

## NORTH DAKOTA – STATE REQUIRED BENEFITS

A Name of Required Benefit	B Market Applicability	C Year of Enactment	D Citation Number
Involuntary complications of pregnancy coverage	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.2
Postdelivery coverage for mothers and newborns	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.8
Mental disorder coverage	Group plans (including HMOs)	Before 2012	26.1-36-09
Substance abuse coverage	Group plans (including HMOs)	Before 2012	26.1-36-08
Mammogram examination coverage	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.1
Prostate-specific antigen test coverage	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.6
Coverage for treatment of certain disorders	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.3
Breast reconstruction surgery	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.11
Foods and food products for inherited metabolic diseases	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.7
Coverage for off-label uses of drugs	Individual, group plans (including HMOs)	Before 2012	26.1-36-06.1
Dental anesthesia and hospitalization coverage	Individual, group plans (including HMOs)	Before 2012	26.1-36-09.9