

This summary of benefits supplements your employer group's health plan to include domestic partner coverage.

### Domestic Partner Definition

A domestic partner is a person at least 18 years of age who:

1. Shares a close personal relationship with a subscriber such that each is responsible for each other's welfare;
2. Is the subscriber's sole domestic partner;
3. Is not married to any person and has not had another domestic partner within the prior six months;
4. Is not related by blood to the subscriber as a first cousin or nearer;
5. Shares with the subscriber the same regular and permanent residence, with the current intention of doing so indefinitely;
6. Is jointly financially responsible with the subscriber for basic living expenses such as food and shelter;
7. Was mentally competent to consent to contract when the domestic partnership began; and
8. Has provided the required employer documentation establishing that a domestic partnership exists.

### Domestic Partner Eligibility

The domestic partner of a subscriber is eligible for coverage as an eligible family dependent in the same manner as the spouse of a subscriber. The domestic partner who is an eligible family dependent shall be subject to the eligibility and enrollment requirements as stated in your Member Handbook.

### Eligibility for Dependent Children of Domestic Partners

Dependent children of domestic partners shall be eligible for coverage in the same manner as eligible family dependents of the subscriber. An eligible family dependent who is the dependent child of a domestic partner shall be subject to the eligibility and enrollment requirements as stated in your Member Handbook.

### Continuation Coverage

Domestic partners and their enrolled dependent children who are entitled to coverage under this supplemental benefit are entitled to elect Continuation Coverage under the Plan.

### High Deductible Health Plan (HDHP) and Associated Health Savings Account (HSA) Members

Members are responsible for determining and abiding by federal regulations regarding HSA eligibility, contributions and withdrawals. **Special regulatory provisions may apply to domestic partners.** Providence Health Plan will have no liability whatsoever for any misunderstanding, misinterpretation or ignorance of the terms, provisions and administration of your HSA.

<b>Customer Service:</b>	• Portland Metro Area: 503-574-7500	• All Other Areas: 1-800-878-4445	• TTY (For the Hearing Impaired): 503-574-8702 or 1-888-244-6642
--------------------------	--	--------------------------------------	---