§4249. Mandated offer of domestic partner benefits

1. Definition.

[PL 2021, c. 567, §37 (RP).]

2. Mandated offer of domestic partner benefits. All individual or group policies or contracts issued by any health maintenance organization operating pursuant to this chapter must make available to an individual or group policyholder the option for additional benefits for the domestic partner of an enrollee or member, at appropriate rates and under the same terms and conditions as those benefits or options for benefits are provided to spouses of married enrollees or members covered under a health maintenance organization individual or group contract.
[PL 2001, c. 347, §4 (NEW); PL 2001, c. 347, §5 (AFF).]

3. Financial dependency. Financial dependency of a domestic partner on the enrollee or member may not be required as a condition for eligibility for coverage.
[PL 2001, c. 347, §4 (NEW); PL 2001, c. 347, §5 (AFF).]

4. Evidence of domestic partnership. As a condition of eligibility for coverage, a health maintenance organization or group policyholder may require an enrollee or member and the enrollee's or member's domestic partner to sign an affidavit attesting that the enrollee or member and enrollee's or member's domestic partner meet the definition of domestic partner under Title 1, section 72, subsection 2-C and to show documentation of joint ownership or occupancy of real property, such as a joint deed, joint mortgage or a joint lease, or the existence of a joint credit card, joint bank account or powers of attorney in which each domestic partner is authorized to act for the other.
[PL 2021, c. 567, §38 (AMD).]

5. Preexisting conditions. A domestic partner is subject to the same provisions on coverage of preexisting conditions as any spouse or dependent of an enrollee or member.
[PL 2001, c. 347, §4 (NEW); PL 2001, c. 347, §5 (AFF).]

6. Termination of domestic partner benefits. A health maintenance organization may terminate coverage in accordance with other applicable provisions of this Title for the domestic partner of an enrollee or member upon notification by the enrollee or member that the domestic partner relationship has terminated.
[PL 2021, c. 567, §39 (AMD).]

7. Construction. This section does not prohibit a health maintenance organization from negotiating a policy providing domestic partner benefits to a policyholder that does not comply with the requirements of this section.
[PL 2001, c. 347, §4 (NEW); PL 2001, c. 347, §5 (AFF).]

REVISOR'S NOTE: §4249. Coverage for hospice care services (As enacted by PL 2001, c. 358, Pt. LL, §4 is REALLOCATED TO TITLE 24-A, SECTION 4250)

REVISOR'S NOTE: §4249. Coverage for general anesthesia for dentistry (As enacted by PL 2001, c. 423, §4 is REALLOCATED TO TITLE 24-A, SECTION 4251)

SECTION HISTORY

PL 2001, c. 347, §4 (NEW). PL 2001, c. 347, §5 (AFF). PL 2021, c. 567, §§37-39 (AMD).

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