Wisconsin - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care	Individual, Group, HMOs	609.79 and 632.895 (12)
Home Health Care Services	Home Health Care	Individual, Group	632.895(2)
Inpatient Hospital Services (e.g., Hospital Stay)	Kidney Disease	Individual, Group	632.895(4)
Hearing Aids	Cochlear Implants	Individual and group disability policies, except for disability policies that cover only certain specified diseases, a disability policy or self-insured health care plan that provides only limited-scope dental or vision benefits, a health care plan offered by a limited service health organization, or by a preferred provider plan that is not a defined network plan	632.895(16)
Preventive Care/Screening/Immunization	Child Immunizations	Individual, Group	632.895 (14)
Preventive Care/Screening/Immunization	Lead Screening	All health insurance policies, except for those issues by a limited service health organization	609.85 and 632.895 (10)
Preventive Care/Screening/Immunization	Mammography	Individual, Group	632.895(8)
Preventive Care/Screening/Immunization	Colorectal Cancer Screening	All disability insurance policies, except for disability policies that cover only certain specified diseases other than cancer, a disability policy or self-insured health care plan that provides only limited-scope dental or vision benefits, or a health care plan offered by a limited service health organization or by a preferred provider plan that is not a defined network plan	632.895 (16m
Breast Reconstructive Surgery	Breast Reconstruction	Group and individual policies, including HMOs, PPOs, and LSHOs	609.77 and 632.895 (13)

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Diabetes Care Management	Diabetes equipment and supplies	Group and individual policies, including HMOs, PPOs, and LSHOs	632.895(6)
Mental Health Other	Mental Health Parity	Group health benefit plans and self-insured health plans; individual health plans are not required to cover mental health or substance use disorder services; however, if coverage is provided, it must be at a parity level.	632.89
Newborn Services Other	Congenital Defects & Birth Abnormalities	Group, Individual	632.895(5)
Autism Spectrum Disorder	Autism Spectrum Disorder	All disability insurance policies and self-insured health plans of the state or of a county, city, town, village, or school district, except for disability policies that cover only certain specified diseases, a health care plan offered by a limited service health organization or by a preferred provider plan that is not a defined network plan, a long-term care insurance policy, or a Medicare replacement or a Medicare supplement policy.	40.51 (8), 66.0137 (4), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.), 632.855 (2) (intro.) 632.855 (3), and 632.855 (3) (bm), 632.87 (1), and 632.87 (6)
Clinical Trials	Coverage of Certain Health Care Costs in Cancer Clinical Trials	All health insurance policies	40.51 (8), 66.0137 (4), 120.13 (2) (g), 185.981 (4t), 185.983 (1) (intro.), 632.855 (2) (intro.) 632.855 (3), and 632.855 (3) (bm), 632.87 (1), and 632.87 (6)
Drugs Other	Drugs for Treatment of HIV Infection	All health insurance policies, except for those issued by a limited service health organization	632.895(9)
Temporomandibular joint disorder and craniomandibular disorder	TMJ Disorders	Group and individual policies, except dental-only and Medicare supplement policies, including HMOs, PPOs, and LSHOs	609.78 and 632.895 (11)
Dental Anesthesia	Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care	Group and individual policies, including HMOs, PPOs, and LSHOs	609.79 and 632.895 (12)

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Drugs Other	Contraceptive Coverage	Individual and group disability policies, except for disability policies that cover only certain specified diseases, a disability policy or self-insured health care plan that provides only limited-scope dental or vision benefits, a health care plan offered by a limited service health organization or by a preferred provider plan that is not a defined network plan, a long-term care insurance policy, a Medicare replacement or a Medicare supplement policy, or a short-term individual health benefit plan	632.895 (17)