



DOMESTIC PARTNER COVERAGE – FREQUENTLY ASKED QUESTIONS INDIVIDUAL PLAN

1. What are Assembly Bills 205 and 2208?

Assembly Bill 205

AB 205 is an Equal Rights Bill that amends the California Family Code to provide registered domestic partners with the same rights, protections, and benefits under law as currently provided to married couples. This bill guarantees rights to domestic partners under law, but it does not specifically address Individual Plan health benefits for domestic partners.

Assembly Bill 2208

AB 2208 takes AB 205 further to amend domestic partner coverage provisions under the current Knox-Keene Act and add a provision to provide health coverage for registered domestic partners under the Insurance Code.

Through AB 2208, the California Health and Safety Code Section 1374.58 and California Insurance Code Section 10121.7 is amended to:

- require health care service plans and insurers, who provide Individual Plan insurance, to provide equal coverage for the registered domestic partner of an enrollee. All underwriting requirements still apply;
- clarify that domestic partners must be “registered domestic partners;”
- require coverage be provided to same extent, and subject to the same terms and conditions, as provided to a spouse of a primary applicant; and
- provide that a plan or insurer must not offer or provide coverage for a registered domestic partner that is not equal to the coverage provided to the spouse of an enrollee.

AB 2208 adds Section 381.5 to the Insurance Code. Section 381.5 requires every health policy issued, amended, delivered, or renewed in California to provide coverage to the registered domestic partner of an insured or policyholder that is equal to and subject to the same terms and conditions as coverage provided to the spouse of an insured or policyholder.

2. What is the legal definition of a registered domestic partner?

Per California law, a registered domestic partner is established between two same-sex adults age 18 and older whom:

- share a common residence;
- are not married to, or in a domestic partnership with, another adult;
- are not related by blood; and
- have filed a Declaration of Domestic Partnership with the California Secretary of State.

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Opposite gender does not constitute a registered domestic partner unless one or more of the individuals are age 62 and older and also meet eligibility criteria for Medicare benefits.

3. What are effective dates for AB 205 and AB 2208?

AB 205

Health plan and insurance policies that amend, deliver or renew contracts that have spousal coverage on or after January 1, 2005 are required to provide domestic partner coverage.

AB 2208

All Individual health plans and Individual health insurance policies issued, amended, delivered or renewed on or after January 1, 2005 are required to provide domestic partner coverage.

4. How will eligibility for Domestic Partnership coverage be determined?

PacifiCare will not require a domestic partnership affidavit for applicants claiming to be domestic partners. In addition, PacifiCare will allow registered domestic partners, non-registered domestic partners, same sex and opposite sex domestic partners.

5. How will eligibility for Domestic Partner coverage be verified when current Individual Plan members want to combine policies/health plans?

Enrollees will be treated the same as a Subscriber/Insured who wishes to combine both Subscriber/Insured with their spouses policy/health plan. This requires a marriage certificate, therefore enrollees will have to submit a domestic partnership affidavit.