Eligibility for benefits

A domestic partner and the children of the domestic partner, as defined below, are eligible to enroll for BCBSAZ Group coverage as dependents on the same basis as other eligible dependents, as long as the criteria described here are met:

Domestic partnership—A relationship between an eligible employee and his/her domestic partner that meets all of the following criteria:

- The partners currently reside together in an exclusive mutual commitment similar to marriage, and have done so for at least the last 12 consecutive months, with each partner intending to continue the relationship indefinitely;
- The partners are jointly responsible for basic living expenses;
- The partners are not married to each other or to any other individual (statutory or common law), and neither is a member of another domestic partnership;
- Both partners are 18 years old or older;
- The partners are not related by blood or a degree of closeness which would prohibit marriage under A.R.S. § 25-101(A);
- Both partners were mentally competent to consent to contract when the domestic partnership began, and remain so for purposes of contracting for coverage for the domestic partner;
- Each partner is the other’s sole domestic partner, and is responsible for the other’s common welfare; and
- The partners are financially interdependent, jointly responsible for each other’s basic living expenses, and able to provide documents for at least three of the following situations to demonstrate that interdependence has existed for a minimum of the last 12 consecutive months:
  - Joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
  - Joint bank, investment, and/or credit account;
  - Joint liabilities (e.g., credit cards, automobile loans);
  - Joint ownership of real property or a common leasehold; interest in real property, such as a residence or business; or common ownership of an automobile;
  - A will designating the other as the primary beneficiary, or a beneficiary designation form currently in effect for a retirement plan or life insurance policy setting forth that one partner is a beneficiary of the other;
  - Designation of one partner as holding power of attorney for healthcare or a general durable power of attorney for the other;
  - Written agreement(s) or contracts regarding the domestic partner relationship showing mutual support obligations.

Domestic partner—An individual who is the same or opposite sex as the eligible employee and who has shared a long-term, committed domestic partnership relationship with the eligible employee for a minimum of the last 12 months.

Children of a domestic partner—The children of the domestic partner, including natural children, children placed for adoption, legally adopted children, children under legal guardianship substantiated by a court order, and children who are entitled to coverage under a medical support order.
Effective date of coverage
The effective date for a domestic partner and eligible children of the domestic partner will be the date the employee and partner have satisfied the eligibility criteria, if it is not satisfied at the time the employee is eligible to enroll. The domestic partner must enroll within 31 days of the date eligibility criteria is met, or the domestic partner may not enroll until the next open enrollment period, unless he/she qualifies under the Special Enrollment Period section in the Base Benefit Book.

Loss of eligibility effective dates
A domestic partner and/or the children of the domestic partner may lose eligibility for coverage if any of the following events take place. Coverage eligibility will end on the same date on which the event happens:

- The domestic partner who is the eligible employee loses coverage under this benefit plan;
- The domestic partnership is terminated or dissolved;
- The Group discontinues eligibility for domestic partners and/or children of the domestic partner;
- The child of a domestic partner turns age 26 (if the child is not a disabled dependent child).

The date coverage terminates for a domestic partner and/or the children of the domestic partner is as described in the Base Benefit Book for employees and dependents.

A domestic partner and/or their children who become ineligible for this coverage may be eligible for continuation coverage. Please contact the Group’s Benefit Administrator for information concerning eligibility for Group continuation coverage. For information on other individual (non-Group) coverage, please contact BCBSAZ.

Pam Kehaly, President and CEO
Blue Cross Blue Shield of Arizona
Nondiscrimination Statement

BCBSAZ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to enable people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield de Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Dii kwe’et atah niliñigii Blue Cross Blue Shield of Arizona haada yit’eego bina’idiilkidgo éi doodago Háida bijá aniyeedigii t’aadoo le’ é’ña’idiilkidgo beehaz’aáníi hóló díi t’aá hazaadk’ehjí háká a’doowolgo bee haz’a doo báaž biliiñígíí. Ata’ halne’ígif kojí’ bích’í’jí hodilíinh 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một người dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص الضرورية بلغتك من دون أن تكلفة، للتحدث مع مرجع أصيل ب 877-475-4799.

Tagalog: Kung ikaw, o ang iyong tunutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makasausap ang isang tagalog, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하를 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해 질문이 있다면 귀하의 모든 정보를 귀하의 언어로 비용 부담이 없이 할 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

آگر شما، یا کسی که شما به او کمک می کنید، سوال در مورد Blue Cross Blue Shield of Arizona، در اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian:

کیش نین ویکی که ویکی کیش نین ویکی کیش نین جریان شیش دینی ویکی، Blue Cross Blue Shield of Arizona ویکی کیش نین ویکی کیش نین ویکی کیش نین ویکی، 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคุณที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่ต้องใช้เงิน คุณต้องเก็บรักษา โทร 877-475-4799.