

## Nebraska - State Required Benefits

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