

Vermont - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Outpatient contraceptive services including sterilizations	Individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued or renewed for any person in this state by a health insurer, as defined by 18 V.S.A. § 9402. The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage	8 V.S.A. § 4099c
Home Health Care Services	Home health care	Individual and group health insurance expense policies and contracts issued by a nonprofit hospital corporation	8 V.S.A. § 4096
Emergency Room Services	Each MCO shall ensure access to emergency services 24 hours per day 7 days we week inside the health plan's service area, and coverage for such services whether the member is inside or outside the health benefit plan's usual serve are at the time such services are needed	HMOs	Rule H-2009-03
Prenatal and Postnatal Care	Newborn coverage	All insurance policies and subscriber contracts	8 V.S.A. § 4092
Chiropractic Care	Chiropractic services	Any individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued or renewed for any person in this state by a health insurer	8 V.S.A. § 4088a
Durable Medical Equipment	Prosthetic device	Any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, as well as Medicaid, the Vermont health access plan, and any other public health care assistance program offered or administered by the state or by any subdivision or instrumentality of the state. The term shall not include policies or plans providing coverage for specific disease or other limited benefit coverage	8 V.S.A. § 4088f

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Preventive Care/Screening/Immunization	Chronic care and prevention	All health plans; Health insurers as defined in 18 V.S.A. § 701 shall participate in the Blueprint for Health as specified in 18 V.S.A. § 706. In consultation with the director of the Blueprint for Health and the director of health care reform, the commissioner may establish procedures to exempt or limit the participation of health insurers offering a stand-alone dental plan or specific disease or other limited-benefit coverage. A health insurer shall be exempt from participation if the insurer offers only benefit plans which are paid directly to the individual insured or the insured's assigned beneficiaries and for which the amount of the benefit is not based upon potential medical costs or actual costs incurred	18 V.S.A. § 702
Preventive Care/Screening/Immunization	Mammograms	Individual, group, nonprofit hospital and medical service corporations, and health maintenance organizations. The term does not apply to coverage for specified disease or other limited benefit coverage	8 V.S.A. § 4100a
Preventive Care/Screening/Immunization	Child vaccine benefits	All insurers	8 V.S.A. § 4100d
Preventive Care/Screening/Immunization	Prostate screenings	All health insurers; does not apply to coverage for specified disease or other limited benefit coverage	8 V.S.A. § 4100f
Preventive Care/Screening/Immunization	Colorectal cancer screening	All health insurance plans, nonprofit hospital and medical services corporations, and HMOs. The term does not apply to coverage for specified disease or other limited benefit coverage	§ 4100g
Diabetes Care Management	Diabetes treatment	Any health insurance company, nonprofit hospital and medical service corporation, and health maintenance organization	8 V.S.A. § 4089c

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Mental Health Other	Mental health and substance abuse	Individual, group. <i>Note: A health insurance plan that does not otherwise provide for management of care under the plan, or that does not provide for the same degree of management of care for all health conditions, may provide coverage for treatment of mental health conditions through a managed care organization provided that the managed care organization is in compliance with the rules adopted by the commissioner that assure that the system for delivery of treatment for mental health conditions does not diminish or negate the purpose of this section.</i>	8 V.S.A. § 4089b
Clinical Trials	Clinical trials for cancer patients	Any individual or group health plan	8 V.S.A. § 4088b
Chemotherapy treatment	Chemotherapy treatment	Individual or group health insurance policy, hospital or medical service corporation service contract, or health maintenance organization health benefit plan offered, issued, or renewed in this state	8 V.S.A. § 4088c
Drugs Other	Orally administered anticancer medication	All health insurance plans, nonprofit hospital and medical services corporations, and HMOs. The term does not apply to coverage for specified disease or other limited benefit coverage	8 V.S.A. § 4100h
Autism Spectrum Disorders	Autism spectrum disorders for children	Individual, group	8 V.S.A. § 4088i
Nutrition/Formulas	Treatment of inherited metabolic diseases	Any health insurance company, nonprofit hospital and medical service corporation, managed care organization and health maintenance organization. The term does not apply to coverage for specified disease or other limited benefit coverage	8 V.S.A. § 4089e
Bones/Joints	Craniofacial disorders	Any health insurance policy or health benefit plan offered by a health insurer as defined in 18 V.S.A. § 9402. Health insurance plan includes any health benefit plan offered or administered by the state, or any subdivision or instrumentality of the state	8 V.S.A. § 4089g

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Outpatient contraceptive services including sterilizations	Outpatient contraceptive services including sterilizations	Individual or group health insurance policy, any hospital or medical service corporation or health maintenance organization subscriber contract or any other health benefit plan offered, issued or renewed for any person in this state by a health insurer, as defined by 18 V.S.A. § 9402. The term shall not include benefit plans providing coverage for specific disease or other limited benefit coverage	8 V.S.A. § 4099c
Off-Label Prescription Drugs	Coverage for off-label use	A health benefit plan offered, administered, or issued by a health insurer doing business in Vermont	8 V.S.A. § 4100e