

SUGGESTED LANGUAGE FOR DEPENDENT HEALTH CARE ORDER PROVISIONS

(To be used with **ALL** child support orders)

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.

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.

Uninsured Health Care Expenses: In accordance with R.C. §3119.30 or §3119.32, that the Child Support Obligor shall pay **Percent%** and the Child Support Oblige, shall pay **Percent%** of the costs of the health care expenses of the parties' child(ren) identified herein, that exceeds the amount of cash medical support ordered to be paid, if any, when private health insurance coverage is not available as indicated below, **OR** of the uninsured health care costs or co-payment or deductible costs required under the health insurance policy, contract or plan that covers the child(ren), when private health insurance coverage is available as indicated below.

Health Insurance Coverage:

- If this box is checked, private health insurance coverage that is accessible and reasonable in cost through a group policy, contract, or plan **is available** to (insert name(s) of person or persons to provide health insurance). Therefore, in accordance with R.C. §3119.30, it is hereby ORDERED that, no later than 30 days after the issuance of this support order, (insert name(s) of person or persons to provide health insurance) shall secure and maintain private health insurance for the child(ren) named herein and he/she/they shall hereafter be referred to as the **Health Insurance Obligor**.
- If this box is checked, the costs of private health insurance **exceed** the health insurance maximum indicated on **line 7b** of the Child Support Guidelines Computation Worksheet, **and** (check the following that apply):
 - Both parties agree that (select one if applicable):
 - Party Name** shall obtain or maintain private health insurance that exceeds the health insurance maximum for that parent.
 - Both parties** shall obtain or maintain private health insurance that exceeds the health insurance maximum for that parent.

- Party Name** has requested to obtain or maintain the private health insurance that exceeds the health insurance maximum for that parent.
- If this box is checked, the private health insurance **is** considered accessible when primary care services are not located within 30 miles of the child(ren)'s residence, but are located farther than 30 miles from the child(ren)'s residence, **because** residents in part or all of the child(ren)'s immediate geographic area customarily travel farther distances than thirty miles for primary care services.
- If this box is checked, the custodial parent is dependent upon public transportation; therefore, private health insurance must also provide primary care services that are available by public transportation in order to be considered accessible.
- If this box is checked, private health insurance coverage that is accessible and reasonable in cost is not available through any group policy, contract, or plan available to the Child Support Obligor or Child Support Oblige. Therefore, in accordance with R.C. §3119.30, it ORDERED that if, after the issuance of this order, private health insurance coverage for the child(ren) named herein becomes available through any group policy, contract, or plan available to the Child Support Obligor or Child Support Oblige, **the Child Support Obligor or Child Support Oblige to whom the coverage becomes available SHALL IMMEDIATELY INFORM THE CSEA OF THE AVAILABLE COVERAGE.** When the CSEA becomes aware through reporting by either party or by any other means that private health insurance may be available, the CSEA will then determine whether the private health insurance coverage is reasonable in cost. When the CSEA determines that the private health insurance coverage **is** reasonable in cost, the CSEA shall notify both parties that the person to whom the coverage is available is now the **Health Insurance Obligor**, and is ordered to secure and maintain private health insurance for the child(ren) named herein, and to meet the requirements identified under "**Notice to the Health Insurance Obligor**" without an additional court order or hearing.

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:	Obligor Name	Obligee Name
ADDRESS:	Obligor Address	Obligee Address
PHONE:	Obligor Phone No.	Obligee Phone No.

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.
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.