

## North Dakota - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
<b>Prenatal and Postnatal Care</b>	Involuntary complications of pregnancy coverage	Individual, group plans (including HMOs)	26.1-36-09.2
<b>Delivery and All Inpatient Services for Maternity Care</b>	Postdelivery coverage for mothers and newborns	Individual, group plans (including HMOs)	26.1-36-09.8
<b>Mental/Behavioral Health Outpatient Services</b>	Mental disorder coverage	Group plans (including HMOs)	26.1-36-09
<b>Mental/Behavioral Health Inpatient Services</b>	Mental disorder coverage	Group plans (including HMOs)	26.1-36-09
<b>Substance Abuse Disorder Outpatient Services</b>	Substance abuse coverage	Group plans (including HMOs)	26.1-36-08
<b>Substance Abuse Disorder Inpatient Services</b>	Substance abuse coverage	Group plans (including HMOs)	26.1-36-08
<b>Preventive Care/Screening/Immunization</b>	Mammogram examination coverage	Individual, group plans (including HMOs)	26.1-36-09.1
<b>Preventive Care/Screening/Immunization</b>	Prostate-specific antigen test coverage	Individual, group plans (including HMOs)	26.1-36-09.6
<b>Reconstructive Surgery</b>	Breast reconstruction surgery	Individual, group plans (including HMOs)	26.1-36-09.11
<b>Dental Anesthesia</b>	Dental anesthesia and hospitalization coverage	Individual, group plans (including HMOs)	26.1-36-09.9
<b>Inherited Metabolic Disorder - PKU</b>	Foods and food products for inherited metabolic diseases	Individual, group plans (including HMOs)	26.1-36-09.7
<b>Off Label Prescription Drugs</b>	Coverage for off-label uses of drugs	Individual, group plans (including HMOs)	26.1-36-06.1

<b>Benefit</b>	<b>Name of Required Benefit</b>	<b>Market Applicability</b>	<b>Citation Number</b>
<b>Treatment for Temporomandibular Joint Disorders</b>	Coverage for treatment of certain disorders	Individual, group plans (including HMOs)	26.1-36-09.3