

WordPerfect Document Compare Summary

Original document: P:\wp19\AAML\CHILDSUPPORT\00544406.WPD

Revised document: P:\wp19\AAML\CHILDSUPPORT\00544407.WPD

Deletions are shown with the following attributes and color:

~~Strikeout~~, **Blue** RGB(0,0,255).

Deleted text is shown as full text.

Insertions are shown with the following attributes and color:

Double Underline, Redline, **Red** RGB(255,0,0).

The document was marked with 2 Deletions, 3 Insertions, 0 Moves.

NAC 425.135 Order must include provision that medical support is required to be provided to child. (NRS 425.620)

1. After calculation of child support in accordance with the guideline schedule and any adjustments, every order issued or modified in this State must include a provision specifying:

(a) That medical support is required to be provided for the child; and

(b) Any Allocation of the cost of medical support, including any details relating to that requirement.

2. As used in this section, “medical support” includes, without limitation, the payment of a premium for accessible medical, vision or dental coverage under a plan of insurance, including, without limitation, a public plan such as Medicaid or a reduced-fee plan such as the Children’s Health Insurance Program, that is reasonable in cost. For the purpose of this subsection:

(a) Coverage under a plan of insurance is “accessible” if the plan:

(1) Is not limited to coverage within a geographical area; or

(2) Is limited to coverage within a geographical area and the child resides within that geographical area.

(b) The payment of a premium for coverage under a plan of insurance is “reasonable in cost” if:

(1) The cost:

(I) To each party who is responsible for providing medical support is not more than 5 percent of the monthly gross income of the party; or

(II) Of adding a dependent child to any existing coverage for health care or the difference between individual and family coverage, whichever is less, is not more than 5 percent of the monthly gross income of the party; and

(2) The court assesses the plan of insurance, including the copayments, deductible and maximum out-of-pocket costs, and determines that the plan is reasonable in cost.