

137-055-4640

Medical Support Notice -- Plan Selection

For the purposes of this rule, the definitions found in ORS 25.321 and OAR 137-050-0750 apply.

(1) When a medical support notice has been served and the providing party as defined in ORS 25.321, is not enrolled in a health benefit plan or is not enrolled in a plan that offers and available dependent coverage as defined in ORS 25.323, and if more than one plan with appropriate dependent coverage is offered, the plan administrator will notify the enforcing agency and the enforcing agency will forward the health benefit plan information to the obligee, if the obligee is not the providing party.

(2) The notice sent by the enforcing agency with the health benefit plan descriptions and documents will advise the obligee that:

(a) If the obligee identifies a plan and contacts the enforcing agency within 10 calendar days of the date the plan information was mailed, except as provided in section (4) of this rule, the enforcing agency will notify the plan administrator of the selection made.

(b) If the obligee fails to notify the enforcing agency of a plan selection within 10 calendar days of the date the plan information was mailed, except as provided in section (4) of this rule, the enforcing agency will select the default plan if the plan administrator has indicated there is such a plan or, if there is not a default plan indicated by the plan administrator, the least costly plan available that provides appropriate health care coverage.

(3) Notwithstanding any other provisions of this rule, and except as provided in section (4) of this rule, if the providing party has more than one case with an order to provide appropriate health care coverage, the enforcing agency will select a plan using the following criteria:

(a) If there is only one health benefit plan that provides appropriate health care coverage on all cases, that plan will be selected;

(b) If there is more than one health benefit plan that provides appropriate health care coverage on all cases, the least costly plan will be selected;

(c) If there is a health benefit plan that provides appropriate health care coverage for some but not all of the children on the cases, then:

(A) If the medical support notices were issued on all cases on or about the same date, such as would occur when the providing party has a new employer, the least costly plan that is appropriate to the child(ren) on at least one of the cases will be selected; or

(B) If the medical support notices were issued at different times, such as would occur

when there is an existing order with a provision for appropriate health care coverage on one case and a new order with a provision for appropriate health care coverage is established on a second case, the existing plan or the least costly plan that is appropriate to the child(ren) on the case in which the first medical support notice was issued will be selected.

(4) If a providing party's current family is covered by a health benefit plan, the enforcing agency may not select a plan that eliminates the current family's coverage.

(5) The enforcing agency will notify the plan administrator of the selection within 20 business days of the date the plan administrator forwarded the health plan descriptions and documents to the enforcing agency.

Stat. Auth.: ORS 25.080 and ORS 180.345

Stats. Implemented: ORS 25.325, 25.327, 25.329, 25.331, 25.333, 25.337, 25.341

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