

# Rider to Modify Blue Cross® Blue Shield® of Arizona Vigilant® Trust of Arizona PPO Base Benefit Book

## Domestic Partnership Coverage

### Eligibility for benefits

A domestic partner and the children of the domestic partner, as defined below, are eligible to enroll for AZ Blue 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 AZ Blue.



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

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

**Spanish:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

**Navajo:** Diné bee yánit'í' gogo, saad bee aná'awo' bee áka'anída'awo'ít'á'á jik'eh ná hóló. Bee ahít hane'go bee nida'anishí'í'á'á ákodaat'éhígíí dóó bee áka'anída'wo'í'áko bee baa hane'í' bee hadadilyaa bich'í' ahoót'i'ígíí éí'í'á'á jik'eh hóló. Kohjji' 1-877-475-4799.

**Chinese Simplified:** 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-877-475-4799。

**Chinese Traditional:** 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-877-475-4799。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

**French:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

**Vietnamese:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

**German:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

**Korean:** 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

**Russian:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

## Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

**Hindi:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799।

## Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

**Thai:** หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้อุปกรณ์ในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

**Japanese:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。

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