**Medical Support Worksheet**

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| --- | --- | --- | --- |
| **Parent Name** |  | | |
| Does this parent have a health benefit plan available? | | Yes | No |
| What is the family premium cost? | | $ | |
| What is the single premium cost? | | $ | |
| What is the difference[[1]](#footnote-1) between family and single costs? | | $ | |
| How many people are covered, excluding this parent, under this plan? | |  | |
| What is the cost per person?[[2]](#footnote-2) | | $ | |
| How many children[[3]](#footnote-3) are the subject of this case? | |  | |
| What is the cost to add these children?[[4]](#footnote-4) | | $ | |
| What is this parent’s Reasonable Cost amount?[[5]](#footnote-5) | | $ | |
| Is this parent’s plan of a reasonable cost?[[6]](#footnote-6) | | Yes | No |
| Does this parent consent to providing plan at above reasonable cost?[[7]](#footnote-7) | | Yes | No |
| Does this parent have these children enrolled in HAWK-I?[[8]](#footnote-8) | | Yes | No |
| What is total HAWK-I premium in this parent’s household? | | $ | |
| Does this parent have these children enrolled in Medicaid? | | Yes | No |
| Does this parent receive FIP or Medicaid?[[9]](#footnote-9) | | Yes | No |
| Does this parent reside with a child receiving FIP, Medicaid, or HAWK-I?[[10]](#footnote-10) | | Yes | No |
| Is this parent’s preliminary net income $1,150.00 or less?[[11]](#footnote-11) | | Yes | No |
| Does this parent have income subject to income withholding?[[12]](#footnote-12) | | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Name** |  | | |
| Does this parent have a health benefit plan available? | | Yes | No |
| What is the family premium cost? | | $ | |
| What is the single premium cost? | | $ | |
| What is the difference1 between family and single costs? | | $ | |
| How many people are covered, excluding this parent, under this plan? | |  | |
| What is the cost per person?2 | | $ | |
| How many children3 are the subject of this case? | |  | |
| What is the cost to add these children?4 | | $ | |
| What is this parent’s Reasonable Cost amount?5 | | $ | |
| Is this parent’s plan of a reasonable cost?6 | | Yes | No |
| Does this parent consent to providing plan at above reasonable cost?7 | | Yes | No |
| Does this parent have these children enrolled in HAWK-I?8 | | Yes | No |
| What is total HAWK-I premium in this parent’s household? | | $ | |
| Does this parent have these children enrolled in Medicaid? | | Yes | No |
| Does this parent receive FIP or Medicaid?9 | | Yes | No |
| Does this parent reside with a child receiving FIP, Medicaid, or HAWK-I?10 | | Yes | No |
| Is this parent’s preliminary net income $1,150.00 or less?11 | | Yes | No |
| Does this parent have income subject to income withholding?12 | | Yes | No |

1. To find the difference, subtract the single premium from the family premium. [↑](#footnote-ref-1)
2. To the cost per person, divide the difference by the total number of people covered by the family plan, excluding this parent. [↑](#footnote-ref-2)
3. The children for whom support is being determined. [↑](#footnote-ref-3)
4. The cost to add the children is the cost per person multiplied by the number of children in this case. [↑](#footnote-ref-4)
5. *See* Rule 9.12(4) Guidelines. [↑](#footnote-ref-5)
6. Compare the parent’s reasonable cost to the cost to add the children. [↑](#footnote-ref-6)
7. The parents must consent or not object. *See* §252E.1A(3)(a)(2) Iowa Code. [↑](#footnote-ref-7)
8. If the payee has the children enrolled in HAWK-I, cash medical support, if ordered, is limited to the HAWK-I premium under Rule 9.12(3) Guidelines. [↑](#footnote-ref-8)
9. Cash medical support may not be ordered; order to provide a plan if available at no cost. *See* §252E.1A(3) Iowa Code. [↑](#footnote-ref-9)
10. These children must be children to whom the parent has a legal obligation; *see* §252E.2A(4) Iowa Code and Rule 9.7 Guidelines. [↑](#footnote-ref-10)
11. Cash medical support may not be ordered; order to provide a plan if available at no cost. *See* §252E.1A(4)(a) Iowa Code, Rule 9.12(2), and Area A of the Medical Support Table in Rule 9.12(4) Guidelines. [↑](#footnote-ref-11)
12. Cash medical support may not be ordered; order to provide a plan if available at reasonable cost. *See* §252E.1A(4)(b) Iowa Code. [↑](#footnote-ref-12)