

**137-055-4640**

**Medical Support Notice -- Plan Selection**

(1) When a medical support notice has been served and the obligor is not enrolled in a health benefit plan or is not enrolled in a plan that offers dependent coverage and if more than one plan with dependent coverage is offered, the plan administrator will notify the enforcing agency and the enforcing agency shall forward the health benefit plan information to the obligee.

(2) The notice sent by the enforcing agency with the health benefit plan descriptions and documents shall 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 shall 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 shall 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 which provides satisfactory health care coverage.

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

(a) If there is only one satisfactory health benefit plan that is accessible to the children on all cases, that plan shall be selected;

(b) If there is more than one satisfactory health plan that is accessible to the children on all cases, the least costly plan shall be selected;

(c) If there is a satisfactory health plan, but it is not accessible to the children on all 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 obligor has a new employer, the least costly plan that is accessible to the child(ren) on at least one of the cases shall 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 health care coverage on one case and a new order with a provision for health care coverage is established on a second case, the existing plan or the least costly plan that is accessible to the child(ren) on the case in which the first medical support notice was issued shall be selected.

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

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

Stat. Auth.: section 6, chapter 637, Oregon Laws 2003 and section 2, chapter 75, Oregon Laws 2003

Stats. Implemented: section 6, chapter 637, Oregon Laws 2003