



Working Spouse Exclusion

Under the Ruan benefits program a “Working Spouse” is not eligible for medical coverage through the company. A spouse is considered to be a Working Spouse when all of the following apply:

- working outside the home
- meets the Full-Time definition* as established by the Affordable Care Act
- is offered a medical plan through their employer that meets the ACA’s Minimum Essential Benefits* standards; and
- the premium cost for single coverage meets the ACA’s Affordable Coverage* rule

Note this exclusion only applies to medical coverage; spouses may still be enrolled in other Ruan plans such as dental and vision.

If your spouse does not meet the definition above, she/he is not a Working Spouse and therefore may be enrolled in a Ruan medical plan. To cover a non-Working Spouse, you must complete the Non-Working Spouse Affidavit during your initial benefits enrollment *and then recertify again each year during Open Enrollment*. Failure to recertify during the Open Enrollment period will result in your spouse’s loss of eligibility and their coverage canceled at the end of the year.

If you have any questions please feel free to contact our Human Resources Hotline at 1-800-845-6675 option 4.

* Affordable Care Act Definitions *

Full-Time: For benefit purposes, an employee who averages 30 hours per week or at least 130 hours per month during the employer’s measurement period.

Minimum Essential Benefits: An insurance plan that covers 10 core health benefit categories. They include: 1) ambulatory patient services; 2) emergency services; 3) hospitalization; 4) maternity and newborn care; 5) mental health and substance use disorders; 6) prescription drugs; 7) rehabilitative services and devices; 8) laboratory services; 9) preventive and wellness services; and 10) pediatric services.

Your spouse’s employer’s Human Resources or Benefits department will be able to tell you if they offer a plan that meets the ACA’s Minimum Essential Benefits standards.

Affordability Rule: in relation to an employer’s group plan, a medical plan that meets the Minimum Essential Benefit standards and has a single/self-only premium rate (net of any wellness incentives) that does not exceed 9.5% of the participant’s income. Note this rate may not be the same amount your spouse pays for coverage if, for example, they chose to enroll in a more expensive medical option or add family coverage.

Your spouse’s employer’s Human Resources or Benefits department will be able to tell you if they offer a medical plan that meets the ACA’s affordability rule.