



The following information regarding Qualified Medical Child Support Orders is approved verbiage from the South Carolina Insurance Department. Please contact TCC Benefits Administrator if you have any questions pursuant to this information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER

Group Health Plan Coverage Pursuant to Medical Child Support Orders. –

- (1) This Contract shall provide benefits in accordance with the applicable requirements of any qualified medical child support order.

DEFINITIONS. For purposes of this subsection –

- (A) **QUALIFIED MEDICAL CHILD SUPPORT ORDER.** – The term qualified medical child support order means a medical child support order –
 - (i) which creates or recognizes the existence of an alternate recipient’s right to, or assigns to an alternate recipient the right to, receive benefits for which a participant Employee is eligible under this Contract and
 - (ii) with respect to which the requirements of paragraphs (2) and (3) are met.
 - (B) **MEDICAL CHILD SUPPORT ORDER** - The term medical child support order means a judgment, decree or order (including approval of a settlement agreement) issued by a court of competent jurisdiction or a National Medical Support Notice (“NMSN”) issued by the applicable state Issuing Agency which –
 - (i) provides a child support with respect to a child of a participant under this Contract or provides for health coverage to such a child, is made pursuant to a State domestic relations law (including a community property law), and relates to benefits under this Contract, or
 - (ii) enforces a law relating to medical child support described in section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993) with respect to a group health plan.
 - (C) **ALTERNATE RECIPIENT** – The term alternate recipient means any child of a participant Employee who is recognized under a medical child support order as having a right to enrollment under this Contract with respect to such participant.
- (2) **INFORMATION TO BE INCLUDED IN QUALIFIED ORDER** – A medical child support order meets the requirement of this paragraph only if such order clearly specifies –
 - (A) the name and the last known mailing address (if any) of each participant Employee and the name and mailing address of each alternate recipient covered by the order,

- (B) a reasonable description of the type of coverage to be provided by the plan to each such alternate recipient or the manner in which such type of coverage is to be determined,
 - (C) the period to which such order applies, and
 - (D) each plan to which such order applies. If the medical child support order is a NMSN, the order must also include:
 - (E) the name of the Issuing Agency,
 - (F) the name and mailing address of an official or agency that has been substituted for the mailing address of any alternate recipient, and
 - (G) the identification of the underlying child support order.
- (3) **RESTRICTION ON NEW TYPES OR FORMS OF BENEFITS** – A medical child support order meets the requirements of the paragraph only if such order does not require a plan to provide any type or form of benefit, or any option, not otherwise provided under the plan, except to the extent necessary to meet the requirements of a law relating to medical child support described in section 1908 of the Social Security Act (as added by section 13822 of the Omnibus Budget Reconciliation Act of 1993).
- (4) **PROCEDURE REQUIREMENTS** –
- (A) **TIMELY NOTIFICATIONS AND DETERMINATIONS** – In the case on any medical child support order received by a group health plan-
 - (i) the Employer as the plan administrator shall promptly notify the participant Employee and each alternate recipient of the receipt of such order and the plan’s procedures for determining whether medical child support orders are qualified medical child support orders, and
 - (ii) within a reasonable period after receipt of such order, the Employer/plan administrator shall determine whether such order is a qualified medical child support order and notify the participant Employee and each alternate recipient of such determination.
 - (B) **ESTABLISHMENT OF PROCEDURES FOR DETERMINING QUALIFIED STATUS OR ORDERS.** – The Employer as the plan administrator of the group health plan shall establish reasonable procedures to determine whether medical child support orders are qualified medical child support orders and to administer the provision of benefits under such qualified orders. Such procedures
 - (i) shall be in writing,
 - (ii) shall provide for the notification of each person specified in a medical child support order as eligible to receive benefits under the plan (at the

address included in the medical child support order) of such procedures promptly upon receipt by the plan of the medical child support order, and

- (iii) shall permit an alternate recipient to designate a representative for receipt of copies of notices that are sent to the alternate recipient with respect to a medical child support order.
- (5) **ACTIONS TAKEN BY FIDUCIARIES** – If a plan fiduciary acts in accordance with these Procedural Requirements in treating a medical child support order as being (or not being) a qualified medical child support order, then the plan’s obligation to the participant and each alternate recipient shall be discharged to the extent of any payment made pursuant to such act of the fiduciary.
- (6) **TREATMENT OF ALTERNATE RECIPIENTS** –
- (A) **TREATMENT AS BENEFICIARY GENERALLY** – A person who is an alternate recipient under any medical child support order shall be considered a beneficiary under the plan for purposes of any provision of the Employee Retirement Income Security Act of 1974, as amended.
 - (B) **TREATMENT AS PARTICIPANT FOR PURPOSES OF REPORTING AND DISCLOSURE REQUIREMENTS**. – A person who is an alternate recipient under any medical child support order shall be considered a participant under the plan for purposes of the reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974, as amended.
- (7) **DIRECT PROVISION OF BENEFITS PROVIDED TO ALTERNATE RECIPIENTS**. Any payment for benefits made by this group health plan pursuant to a medical child support order in reimbursement for expenses paid by an alternate recipient or an alternate recipient’s custodial parent or legal guardian shall be made to the alternate recipient or the alternate recipient’s custodial parent or legal guardian.
- (8) **PLAN ENROLLMENT AND PAYROLL DEDUCTIONS**. – If a participant Employee remains covered under this group health plan but fails to enroll an alternate recipient under the plan after receiving notice of the QMCSO from the Employer/plan sponsor, the group health plan shall enroll the alternate recipient and deduct the additional premium from the participant Employee’s paycheck.
- (9) **TERMINATION OF COVERAGE**. – Except for any coverage continuation rights otherwise available under this Contract and subject to the other termination provisions in this Contract, the coverage for the alternate recipient shall end on the earliest of:
- (A) the date the participant Employee’s coverage ends;
 - (B) the date the QMCSO is no longer in effect; or
 - (C) the date the participant Employee obtains other comparable health coverage through another insurer or plan to cover the alternate recipient.
 - (D) the date the Employer eliminates family health coverage for all of its Employees under all of the Employer’s group health plan.