

Ohio - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Emergency Transportation/Ambulance	Emergency response ambulance services	Individual, group	§ 3923.65
Prenatal and Postnatal Care	Maternity benefits	Individual, group	§ 1751.67
Mental/Behavioral Health Outpatient Services	Outpatient coverage for mental and emotional disorders	Group	§ 3923.28
Mental/Behavioral Health Inpatient Services	Hospitalization coverage for mental illness	Individual, group	§ 3923.27
Substance Abuse Disorder Outpatient Services	Outpatient, inpatient, and intermediate primary care benefits for alcoholism	Group	§ 3923.29
Substance Abuse Disorder Inpatient Services	Outpatient, inpatient, and intermediate primary care benefits for alcoholism	Group	§ 3923.29
Preventive Care/Screening/Immunization	Cytological screening (pap smear for cervical cancer)	Individual, group	§ 1751.62
Preventive Care/Screening/Immunization	Mammography	Individual, group	§ 1751.62, § 3923.52
Off-Label Prescription Drugs	Off-label prescription drugs	Individual, group	§ 1751.66