

HAWAII – STATE REQUIRED BENEFITS

A Name of Required Benefit	B Market Applicability	C Year of Enactment	D Citation Number
Hospice care	Individual, small group, large group, HMO	Before 2012	431:10A-119 432:1-608 432D-23
In-vitro fertilization procedure	Individual, small group, large group, HMO	Before 2012	431:10A-116.5 432:1-604 432D-23
Mental health and alcohol and drug abuse treatment (policy coverage changed and parity enacted 2014; several sections repealed)	Individual, small group, large group, HMO	Before 2012	431M HAR 16-16 432D-23
Mammography	Individual, small group, large group, HMO	Before 2012	431:10A-116(4) 431:10A-116.2 432:1-605 432:1-605.5 432D-23
Contraceptive services	Individual, small group, large group, HMO	Before 2012	431:10A-116.6 431:10A-116.7 432:1-604.5 432D-23
Colon Cancer Screening; all health insurance providers in Hawaii must inform insured about risk of undiagnosed colorectal cancer and encourage consult about screening options	Individual, small group, large group, HMO	Before 2012	431:10A-122 432:1-617 432D-23
Child health supervision services - newborn to 5 years	Individual, small group, large group, HMO	Before 2012	431:10A-115.5 431:10A-206.5 432:1-602.5 432D-23
Chemotherapy services	Individual, small group, large group, HMO	Before 2012	432:1-616
Diabetes self-management training, education, equipment, and supplies if medically necessary, and prescribed by a healthcare professional	Individual, small group, large group, HMO	Before 2012	431:10A-121 432:1-612 432D-23
Medical foods and low protein modified food products; treatment of inborn error of metabolism	Individual, small group, large group, HMO	Before 2012	431:10A-120 432:1-609 432D-23
Coverage for specific services: visual: licensed physician or optometrist	Individual, small group, large group, HMO	Before 2012	431:10A-116(1) 432 - not covered 432D-23
Coverage for specific services: surgical or emergency: dentist	Individual, small group, large group, HMO	Before 2012	431:10A-116(2) 432 - not covered 432D-23
Telehealth- face to face contact with the provider not required (unless behavioral health, treating provider must be present for reimbursement for services); provider definition expanded Note: telemedicine redefined as telehealth 453-1.3	Individual, small group, large group, HMO	Before 2012	431:10A-116.3 432:1-601.5 432D-23.5
Cancer treatment	Individual, small group, large group, HMO	Before 2012	431:10A-126 432:1-616 432D-23

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Autism – policies issued or renewed after 1/1/16, policyholder and individuals under 14 covered for diagnosis and treatment of autism. Coverage for ABA maximum \$25,000 per year for age 13 and under	Individual, small group, large group, HMO	2012 or later	431:10 432:1 432D-23 (Act 235)
Orofacial Anomalies – coverage for orthodontic treatment resulting from birth defects as medical benefits up to \$5,500 per treatment phase for individuals under age 26	Individual, small group, large group, HMO	2012 or later	431:10 432:1 432D-23 (Act 213)
Insurer shall comply with applicable federal law; commissioner shall enforce consumer protections and market reforms of PPACA	Individual, small group, large group, HMO	Before 2012	431:10A-105.5 432:1-107 432D-28