

**IN THE COURT OF COMMON PLEAS, ASHLAND COUNTY, OHIO
JUVENILE DIVISION**

In Re: _____ :
 _____ : Case No. _____
 _____ : SETS No. _____
 Plaintiff(s), :
 vs. :
 _____ :
 Defendant(s). : **JUDGMENT ENTRY**

DEPENDENT HEALTH CARE ORDER (R.C. 3119.30 et seq.)

IT IS HEREBY ORDERED, ADJUDGED AND DECREED as follows with regard to health care and health insurance for _____ (DOB: _____):

A. DEFINITIONS:

1. **"Health care expenses"**: 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.
2. **"Health insurance coverage"**: Accessible private (non-governmental) health insurance that provides primary care services within thirty miles from the residence of the child.
3. **"Health insurance obligor"**: A person who is designated and required by this order to provide health insurance coverage for the child when that coverage is available to the person at a reasonable cost. The health insurance obligor designated by the Court may also be the child support obligee.
4. **"Reasonable cost"**: The cost of health insurance coverage to health insurance obligor is LESS THAN five percent (5%) of the annual income of the health insurance obligor.

B. PERSONS SUBJECT TO THIS ORDER: This Order applies to the following persons:

Role in Case	Name	Health Insurance Requirement
Child Support Oblige		<input type="checkbox"/> Health Insurance Obligor
Child Support Obligor #1		<input type="checkbox"/> Health Insurance Obligor

Child Support Obligor #2	<input type="checkbox"/> Health Insurance Obligor
--------------------------	---

C. NOTIFICATION OF ILLNESS: Any person obtaining health care for the child shall promptly notify the other persons subject to this order of the injury or illness of the child which necessitated health care. The notification shall include an estimate of the cost of such care, if the obligee has such information when the notification is made.

D. HEALTH EXPENSES IN EXCESS OF \$100: When any person learns that a child is in need of non-emergency health care which costs more than \$100.00, that person shall immediately notify the other persons subject to this order of the need for such care, and the proposed health care provider's name and contact information. Unless prohibited by court order, any person may then contact the health care provider and obtain any desired information, including but not limited to, the necessity for such services, the proposed cost, and available payment schedules. Any person may also obtain a second opinion regarding such proposed health care for the child, but the second opinion shall be arranged and paid for by the person seeking the second opinion.

E. UNINSURED EXPENSES: Uninsured health care expenses of the child shall be paid as follows:

1. **Ordinary Expenses:** Under Ohio law, cash medical support as shown on line 23(b) of the Ohio Child Support Guidelines Worksheet is intended to pay for the ordinary health care expenses of the minor child. Accordingly, the first \$510.21 **per calendar year, per child**, of uninsured health care expenses, including deductibles and co-pays under insurance, shall be deemed "ordinary health care expenses" and shall be paid by the legal custodian of the child, unless otherwise ordered by the Court.

2. **Extraordinary Expenses:** Any health care expenses **in excess of \$510.21 per calendar year per child** shall be deemed "extraordinary health care expenses," and shall be paid by the parties according to the following percentages, unless otherwise ordered by the Court:
Father: _____ % **and Mother:** _____ %.

F. PROCESS FOR PAYMENT OF HEALTH CARE EXPENSES:

1. **Submission of the Bill to Insurance:** The person who obtains the health care for a child (hereinafter referred to as the "Submitting Person") is solely responsible for the submission of the health care bill to the insurance company for payment. The Submitting Person shall submit the health care bill to the insurance company, personally or through the health care provider, within thirty (30) days of the Submitting Person's receipt of the bill. This rule anticipates that the insurance company will send any "Explanation of Benefits" notice regarding the bill to the Submitting Person. In the event the insurance company sends any "Explanation of Benefits" notice to any other person (hereinafter referred to as the "Non-submitting Person"), the Non-submitting Person shall provide that "Explanation of Benefits" notice to the Submitting Person, within fourteen (14) days of receipt of the form. Once the insurance company has processed the bill for payment, the person(s) liable for payment of the bill shall pay the bill according to the

procedures set forth below. If the child is uninsured, the procedures for payment set forth below shall still apply to the child's health care expenses.

2. Responsibilities of Submitting Person: Within thirty (30) days after all insurance benefits have been paid with regard to any specific health care bill, or within thirty (30) days of receipt of the health care bill if the child is uninsured, the Submitting Person notify the Non-submitting Person(s), if the Non-submitting Person(s) are responsible for payment of any portion of the bill, of all of the following:

- a. The total amount of the health care bill before any insurance payment;
- b. The amount paid by the insurance company or any other source; and
- c. The amount that the Non-submitting Person owes for the bill and to whom it is owed.

This notification shall include a copy of the original bill for health care services and a copy of any explanation of benefits received from the insurance company.

3. Responsibilities of Non-submitting Person: The Non-submitting Person shall pay or make arrangements with the provider for payment of his or her portion of the bill, within thirty (30) days of the date the above notification is received by the Non-submitting Person.

G. HEALTH INSURANCE COVERAGE (check (1), (2), or (3)): The Court ORDERS that:

- (1) CHILD SUPPORT OBLIGEE:** The child support obligee is deemed the "health insurance obligor" because the presumption under R.C. 3119.30(B) has not been rebutted.
- (2) CHILD SUPPORT OBLIGOR:** The child support obligors are deemed the "health insurance obligors" and the presumption under R.C. 3119.30(B) is rebutted because (check one of the following):
 - The child support obligor already has health insurance for the child that is reasonable in cost. R.C. 3119.30(B)(1)(a).
 - The child support obligor already has health insurance coverage in place for the child(ren) that is not reasonable in cost, but the obligor wishes to be named the health insurance obligor and provide coverage under division (A)(2)(a) of R.C. 3119.302. R.C. 3119.30(B)(1)(b).
 - The obligor can obtain coverage for the child(ren) that is reasonable in cost through an employer or other source. R.C. 3119.30(B)(1)(c).
 - The obligee is a non-parent individual or agency that has no duty to provide medical support. R.C. 3119.30(B)(1)(d).
- (3) BOTH PARENTS:** Both the child support obligor and the child support obligee shall be deemed "health insurance obligors".

1. **Continuing Nature and Modification of the Order:** The obligations contained in this Order continue until further order of the Court and shall be complied with any time a change in the child's insurance occurs. Examples of changes in the child's insurance include, but are not limited to, changes in an existing policy of insurance and a change to new insurance due to a change of employment by the Health Insurance Obligor. Any party desiring to modify or change the requirements of this Order must file a written motion with the Court pursuant to Ohio Revised Code Section 3119.46.

2. **Obligations of Health Insurance Obligor:** The Health Insurance Obligor shall do all of the following:
 - a. No later than thirty (30) days after issuance of this order, provide the obligee with information regarding the benefits, limitations, and exclusions of any existing 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; and
 - b. No later than thirty (30) days after issuance of this order, designate the child as a covered dependent under any health insurance policy, contract, or plan for which the person contracts.
 - c. If the person is required to carry insurance by this order and that parent is already carrying insurance at the time this order is entered, the person shall provide verification of the coverage to the Ashland County CSEA, within thirty (30) days after issuance of this order.
 - d. If a person is required to carry insurance by this order and the person does not have insurance available at a reasonable cost when this order is entered, the person shall obtain coverage for the child not later than thirty (30) days after it becomes available at a reasonable cost. That person shall notify the Ashland County CSEA when insurance has been obtained. R.C. 3119.30(B)(2).

3. **New Hire Notice:** If the Health Insurance Obligor obtains new employment, the CSEA shall comply with the requirements of Section 3119.34 of the Revised Code, which may result in the issuance of a notice requiring the new employer to take whatever action is necessary to enroll the child in private health care insurance coverage provided by the new employer, when insurance is not being provided by any other means. (Ohio Revised Code Section 3119.32(H)).

4. **Reimbursement by Insurance Company:** Any insurance reimbursement for out-of-pocket health care expenses paid for the above-listed child shall be made to the person making direct payment to the provider for such expenses, whether or not that person is the insured. The insurer that provides the health insurance coverage for the child may continue making payments for health care expenses directly to any health care provider in accordance with the applicable health insurance or health care policy, contract, or plan. In the event any person erroneously receives a reimbursement check for a health expense paid by another person, the person receiving the erroneous reimbursement check shall immediately endorse the check and make it payable to and

deliver it to the person who directly paid the provider for the health expense.

5. **Public Medical Assistance:** Pursuant to Ohio Revised Code Section 3119.54, in the event the child is eligible for medical assistance under Revised Code Chapters 5111 or 5115 and the Health Insurance Obligor has obtained health insurance coverage, the legal custodian of the child shall notify any physician, hospital, or other provider of medical services for which medical assistance is available of the name and address of the parent's insurer and of the number of the parent's health insurance or health care policy, contract, or plan.
 6. **Failure to Comply:** Pursuant to Ohio Revised Code Section 3119.56, any person who fails to comply with this Order with regard to health insurance may be liable to any other person for any health care expense incurred as a result of the failure to comply with the Order.
 7. **Alternative Insurance:** The Health Insurance Obligor may comply with his or her obligation to carry insurance under this order by providing proof to the Ashland County Child Support Enforcement Agency that the child's health is insured under a third-party's private health insurance plan in full force and effect.
 8. **Release of Information by Employer:** Pursuant to Ohio Revised Code Section 3119.32(E), the employer of the Health Insurance Obligor is required to release to the legal custodian of the child, any person subject to an order issued under section 3109.19 of the Revised Code, or the child support enforcement agency, on 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 this section and any order or notice issued under this section.
 9. **Underwriting Standards:** Nothing in this Order shall be construed to require a health plan administrator to accept for enrollment any child who does not meet the underwriting standards of the health insurance or health care policy, contract, or plan for which application is made. (Ohio Revised Code Section 3119.422).
 10. **Persons Bound by Order:** Pursuant to O.R.C. §3119.42, this Order is binding upon the persons listed in Paragraph B, the Health Insurance Obligor's employers, and any health plan administrator that provides health insurance coverage for either the Health Insurance Obligor or the child.
- H. **SERVICE:** A copy of this Order shall be served on the Ashland County CSEA, the persons named in Paragraph B and any counsel of record by ordinary U.S. Mail.

SO ORDERED.

Judge Karen DeSanto Kellogg