

## Rhode Island - State Required Benefits

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

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<b>Preventive Care/Screening/Immunization</b>	Prostate and colorectal exams	Any nonprofit medical service plan	27-20-44
<b>Preventive Care/Screening/Immunization</b>	Smoking Cessation Programs	Every individual or group health insurance contract, plan or policy	27-20-53
<b>Preventive Care/Screening/Immunization</b>	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
<b>Preventive Care/Screening/Immunization</b>	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
<b>Breast Reconstructive Surgery</b>	Mastectomy Treatment and Hospital Stay	All individual or group health insurance coverage and health benefit plans delivered	27-20-29 & 27-20-29.1
<b>Clinical Trials</b>	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
<b>Diabetes Care Management</b>	Diabetes treatment	Every individual or group health insurance contract, plan	27-20-30
<b>Early Intervention Services</b>	Early Intervention Services	Every individual or group hospital or medical expense insurance policy or contract providing coverage for dependent children	27-20-50
<b>Inherited Metabolic Disorder - PKU</b>	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

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<b>Off-Label Prescription Drugs</b>	Off label prescription cancer 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
<b>Transplant Surgery—Donor Charges</b>	Human Leukocyte Antigen Testing	Every individual or group hospital or medical services plan contract	27-20-36
<b>Transplant Surgery—Recipient Charges</b>	Bone Marrow Transplant	Every individual or group hospital or medical services plan contract	27-20-36
<b>Wigs</b>	Wigs	Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract	27-20-54