

Spousal/Domestic Partner Eligibility Benefit Coverage Policy

Revised February 2021

If your spouse/domestic partner is eligible for non-HMO medical and/or dental coverage with their employer, they must be enrolled in that coverage in order to be eligible for secondary medical or dental coverage with McClatchy. This means the spouse/domestic partner's employer will pay for any claims first, as specified in that plan's contract. McClatchy's plan will coordinate benefits with the other employer's plan and cover any remaining claim costs per our contract. If the spouse/domestic partner's medical and/or dental plan is an HMO, they cannot be covered under a McClatchy plan.

For Domestic Partnership information, please refer to the Domestic Partnership Benefit Coverage Policy found on McClatchy's Livewell site.

Children or dependents can be covered under the spouse/domestic partner's plan and/or the McClatchy plan. If they are covered under both plans, the health plan of the parent whose birth date is the earliest in the year will provide primary coverage.

If both parents work for a McClatchy subsidiary, they can elect to either 1) be covered separately under different medical, dental and/or vision plans, or 2) one employee can elect to cover the other as a dependent under the same health care plans. An employee cannot be covered both as an employee and a dependent under McClatchy-sponsored health care or life insurance plans. Dependents can be covered under either parent's plan but cannot be covered under both plans.