

LANGUAGE FOR DEPENDENT HEALTH CARE SUPPORT ORDER

PROVISIONS FOR DEPENDENT HEALTH CARE

IT IS ORDERED, ADJUDGED and DECREED as follows:

Definition: The term “health care expenses” is defined, for the purposes of this order, as medical, dental, surgical, hospital, prescription drug, optical, orthodontic, mental health, chiropractic, and physical therapy services and charges which may be reasonable and appropriate to serve the health care needs of a child.

The term “health insurance coverage” is defined for the purposes of this order, as accessible private health insurance that provides primary care services within thirty miles from the residence of the child subject to the child support order.

The term “cash medical support” is defined for the purposes of this order and the child support order, as an amount ordered to be paid in a child support order toward the ordinary medical expenses incurred during a calendar year. Each parent’s cash medical obligation is reflected on line 23(b) of the child support worksheet.

The term “extraordinary medical expenses” is defined for the purposes of this order as any uninsured medical expenses incurred for a child during a calendar year that exceed the total cash medical support amount owed by the parents during that year.

Notification of Illness: Each parent shall promptly notify the other parent of an injury or illness of a child which has necessitated health care, and which occurs while a child is in the care of that parent. The notification shall include an estimate of the cost of any health care expenses incurred, if the parent has such information when the notification is made.

Process for Payment of Health Care Expenses: The parent who obtains health care for a child is solely responsible for the submission of the health care bill associated with such care to the insurance company for payment. That parent shall submit the health care bill to the insurance company personally, or through the health care provider. If the insurance company “explanation of benefits” form for the submitted health care bill is received by the parent who obtained the health

care service, a copy of the “explanation of benefits” form shall be provided to the other parent within 14 days of receipt of the form. Once the health care bill has been processed by the applicable health care insurance plan, both parents shall pay their respective share of any uninsured or uncovered health care expense within 45 days of receiving a copy of the explanation of benefits, or receipt of a copy of the service provider’s statement showing application of all insurance coverage, whichever is later. When a parent pays all (100%) of an out-of-pocket expense, co-pay, deductible or uninsured health care expense, the other parent shall reimburse the paying parent their portion of the expense within 30 days following receipt of a copy of the paid bill receipt and a Form 8.00 health care expense worksheet.

Extraordinary Medical Expenses: In accordance with R.C. §3119.30 or §3119.32, the Child support obligor shall pay _____ % and the child support obligee shall pay _____% of the costs of the uninsured health care expenses of the parties’ child(ren) identified herein, that exceeds the amount of cash medical support owed by the parents during that calendar year.

Health Insurance Coverage:

- A. Private Health Insurance Coverage IS NOT available for the minor child(ren).

Neither parent has accessible private health insurance coverage available at a reasonable cost to cover the minor child(ren) at the time of the issuance of this order.

The child support obligee shall obtain health care coverage (private health insurance coverage or public health care plan) for the child(ren) not later than thirty (30) days after it becomes available at a reasonable cost, and shall inform the Ashland County Child Support Enforcement Agency when health care coverage for the child(ren) has been obtained.

If private health insurance coverage becomes available to the child support obligor at a reasonable cost, the child support obligor shall inform the Ashland County Child Support Enforcement Agency and may seek a modification of health care coverage from the Court with respect to a Court child support order, or from the agency with respect to an administrative support order.

- B. Private Health Insurance Coverage IS available for the minor child(ren).

- Plaintiff has private health insurance coverage for the minor child(ren);
- Defendant has private health insurance coverage for the minor child(ren);
- Both parents have private health insurance coverage available for the minor child(ren).

1. Accessibility of Private Health Insurance Coverage.

The available private health insurance coverage for the minor child(ren) is accessible because: *(Check one of the following three boxes)*

- Primary care services are within thirty (30) miles of the child(ren)'s residence.
- The Court permits primary care services farther than thirty (30) miles of the child(ren)'s residence because residents in the geographic area customarily travel farther distances.
- Primary care services are accessible by public transportation because public transportation is the child support obligee's only source of transportation.

2. Reasonableness of Cost of Private Health Insurance Coverage.

Pursuant to R.C. 3119.29(F), for purposes of determining reasonable cost, the total cost of private health insurance coverage to the person required to provide private health insurance coverage for the child(ren) subject to the child support order does not exceed an amount equal to five percent (5%) of the annual income of that person. *(Check one of the following two sections)*

- The total cost of private health insurance coverage available to Plaintiff and/or Defendant **does not exceed** that parent's Health Insurance Maximum. *(Line 8 Child Support Computation Worksheet)*

- OR -

- The total cost of private health insurance coverage available to Plaintiff and/or Defendant **exceeds** that parent's Health Insurance Maximum. *(Line 8 Child Support Computation Worksheet)*

(Check one of the three sections below)

- Both parents agree that Plaintiff Defendant or Both parents shall obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

– OR –

Plaintiff Defendant has requested to obtain or maintain private health insurance coverage, the cost of which exceeds the Health Insurance Maximum for that parent.

– OR –

It is in the best interest of the child(ren) for Plaintiff Defendant to obtain or maintain private health insurance coverage for the child(ren) even though the total cost of private health insurance coverage exceeds that parent's Health Insurance Maximum. The cost of private health insurance coverage will not impose an undue financial burden because: _____

3. Person Required to Provide Private Health Insurance Coverage.

Plaintiff Defendant Both parents shall provide private health insurance coverage for the child(ren) until further order of Court for the following reasons:

(Check one of the following six boxes)

- The child support obligee is rebuttably presumed to be the appropriate parent to provide private health insurance coverage for the child(ren).
- The child support obligor already has private health insurance coverage for the child(ren) that is reasonable in cost.
- The child support obligor already has private health insurance coverage in place for the child(ren) that is not reasonable in cost, but the child support obligor wishes to be named the private health insurance obligor and provide coverage.
- The child support obligor can obtain private health insurance coverage for the child(ren) that is reasonable in cost through an employer or other source.
- The child support obligee is a non-parent individual or agency that has no duty to provide medical support.
- Both parents wish to provide and already have private health insurance coverage in place or have private health insurance coverage available for the child(ren).

If both parents are providing private health insurance coverage for the minor child(ren), Plaintiff's Defendant's private health insurance coverage plan shall be considered the primary private health insurance coverage plan for the child(ren).

Should private health insurance coverage be cancelled for any reason, the

parent ordered to maintain private health insurance coverage shall immediately notify the other parent of the cancellation.

Notice to Health Insurance Obligor(s):

- 1. Within 30 days of the date of this support order, the Health Insurance Obligor must designate the child(ren) named herein as covered dependents under any health insurance policy, contract, or plan for which the Health Insurance Obligor contracts.
- 2. The individuals who are designated to be reimbursed by the health plan administrator for covered out-of-pocket medical, optical, hospital, dental, or prescription expenses paid for the child(ren) named herein are:

	OBLIGOR	OBLIGEE
NAME:		
ADDRESS:		
PHONE:		

- 3. The health plan administrator that provides the health insurance coverage for the child(ren) named herein may continue making payment for medical, optical, hospital, dental, or prescription services directly to any health care provider in accordance with the applicable health insurance policy, contract or plan.
- 4. The Health Insurance Obligor may be required to pay co-payment or deductible costs required under the health insurance policy, contract or plan that covers the child(ren) named herein.
- 5. The Health Insurance Obligor’s employer is required to release to the other parent, any person subject to an order issued under R.C. §3109.19, or the CSEA upon written request any necessary information on the private health insurance coverage, including the name and address of the health plan administrator and any policy, contract, or plan number, and to otherwise comply with R.C. §3119.32 and any order or notice issued under R.C. §3119.32.
- 6. If the Health Insurance Obligor obtains new employment, the CSEA shall comply with the requirements of R.C. §3119.34, which may result in the issuance of a

notice requiring the new employer to take whatever action is necessary to enroll the child(ren) named herein in private health insurance coverage provided by the new employer, when insurance is not provided by any other source.

7. Within 30 days of the date of this support order, the Health Insurance Obligor must provide to the other party information regarding the benefits, limitations, and exclusions of the coverage, copies of any insurance forms necessary to receive reimbursement, payment, or other benefits under the coverage, and a copy of any necessary insurance cards.
8. Within 30 days of the date of this support order, the health insurance obligor shall provide to the CSEA documentation that verifies that coverage is being provided as ordered.