

(c) Regardless of the income level of the payer, the obligation for support shall also include the cost of providing medical support for the child. In other words, the obligation for support of both low-income payers and high-income payers shall also include the cost of providing medical support for the child. The cost of medical support shall be borne equally by the parents, with each parent being responsible for 50% of the cost of medical support unless, in extraordinary circumstances, the Court determines that a basis exists to deviate from the parents equally sharing the cost of medical support.

- (1) As used in this section, “medical support” includes, without limitation, the cost of coverage for medical, vision and dental under a plan of insurance for the child that is reasonable in cost and accessible, meaning the payment of the premium.

For the purpose of this subsection:

(A) The term “plan of insurance” includes the child being provided coverage under a public plan of insurance such as Medicaid or a reduced fee plan such as Nevada Check Up.

(B) Payments of cash for medical support or the cost of coverage for health care under a plan of insurance are “reasonable in cost” if:

- (i) In the case of payments of cash for medical support, the cost to each parent who is responsible for providing medical support is not more than 5 percent of the gross monthly income of the parent; or
- (ii) In the case of the costs of coverage for health care under a plan of insurance, the cost 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 gross monthly income of each parent.

(C) Coverage for health care under a plan of insurance is “accessible” if the plan:

- (i) Is not limited to coverage within a geographic area; or
- (ii) Is limited to coverage within a geographic area and the child resides within that geographic area.