

VERMONT – STATE REQUIRED BENEFITS

A Name of Required Benefit	B Market Applicability	C Year of Enactment	D Citation Number
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	Before 2012	8 V.S.A. § 4099c
Home health care	Individual and group health insurance expense policies and contracts issued by a nonprofit hospital corporation	Before 2012	8 V.S.A. § 4096
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	Before 2012	Rule H-2009-03
Maternity coverage	All health insurers, non-profit hospital and medical service corporations, and health maintenance organizations transacting the business of insurance in Vermont.	Before 2012	Regulation 89-1, § 5
Autism spectrum disorders for children	Individual, group	Before 2012	8 V.S.A. § 4088i
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	Before 2012	8 V.S.A. § 4088a
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	Before 2012	8 V.S.A. § 4088f
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	Before 2012	8 V.S.A. § 4100a
Child vaccine benefits	All insurers	Before 2012	8 V.S.A. § 4100d
Prostate screenings	All health insurers; does not apply to coverage for specified disease or other limited benefit coverage	Before 2012	8 V.S.A. Â§ 4100f
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	Before 2012	§ 4100g
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	Before 2012	8 V.S.A. § 4088c
Clinical trials for cancer patients	Any individual or group health plan	Before 2012	8 V.S.A. § 4088b

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Diabetes treatment	Any health insurance company, nonprofit hospital and medical service corporation, and health maintenance organization	Before 2012	8 V.S.A. § 4089c
Coverage for off-label use	A health benefit plan offered, administered, or issued by a health insurer doing business in Vermont	Before 2012	8 V.S.A. § 4100e
Anesthesia for dental procedures performed on certain covered persons	Any health insurance policy or health benefit plan offered by a health insurer	Before 2012	8 V.S.A. § 4100i
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>	Before 2012	8 V.S.A. § 4089b
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	Before 2012	8 V.S.A. § 4100h
Tobacco cessation medications	Any health insurance policy or health benefit plan offered by a health insurer, 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	Before 2012	8 V.S.A. § 4100j
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	Before 2012	8 V.S.A. § 4089g
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	Before 2012	8 V.S.A. § 4089e
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	Before 2012	8 V.S.A. § 4099c