

## ARIZONA – STATE REQUIRED BENEFITS

A Name of Required Benefit	B Market Applicability	C Year of Enactment	D Citation Number
Ambulatory surgery center coverage, if policy covers the surgery	Individual and Group Disability, HMDO	Before 2012	20-1402(A)(4)(d) 20-1342(A)(8)(d) 20-826(C)(4) AZ Administrative Code R20-6-1904 for HMOs
Home health care services, in lieu of hospitalization	Individual and Group Disability, HMDO	Before 2012	20-1402(A)(4)(b) 20-1342(A)(8)(b) 20-826(C)(2)
Emergency room services	Individual and Group Disability, HCSO/HMO, HMDO	Before 2012	20-2803 AZ Administrative Code R20-6-1904 for HMOs
Emergency transportation	Individual and Group Disability, HCSO/HMO, HMDO	Before 2012	20-2803 36-2201 AZ Administrative Code R20-6-1904 for HMOs
Maternity minimum stay, if policy covers maternity care	Individual and Group Disability and HMDO, if policy covers maternity care. Only HCSO/HMO must cover maternity care.	Before 2012	20-1402(B, C) 20-2321(F, G) 20-1342(B, C) 20-1057(R, S) 20-2321(F, G) 20-826(N, O) 20-2321(F, G)
Maternity care	HCSO/HMO	Before 2012	20-1054(A)(2) AAC R20-6-1904(D)
Autism treatment	For all, 51+: Group Disability, HCSO/HMO, HMDO	Before 2012	20-1402.03 20-1057.11 20-826.04 (Groups 51+)
Chiropractic services	Individual and Group Disability, HCSO/HMO	Before 2012	20-1376.01
Mammography screening	Individual and Group Disability, HCSO/HMO, HMDO	Before 2012	20-1402(A)(6) 20-1342(A)(10) 20-1057(J) 20-826(I) AZ Administrative Code R20-6-1904 for HMOs
Prescription contraceptives, if policy covers prescription drugs. Exemptions for certain employers.	Group Disability, HCSO/HMO, HMDO	Before 2012	20-1402(L-N) 20-2329 20-1057.08 20-2329 20-826(Y-AA) 20-2329
Rehabilitative speech therapy	HCSO/HMO	Before 2012	AZ Administrative Code R20-6-1904 for HMOs
Rehabilitative occupational and rehabilitative physical therapy	HCSO/HMO	Before 2012	AZ Administrative Code R20-6-1904 for HMOs
Well baby visits and care	HCSO/HMO	Before 2012	AZ Administrative Code R20-6-1904 for HMOs
Dialysis	HCSO/HMO	Before 2012	AZ Administrative Code R20-6-1904 for HMOs
Chemotherapy	HCSO/HMO	Before 2012	AZ Administrative Code R20-6-1904 for HMOs
Infusion therapy	HCSO/HMO	Before 2012	AZ Administrative Code R20-6-1904 for HMOs
Breast reconstructive surgery, if policy covers mastectomy.	Individual and Group Disability and HMDO, if policy covers mastectomy. Only HCSO/HMO must cover mastectomy.	Before 2012	20-1402(A)(5) 20-1342(A)(9) 20-1057(I) 20-826(H)

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Clinical trials, if policy covers "patient cost."	Individual and Group Disability and HMDO, if policy covers "patient costs." Only HCSO/HMO must cover "patient costs."	Before 2012	20-1402.01 20-2328 20-1342.03 20-1057.07 20-2328 20-826.01 20-2328
Diabetes equipment and supplies, if policy covers diabetes care.	Individual and Group Disability and HMDO, if policy covers diabetes care. Only HCSO/HMO must cover diabetes care.	Before 2012	20-1402(D,E) 20-2325 20-1342(D,E) 20-1057(T,U) 20-2325 20-826(P,Q) 20-2325
Medical foods, if policy covers prescription drugs	Individual and Group Disability, HCSO/HMO, HMDO	Before 2012	20-1402(H-K,N) 20-2327 20-1342(H-L) 20-1057(Y-DD) 20-2327 20-826(U-X,AA) 20-2327
Off-label prescription drugs for cancer, if policy covers prescription drugs	Individual and Group Disability, HCSO/HMO, HMDO	Before 2012	20-1402(F,G) 20-2326, 20-1342(F,G) 20-1057(V,W) 20-2326 20-826(R,S) 20-2326
Amino-acid based formulas, if policy covers prescription drugs	Individual and Group Disability, HCSO/HMO, HMDO	Before 2012	20-1402.02 20-2332 20-1342.05 20-1057.10 20-2332 20-826.03 20-233