

# BlueCare

**Member Handbook**  
Domestic Partner Coverage  
Endorsement



**BlueCross BlueShield  
of Florida  
Health Options®**

Health Options and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.

## **ENDORSEMENT: DOMESTIC PARTNER COVERAGE**

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This Endorsement is to be attached to and made a part of the current Health Options, Inc. (herein “HOI”) Member Handbook and any endorsements attached thereto. The Member Handbook is amended as described below to provide coverage for a Domestic Partner of a Subscriber (employee only) and, if applicable, the dependent child(ren) of a Domestic Partner.

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### **GLOSSARY**

***Domestic Partner*** means a person of the same or opposite sex with whom the Subscriber (employee only) has established a Domestic Partnership.

***Domestic Partnership*** means a relationship between a Subscriber (employee only) and one other person of the same or opposite sex who meet at a minimum, the following eligibility requirements:

1. both individuals are each other's sole Domestic Partner and intend to remain so indefinitely;
  2. individuals are not related by blood to a degree of closeness (e.g., siblings) that would prohibit legal marriage in the state in which they legally reside;
  3. both individuals are unmarried, at least 18 years of age, and are mentally competent to consent to the Domestic Partnership;
  4. both individuals are financially interdependent and have resided together continuously in the same residence for at least 12 months prior to applying for coverage under the Member Handbook and intend to continue to reside together indefinitely;
  5. the Subscriber has submitted to the Group acceptable proof of evidence of common residence and joint financial responsibility; and
  6. the Subscriber has completed and submitted any required forms to the Group and the Group has determined the Domestic Partnership eligibility requirements have been met.
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### **ELIGIBILITY FOR MEMBERSHIP**

#### ***Domestic Partners and Dependent Child(ren) of Domestic Partners Eligibility***

The following individuals are eligible to apply for coverage under the Member Handbook:

1. the Subscriber's (employee only) present Domestic Partner;
  2. the Covered Domestic Partner's dependent child(ren), who is under the limiting age, who meets all of the following eligibility requirements, and the eligibility requirements under the Member Handbook:
    - a. resides regularly with the Subscriber and the Domestic Partner, or the Domestic Partner is required to provide coverage for the child(ren) by court order; or
    - b. the child(ren) qualifies as the Domestic Partner's dependent(s) for tax purposes under the federal guidelines; and
    - c. the child(ren) meets and continues to meet the eligibility requirements as outlined in the *Eligibility Requirements for Dependent(s)* subsection of the Member Handbook.
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### ***Domestic Partner Enrollment Forms/Electing Coverage***

When an Eligible Employee is making application for coverage for his/her Domestic Partner and the Domestic Partner's Dependent child(ren), the Eligible Employee must complete and submit through the Group any required enrollment forms.

When an Eligible Employee is electing coverage for his/her self and his/her Domestic Partner, and Employee/Spouse Coverage is available under the Group's program, Employee/Spouse Coverage is redefined as Employee/Domestic Partner Coverage.

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### ***Representation on the Enrollment Forms and any Required Forms***

HOI relies on the information provided by the Group with respect to a specific Domestic Partnership and on the information individuals applying for coverage under the Member Handbook provide on any required enrollment forms to determine whether to issue this endorsement; to determine the appropriate Premium and financing method, if applicable, and to determine whether an individual is eligible for and entitled to coverage under the Member Handbook. All such information must be accurate, truthful, and complete, however, statements made on the enrollment forms and any required forms are representations and not warranties.

Any misrepresentation, omission, concealment of facts, or any incorrect statement, on any forms required for Domestic Partnership may result, in addition to any other legal right HOI may have, in denial of a claim, cancellation or rescission of an individual's coverage under the Member Handbook, if such misrepresentation, omission, concealment of facts, or incorrect statement is:

1. fraudulent;
  2. material to HOI's decision to issue this endorsement;
  3. material to HOI's decision to issue the Master Policy to the Group for the Premium charged or with the finance method utilized; or
  4. material to HOI's decision to provide coverage under the Member Handbook for any individual.
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### ***Domestic Partner and Domestic Partner's Dependent Child(ren) Enrollment Periods***

An Eligible Employee may make application for an eligible Domestic Partner and the Domestic Partner's dependent child(ren) during the following enrollment periods and as outlined in the Member Handbook:

1. employee's Initial Enrollment Period;
  2. Annual Open Enrollment Period;
  3. Special Enrollment Period; or
  4. within the 30-day period immediately following the satisfaction of the eligibility requirements of the Domestic Partnership.
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***Termination of a Domestic Partner's and/or Domestic Partner's Dependent Child(ren)'s Coverage***

In addition to the provisions stated in the *Termination of Dependent Membership* subsection of the Member Handbook, the Covered Domestic Partner's and the Covered Domestic Partner's Covered Dependent child(ren)'s coverage under the Member Handbook will terminate at 12:01 a.m. on the date that the Domestic Partnership terminates or the date of death of the Covered Domestic Partner. The Subscriber must notify the Group within 10 days of when the Domestic Partnership eligibility requirements are no longer met or within 10 days of the death of the Covered Domestic Partner.

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***COBRA Continuation of Coverage***

Covered Domestic Partners and/or Covered Dependents of Domestic Partners are not entitled to COBRA continuation of coverage, but may be entitled to apply for an HOI conversion policy as set forth in the Conversion Privilege section of the Member Handbook.

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***Group's Responsibilities***

The Group is responsible for determining eligibility of the Domestic Partner and for submitting complete and accurate enrollment forms to HOI on a timely basis. HOI reserves the right, however, to audit the Group's eligibility determinations with respect to coverage under the Master Policy. The Group and Subscriber agree to cooperate fully with HOI with respect to any such audit and agree to provide HOI with information and documentation necessary to verify the existence of a Domestic Partnership as defined herein.

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***Miscellaneous***

The term Eligible Dependent is modified to also include the reference to Domestic Partner when spouse is referenced.

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All other provisions of the Member Handbook shall remain unchanged.

This Endorsement shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Member Handbook, other than as specifically stated in this Endorsement. In the event of any inconsistencies between the provisions contained in this Endorsement and the provisions contained in your Member Handbook, the provisions contained in this Endorsement shall control to the extent necessary to effectuate the intent of Health Options, Inc. as expressed herein.

HEALTH OPTIONS, INC.



Robert I. Lufrano M.D.

President and Chief Executive Officer