

North Dakota - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Emergency Room Services	Prehospital emergency medical services	Individual, group plans (including HMOs)	26.1-36-09.10
Prenatal and Postnatal Care	Involuntary complications of pregnancy coverage	Individual, group plans (including HMOs)	26.1-36-09.2
Delivery and All Inpatient Services for Maternity Care	Postdelivery coverage for mothers and newborns	Individual, group plans (including HMOs)	26.1-36-09.8
Mental/Behavioral Health Outpatient Services	Mental disorder coverage	Group plans (including HMOs)	26.1-36-09
Mental/Behavioral Health Inpatient Services	Mental disorder coverage	Group plans (including HMOs)	26.1-36-09
Substance Abuse Disorder Outpatient Services	Substance abuse coverage	Group plans (including HMOs)	26.1-36-08
Substance Abuse Disorder Inpatient Services	Substance abuse coverage	Group plans (including HMOs)	26.1-36-08
Preventive Care/Screening/Immunization	Mammogram examination coverage	Individual, group plans (including HMOs)	26.1-36-09.1
Preventive Care/Screening/Immunization	Prostate-specific antigen test coverage	Individual, group plans (including HMOs)	26.1-36-09.6
Breast Reconstructive Surgery	Breast reconstruction surgery	Individual, group plans (including HMOs)	26.1-36-09.11
Dental Anesthesia	Dental anesthesia and hospitalization coverage	Individual, group plans (including HMOs)	26.1-36-09.9
Inherited Metabolic Disorder - PKU	Foods and food products for inherited metabolic diseases	Individual, group plans (including HMOs)	26.1-36-09.7

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Off-Label Prescription Drugs	Coverage for off-label uses of drugs	Individual, group plans (including HMOs)	26.1-36-06.1
Temporomandibular Joint Disorder and Craniomandibular Disorder	Coverage for treatment of certain disorders	Individual, group plans (including HMOs)	26.1-36-09.3