## **Rhode Island - State Required Benefits**

| Benefit   | Name of Required Benefit                        | Market Applicability  | Citation Number       |
|---|---|---|-----------------------|
| Infertility Treatment                                     | Infertility Services                            | Any nonprofit medical service contract, plan, or insurance policies delivered, issued for delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs | 27-20-20              |
| Home Health Care Services                                 | Home Health                                     | Applies to Accident & Sickness policies (UHC),<br>but not to NonProfit Medical Corporations<br>(BCBSRI)   | 27-18-3               |
| Inpatient Hospital Services (e.g., Hospital Stay)         | Mastectomy Treatment and<br>Hospital Stay       | All individual or group health insurance coverage and health benefit plans delivered  | 27-20-29 & 27-20-29.1 |
| Prenatal and Postnatal Care                               | Newborn Care                                    | All health benefit contracts which provide coverage for a family member of the insured or subscriber shall  | DBR Reg 23. V         |
| Delivery and All Inpatient Services for<br>Maternity Care | Maternity Hospital Stay                         | Every individual or group hospital or medical services plan   | 27-20-17.1            |
| Substance Abuse Disorder Outpatient Services              | Mental Health/SubstanceAbuse                    | Every health care insurer except contracts providing supplemental coverage to Medicare or other governmental programs   | 27-38.2               |
| Durable Medical Equipment                                 | Requires Coverage for Prosthetics and Orthotics | Every individual or group health insurance contract   | 27-20-52              |
| Hearing Aids  | Hearing Aids                                    | Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy  | 27-20-46              |
| Preventive Care/Screening/Immunization                    | Contraception                                   | Every individual or group health insurance contract, plan   | 27-20-43              |
| Preventive Care/Screening/Immunization                    | Mammograms and Pap Smears                       | Any nonprofit medical service plan  | 27-20-17              |
| Preventive Care/Screening/Immunization                    | Pediatric Preventive Care                       | Every health insurance plan providing coverage for a dependent or minor child, other than school policies   | 27-38.1-2             |

| Benefit                                | Name of Required Benefit                  | Market Applicability  | Citation Number       |
|--|---|---|-----------------------|
| Preventive Care/Screening/Immunization | Prostate and colorectal exams             | Any nonprofit medical service plan  | 27-20-44              |
| Preventive Care/Screening/Immunization | Smoking Cessation Programs                | Every individual or group health insurance contract, plan or policy   | 27-20-53              |
| Preventive Care/Screening/Immunization | Lead poisoning                            | Any general or blanket policy of accident or health insurance offered by an insurer except for supplemental policies which only provide coverage for specific diseases, hospital indemnity Medicare supplements, or other supplemental policies | 23-24.6-9             |
| Preventive Care/Screening/Immunization | Lyme Disease treatment                    | Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan   | 27-20-48              |
| Reconstructive Surgery                 | Mastectomy Treatment and<br>Hospital Stay | All individual or group health insurance coverage and health benefit plans delivered  | 27-20-29 & 27-20-29.1 |
| Clinical Trials                        | New Cancer Therapies                      | Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical service plan  | 27-20-27              |
| Diabetes Care Management               | Diabetes treatment                        | Every individual or group health insurance contract, plan   | 27-20-30              |
| Early Intervention Services            | Early Intervention Services               | Every individual or group hospital or medical expense insurance policy or contract providing coverage for dependent children  | 27-20-50              |
| Inherited Metabolic Disorder - PKU     | Enteral Formula                           | Every individual or group health insurance contract, or every individual or group hospital or medical expense insurance policy, plan, or group policy   | 27-20-56              |

| Benefit                          | Name of Required Benefit        | Market Applicability   | Citation Number |
|----------------------------------|---------------------------------|--|-----------------|
| Off Label Prescription Drugs     |                                 | Individual or group health insurance contracts; This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long-term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited benefit policies. | 27-55           |
| Transplant Surgery—Donor Charges | Human Leukocyte Antigen Testing | Every individual or group hospital or medical services plan contract   | 27-20-36        |
| Wigs                             |                                 | Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract   | 27-20-54        |