version of a move UPS made back in 2014, when it coordinated 15,000 working spouses onto their own employers' plans and projected $60 million in annual savings.

Here's the math behind it.

This is gross savings only. It doesn't account for employee morale, turnover, or the human side of the decision.

Using round, illustrative figures — a carve-out that coordinates ~10,000 covered spouses (e.g. Disney) onto their own employer's coverage, at an average per-capita cost of $10,000:

💰 Gross annual savings: $100 million (10,000 × $10,000)
And here's what makes it land in the C-suite:

At a 10% profit margin, $100M in cost savings is the equivalent of generating $1 billion in new revenue. You'd have to sell $10 of product to match $1 of avoided spend. That's the equivalent of more than 8,000,000 theme park admissions - whoa!

The simplest rule of thumb:
📌 **For every 1,000 spouses coordinated onto their own coverage, the plan saves $10,000,000.**

And this isn't theoretical. In our own dependent eligibility audits, we've moved numerous spouses onto their own employer's coverage — several of them each costing the plan hundreds of thousands of dollars a year, every one of them working for a large employer.

The caveats that matter most aren't on the spreadsheet:
Employee morale — and the turnover it can drive.
Families managing two plans.
Administration, verification and annual attestations.

Coordination rates aren't static — they swing with demographics and wages. A younger, dual-income, higher-wage workforce moves far more spouses onto their own coverage. New hires and life events keep the population shifting.

Stop-loss economics can quietly reshape the whole calculation
For context, this is already mainstream. Among employers with 200+ employees (KFF, 2024): ~10% won't enroll a spouse who has an offer elsewhere, and ~13% attach conditions like a surcharge or limited plan choice.

Here's the distinction that matters:
A working-spouse carve-out is a financial decision — with a human cost attached.

Before signing off, an employer should be able to answer:
→ Who are our working spouses?
→ What did they actually cost in paid claims?
→ How many are high-cost claimants?
→ What happens to our stop-loss?
→ What's the true net savings after admin, morale and turnover?

Which is why the smartest move comes before the policy decision: analyze the working-spouse population you already have.
The question isn't "How many spouses can we remove?"
It's "How much will we actually save?"

Run the numbers first. The policy should follow the analysis.

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