

Nebraska - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Delivery and All Inpatient Services for Maternity Care	New born child coverage	Individual, small group, large group	NE ST 44-710.19
Mental/Behavioral Health Outpatient Services	Mental health conditions coverage (must clearly indicate if not covered)	Individual, small group, large group	NE ST 44-793
Mental/Behavioral Health Inpatient Services	Mental health conditions coverage (must clearly indicate if not covered)	Individual, small group, large group	NE ST 44-793
Preventive Care/Screening/Immunization	Mammography screening	Individual, small group, large group	NE ST 44-785
Preventive Care/Screening/Immunization	Coverage for certain hearing screening tests	Individual, small group, large group	NE ST 44-796
Preventive Care/Screening/Immunization	Colorectal cancer screening	Individual, small group, large group	NE ST 44-7,102
Preventive Care/Screening/Immunization	Childhood immunizations	Individual, small group, large group	NE ST 44-784
Reconstructive Surgery	Breast reconstruction	Individual, small group, large group	NE ST 44-797
Dental Anesthesia	Dental care requiring hospitalization and general anesthesia	Individual, small group, large group	NE ST 44-798
Diabetes Care Management	Diabetes coverage	Individual, small group, large group	NE ST 44-790
Off Label Prescription Drugs	Off-label drugs for cancer and HIV/AIDS	Individual, small group, large group	NE ST 44-788