

AN ACT concerning civil law.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Illinois Marriage and Dissolution of Marriage Act is amended by changing Section 505.2 as follows:

(750 ILCS 5/505.2) (from Ch. 40, par. 505.2)

Sec. 505.2. Health insurance.

(a) Definitions. As used in this Section:

(1) (Blank). ~~"Obligee" means the individual to whom the duty of support is owed or the individual's legal representative.~~

(2) (Blank). ~~"Obligor" means the individual who owes a duty of support pursuant to an order for support.~~

(3) "Public office" means any elected official or any State or local agency which is or may become responsible by law for enforcement of, or which is or may become authorized to enforce, an order for support, including, but not limited to: the Attorney General, the Illinois Department of Healthcare and Family Services, the Illinois Department of Human Services, the Illinois Department of Children and Family Services, and the various State's Attorneys, Clerks of the Circuit Court and supervisors of general assistance.

(4) "Child" shall have the meaning ascribed to it in Section 505.

(5) "Insurance obligee" means any individual to whom the health insurance obligation is owed on behalf of the child.

(6) "Insurance obligor" means any individual who has an obligation to provide health insurance for the child.

(b) Order.

(1) Whenever the court establishes, modifies or enforces an order for child support or for child support and maintenance the court shall include in the order a provision for the health insurance ~~care~~ coverage of the child which shall, ~~upon request of the obligee or Public Office,~~ require that any child covered by the order be named as a beneficiary of any health insurance plan that is available to the insurance obligor through an employer or labor union or trade union. If the court finds that such a plan is not available ~~to the obligor, or that the plan is not accessible to the obligee,~~ the court may, ~~upon request of the obligee or Public Office,~~ order the insurance obligor to name the child covered by the order as a beneficiary of any health insurance plan that is available to the insurance obligor on a group basis, or as a beneficiary of an independent health insurance plan to be obtained by the insurance obligor, after considering the following factors:

(A) the medical needs of the child;

(B) the availability of a plan to meet those needs; and

(C) the cost of such ~~a~~ health insurance plan to the insurance obligor and insurance obligee.

(2) If the employer or labor union or trade union offers more than one plan, the order shall require the insurance obligor to name the child as a beneficiary of the plan in which the insurance obligor is enrolled.

(3) Nothing in this Section shall be construed to limit the authority of the court to establish or modify a support order to provide for payment of expenses, including deductibles, copayments and any other health expenses, which are in addition to expenses covered by an insurance plan of which a child is ordered to be named a beneficiary pursuant to this Section.

(c) Implementation ~~and enforcement~~.

(1) When the court order requires that a minor child be named as a beneficiary of a health insurance plan, other than a health insurance plan available through an employer or labor union or trade union, the insurance obligor shall provide written proof to the insurance obligee or Public Office that the required insurance has been obtained, ~~or that application for insurability has been made, within 30 days of receiving notice of the court order. Unless the obligor was present in court when the~~

~~order was issued, notice of the order shall be given pursuant to Illinois Supreme Court Rules. If an obligor fails to provide the required proof, he may be held in contempt of court.~~

(2) When the court requires that a child be named as a beneficiary of a health insurance plan available through an employer or labor union or trade union, the court's order shall be implemented in accordance with the Income Withholding for Support Act.

(2.5) (Blank). ~~The court shall order the obligor to reimburse the obligee for 50% of the premium for placing the child on his or her health insurance policy if:~~

~~(i) a health insurance plan is not available to the obligor through an employer or labor union or trade union and the court does not order the obligor to cover the child as a beneficiary of any health insurance plan that is available to the obligor on a group basis or as a beneficiary of an independent health insurance plan to be obtained by the obligor;~~
~~or~~

~~(ii) the obligor does not obtain medical insurance for the child within 90 days of the date of the court order requiring the obligor to obtain insurance for the child.~~

~~The provisions of subparagraph (i) of paragraph 2.5 of subsection (c) shall be applied, unless the court makes a~~

~~finding that to apply those provisions would be inappropriate after considering all of the factors listed in paragraph 2 of subsection (a) of Section 505.~~

~~The court may order the obligor to reimburse the obligee for 100% of the premium for placing the child on his or her health insurance policy.~~

(d) Failure to maintain insurance. The dollar amount of the premiums for court-ordered health insurance, or that portion of the premiums for which the insurance obligor is responsible in the case of insurance provided under a group health insurance plan through an employer or labor union or trade union where the employer or labor union or trade union pays a portion of the premiums, shall be considered an additional child support obligation ~~owed by the obligor~~. Whenever the insurance obligor fails to provide or maintain health insurance pursuant to an order for support, the insurance obligor shall be liable ~~to the obligee for the dollar amount of the premiums which were not paid, and shall also be liable~~ for all medical expenses incurred by the child which would have been paid or reimbursed by the health insurance which the insurance obligor was ordered to provide or maintain. In addition, the insurance obligee may petition the court to modify the order based solely on the insurance obligor's failure to maintain or pay the premiums for court-ordered health insurance for the child.

(e) Authorization for payment. The signature of the

insurance obligee is a valid authorization to the insurer to process a claim for payment under the insurance plan to the provider of the health insurance plan ~~care services~~ or to the insurance obligee.

(f) Disclosure of information. The insurance obligor's employer or labor union or trade union shall disclose to the insurance obligee or Public Office, upon request, information concerning any dependent coverage plans which would be made available to a new employee or labor union member or trade union member. The employer or labor union or trade union shall disclose such information whether or not a court order for medical support has been entered.

(g) Employer obligations. If an insurance obligor ~~a parent~~ is required by an order for support to provide health insurance coverage for a child ~~child's health care expenses~~ and if that coverage is available to the insurance obligor ~~parent~~ through an employer who does business in this State, the employer must do all of the following upon receipt of a copy of the order of support or order for withholding:

(1) The employer shall, upon the insurance obligor's ~~parent's~~ request, permit the insurance obligor ~~parent~~ to include in that coverage a child who is otherwise eligible for that coverage, without regard to any enrollment season restrictions that might otherwise be applicable as to the time period within which the child may be added to that coverage.

(2) If the insurance obligor ~~parent~~ has health insurance ~~care~~ coverage through the employer but fails to apply for coverage for ~~of~~ the child, the employer shall include the child in the insurance obligor's ~~parent's~~ coverage upon application by the insurance obligee ~~child's~~ ~~other parent~~ or the Department of Healthcare and Family Services.

(3) The employer may not eliminate any child from the insurance obligor's ~~parent's~~ health insurance ~~care~~ coverage unless: the employee is no longer employed by the employer and no longer covered under the employer's group health plan; the employer no longer provides a group health insurance plan to any employees; the child is no longer eligible for coverage due to federal or State restrictions; or unless the employer is provided with satisfactory written evidence of either of the following:

(A) The order for support is no longer in effect.

(B) The child is or will be included in a comparable health insurance ~~care~~ plan obtained by the insurance obligor ~~parent~~ under such order that is currently in effect or will take effect no later than the date the prior coverage is terminated.

The employer may eliminate a child from the insurance obligor's ~~a parent's~~ health insurance ~~care~~ plan obtained by the insurance obligor ~~parent~~ under such order if the employer has eliminated dependent health insurance ~~care~~

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coverage for all of its employees.

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