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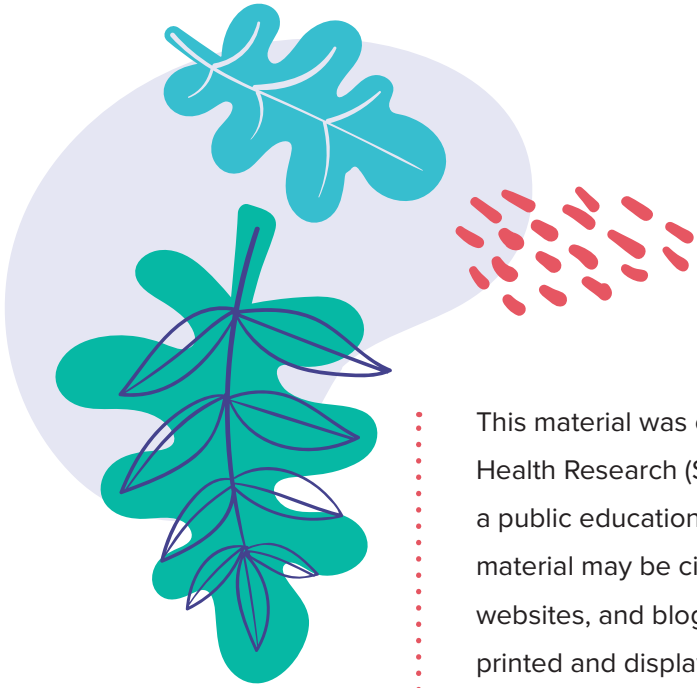
# **Navigating Menopause Care**

## **Resource Guide**

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Society for  
**Women's Health**  
Research



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## About SWHR

The Society for Women's Health Research (SWHR) is a national nonprofit and thought leader dedicated to advancing women's health through science, policy, and education while promoting research on sex differences to optimize women's health. Founded in 1990 by a group of physicians, medical researchers, and health advocates, SWHR is making women's health mainstream by addressing unmet needs and research gaps in women's health. Thanks to SWHR's efforts, women are now routinely included in medical research studies and more scientists are considering sex as a biological variable in their research. Visit [www.swhr.org](http://www.swhr.org) for more information.

## SWHR's Menopause Program

SWHR Science & Policy Programs identify research gaps and address unmet needs in diseases and conditions that exclusively, disproportionately, or differently affect women. The Menopause Program was launched in 2020 to address the impact of menopause and its associated symptoms and comorbidities on women's health. The Menopause Program engages clinicians, researchers, patients, advocates, and health care decision-makers to explore strategies to address knowledge gaps, unmet patient needs, and relevant policies that present barriers to equitable and quality care for women before, during, and after the menopause transition.

## Acknowledgements

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# MEDICAL SUPPORT FOR MENOPAUSE CHALLENGES

**1.3 million**

women transition  
into menopause  
annually in the U.S.<sup>1</sup>

**51**

Average age at  
menopause<sup>1</sup>

**80%**

of women experience  
menopausal symptoms<sup>1</sup>

Menopause is a life stage, typically in a woman's late 40s or 50s, defined once 12 months have passed after her last menstrual cycle. The onset and duration of the menopause transition (also known as perimenopause) is influenced by many factors, including biology, lifestyle, certain health conditions, and sociocultural determinants of health. Some individuals may experience menopause early (before age 45) or without a transition period due to certain medical conditions or surgical procedures.



**Women of color are more likely to experience an earlier and longer menopause transition, and have more severe symptoms.<sup>2</sup>**

## TREATMENT OPTIONS FOR MENOPAUSE SYMPTOMS

There are treatment options available for almost every symptom associated with menopause. It may take a combination of options to fully address your menopause symptoms.

- ▶ **Hormone therapy (HT)** involves taking supplemental estrogen and/or progesterone that the ovaries are no longer producing due to menopause.
- ▶ **Nonhormonal medications**, such as neurokinin receptor (NKR) antagonists and certain low-dose antidepressants, can address vasomotor symptoms (hot flashes).

### ▶ **Complementary and alternative approaches**

include natural remedies (vitamins and herbs) and techniques, such as cognitive behavioral therapy, acupuncture, and yoga.

- ▶ **Lifestyle approaches** might involve healthy eating, quitting smoking, physical activity, prioritizing sleep, and stress management, as well as addressing health concerns with providers, such as sexual and mental health.

For more information about treatment options and wellness tips during menopause, download the [SWHR Preparedness Toolkit: A Woman's Empowerment Guide](#).

Many private insurance plans that include prescription drug coverage may cover menopause-related medications, including hormone therapies and nonhormonal medications, antidepressants, and gabapentinoids. Note that such coverage may require a special consultation and/or justification of the medication as "medically necessary" by your health care provider.

**Bioidentical hormones are chemically and structurally identical to those naturally produced by the ovaries. It is strongly recommended that bioidentical HTs approved by the U.S. Food & Drug Administration (FDA) are used, compared to *compounded* bioidentical hormones, which are custom products made in compound pharmacies and not regulated or approved by the FDA.**



## PROVIDERS FOR YOUR MENOPAUSE CARE

While some women may feel hesitant about discussing menopause with their provider, be encouraged to advocate for addressing your individual health care needs and finding relief for your symptoms.

The annual well-woman visit is a good place to begin discussing questions about menstrual cycle changes and the menopause transition. However, this preventive care appointment is not designed to focus on existing or new health challenges. Women who have specific concerns about new or bothersome symptoms that they think may be associated with menopause or a potential health condition should not wait until their annual appointment to seek care. They should schedule an appointment that is dedicated to addressing their concerns.

Some women may need to visit various providers to address their menopause symptoms and care needs, including stress management, social support, and workplace accommodations.

Certain health care professionals may not be covered by an individual's insurance plan, while others may require referral or prior authorization procedures to receive services or medications. Examples of health care professionals include:

- ▶ Acupuncturist
- ▶ Physical Therapist
- ▶ Dietitian or nutritionist
- ▶ Psychologist
- ▶ Social Worker



**Some health care providers can get women's health or menopause-associated certifications by completing additional training and exams toward this specialized area of care.**

It is important to discuss how care will be coordinated between providers, while making sure your primary care provider remains updated, as the lead of your health care team. Consider requesting a referral to a specialist or seeking out a second opinion if you feel that your provider is unable to address your care needs or you want another perspective on your care options.

# UTILIZING COVERAGE FOR MENOPAUSE CARE

Insurance coverage for menopause-related services varies widely, depending on factors, such as the insurance provider and policies, insurance plan, state regulations, the local health care market, and cost of living.

The majority of health insurance coverage in the United States is through private employer-based plans. Alternatively, eligible individuals may have public insurance plans through government programs like Medicaid or Medicare. Companies that provide health insurance to their employees may have a benefits navigator or human resources staff who can assist with explaining options and processing claims.

## COMMON POLICY EXPENSES

It is important to understand the financial aspects of your health insurance policy, as insurance plans rarely cover 100% of health care costs. Three primary types of out-of-pocket costs are:

- ▶ **Deductible** – a preset amount in expenses you must finish paying each year before your insurance begins to cover expenses
- ▶ **Coinsurance** – an amount (often a percentage) you must pay for services after your deductible has been reached
- ▶ **Copayment** – a preset, flat fee you must pay for each doctor's visit, and for prescriptions, tests, etc.; these payments do not count towards your annual deductible



The total health expenditures associated with treating menopausal symptoms are **~\$3 billion annually** in the U.S.<sup>3</sup> Excluding prescription medications, the average direct costs per patient is \$248 per year.<sup>4</sup>



## UNDERSTANDING COVERAGE

Because many menopause treatments may not be classified as “medically necessary” or “preventive,” they may be less likely to be covered by insurance. However, treatments may be covered to address a related issue not exclusive to menopause (e.g., depression, insomnia, abnormal bleeding, etc.). Some medications can be covered if prescribed by a provider, while others, like hormone therapy, might have limited coverage based on the type of hormone or delivery method (cream, gel, patch, etc.). Medications to treat sexual dysfunction are often denied by both private insurers and Medicare Part D.

Insurance companies use a formulary – also called a prescription drug tier list – to group medications by cost and determine the amount of coverage provided within their plans. Lower tiers typically include generic drugs and low-cost brand name medications, while higher tiers contain specialty drugs, such as those for complex conditions or cancer treatments. The out-of-pocket cost a patient will pay for a prescription medication depends on the medication's assigned tier as well as where the prescription is filled.

When looking to fill a prescription for a menopause treatment that falls in a higher tier, consider getting a cost estimate for a few brand options and pharmacies.



## ENSURING PRODUCTIVE CONVERSATIONS

Women should speak with their health care providers and insurance company to find out the coverage details for the menopause treatment options they desire to pursue. Calling the phone number on the back of your insurance card is a good starting point to reach an agent who can address questions specific to your insurance plan.

Make sure to take detailed notes about your conversations, including:

- ▶ The name and title of the person you spoke with, and on what date
- ▶ Whether the treatment requires a special diagnosis, paperwork, or prior authorization
- ▶ Where to find the required forms and how to submit claims/requests
- ▶ Submission and processing time frames
- ▶ Total estimated costs for the treatment, how much is covered, and out-of-pocket costs
- ▶ Alternative treatment options that might have higher coverage
- ▶ Opportunities for financial assistance plans based on your situation

Then individuals should work with their providers to identify a treatment plan that balances their health needs, personal finances, and insurance requirements. Additionally, women who have health insurance through their jobs might want to talk to their benefits personnel about claim denials or high co-pays to identify opportunities for coverage expansion or reimbursement accounts.

Remember, menopause is a journey, and your health care needs will change throughout this life stage. It is important to re-evaluate your health insurance plan options during open enrollment each year to determine which plan will best serve your needs – not only based on cost but also for coverage benefits – over the next year. This is also a good time to check on updated prescription drug costs because formularies can change as new medications are developed, patient demand shifts, or new health data emerges.





# SUPPORTING MENOPAUSE CARE AT WORK

## IMPACTS OF MENOPAUSE AT WORK

More than **75% of women** maintain employment during their menopause transition years – late 40s and 50s – and for years post-menopause.<sup>5</sup> Symptoms that cause sleep disturbances, brain fog and difficulty concentrating, weight gain, and fluctuations in mood can be difficult to manage at work and can lead to higher rates of women working while impaired or feeling unwell.

According to the [EMPACT Menopause Study](#), menopause has far-reaching impacts on a woman's career-related decisions:


**1 out of 3**  
women  
considered  
or reduced  
their  
workload<sup>6</sup>

**1 out of 4**  
women  
considered  
or did not  
pursue a  
leadership  
opportunity<sup>6</sup>

**2 out of 5**  
women  
considered  
or found a  
new job<sup>6</sup>

## WORKPLACE PROTECTIONS DURING MENOPAUSE

Menopause symptoms do not have to be a barrier to your work. Employers are responsible for creating and maintaining an accommodating and healthy work environment for all employees, including those going through menopause. It is also financially favorable for employers to consider menopause-friendly workplace policies that can improve employee productivity and reduce health care expenditures.

 **\$1.8 billion** is lost in work productivity every year in the U.S. due to menopause symptoms.<sup>7</sup>



While there are no federal mandates specifically related to menopause and employment, there are laws that can support advocating for reasonable accommodations and job security while navigating health challenges during menopause.

- ▶ **Americans with Disabilities Act (ADA)** and **Americans with Disabilities Act Amendments Act (ADAAA)** can support individuals with significant impairment of digestive, bowel, neurological, brain, respiratory, endocrine, and reproductive functions. These and other health challenges can become disruptive for women throughout their menopause journey.
- ▶ **TITLE VII of the Civil Rights Act** and **Age Discrimination Employment Act (ADEA)** protect against sex and age discrimination (respectively) in the workplace. ADEA applies to individuals 40 years and older in companies with at least 20 employees.
- ▶ **Occupational Safety and Health (OSH) Act** mandates safe work environments, potentially addressing exposure to hazards and certain toxins like endocrine-disrupting chemicals that can impair menstrual health and hormone levels during menopause.



In the U.S., **60% of women** receive their health insurance from an employer-sponsored plan.<sup>8</sup>

## REQUESTING WORKPLACE SUPPORT

While menopause may be a difficult topic to discuss in the workplace, women have the right to request support if they are experiencing disruptive menopause symptoms. Individuals are not obligated to disclose a specific diagnosis to their employer; however, they should work with their health care provider to clearly communicate their health challenges and need for accommodations with their employer. A combination of formal workplace policies and menopause-friendly accommodations can really help improve the work environment and productivity for everyone.

Before meeting with your human resources (HR) department or direct supervisor, consider preparing the following:

- ▶ List of symptoms and how they specifically affect your ability to function at work
- ▶ List of actions or treatments you have taken to address your symptoms
- ▶ Suggestions for accommodations

Workplace accommodations can look different depending on the industry, as well as the demands and tasks associated with your job. Consider which adjustments might best meet the unique needs of your health and job. For examples of accommodations to address different menopause symptoms, see the [SWHR Menopause Workplace Resource Guide for Women](#). Many of the accommodations are simple and cost-effective for a company to provide.

## UNDERSTANDING COMPANY HEALTH BENEFITS

Employers are key stakeholders in menopause care coverage for women. In addition to health insurance, companies may offer other benefits that can help women manage their menopause challenges at work. Beyond legally required health benefits, which generally do not cover menopause, every company has different employee resources and benefits. Some benefits are not labeled as menopause-specific but might apply to menopause, such as uniform adaptations, hybrid or remote work options, or flexible work schedules.

Company health benefits can look different, depending on the industry, size, and structure of the organization. Consider what benefits might be most beneficial for managing your menopause symptoms to meet the needs of your job and long-term health.

Example benefits that can be applied to support your menopause experience, include:

- ▶ **Health care spending accounts:** flexible spending account; health savings account; health reimbursement arrangement
- ▶ **Wellness Programs:** nutrition counseling; health or fitness education programs; onsite health clinics and screenings
- ▶ **Mental Health Resources:** employee assistance program; mental health counseling; employee resource groups

Take time to review company benefits and contact your HR or benefits department with any questions. Women are encouraged to advocate for insurance coverage expansion or additional benefits to make their workplace more accommodating. This benefits not only the individual, but also their coworkers.

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## RESOURCES

- Centers for Medicare and Medicaid Services: <https://www.cms.gov/>
- Endocrine Society Menopause Map: <https://www.endocrine.org/menopausemap/index.html>
- Job Accommodation Network: <https://askjan.org>
- Let's Talk Menopause: <https://www.letstalkmenopause.org/>
- The Menopause Society: Making Menopause Work: <https://menopause.org/workplace>
- My Menoplan: <https://mymenoplan.org/>
- SWHR Menopause Preparedness Toolkit: <https://swhr.org/resources/menopause-preparedness-toolkit-a-womans-empowerment-guide/>
- SWHR Menopause Workplace Resource Guide for Women: <https://swhr.org/resources/menopause-workplace-resource-guide-for-women/>
- Working Through Menopause: The Impact on Women, Businesses and the Bottom Line (book by Seibel & Seibel, 2022): <https://drmach.com/workingthroughmenopause/>

Explore SWHR's  
Menopause Program:



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