

WISCONSIN – STATE REQUIRED BENEFITS

A Name of Required Benefit	B Market Applicability	C Year of Enactment	D Citation Number
Hospital and Ambulatory Surgery Center Charges and Anesthetics for Dental Care	Individual, Group, HMOs	Before 2012	609.79 632.895 (12)
Home Health Care	Individual, Group	Before 2012	632.895(2)
Kidney Disease	Individual, Group	Before 2012	632.895(4)
Skilled Nursing Facility services	Individual	Before 2012	632.895(3)
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	Before 2012	40.51 (8) 66.0137 (4) 120.13 (2) (g) 185.981 (4t) 185.983 (1) (intro.) 632.855 (2) (intro.) 632.855 (3) 632.855 (3) (bm) 632.87 (1) 632.87 (6)
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	Before 2012	632.895(16)
Child Immunizations	Individual, Group	Before 2012	632.895 (14)
Lead Screening	All health insurance policies, except for those issues by a limited service health organization	Before 2012	609.85 632.895 (10)
Mammography	Individual, Group	Before 2012	632.895(8)
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	Before 2012	632.895 (16m)
TMJ Disorders	Group and individual policies, except dental-only and Medicare supplement policies, including HMOs, PPOs, and LSHOs	Before 2012	609.78 632.895 (11)
Breast Reconstruction	Group and individual policies, including HMOs, PPOs, and LSHOs	Before 2012	609.77 632.895 (13)
Coverage of Certain Health Care Costs in Cancer Clinical Trials	All health insurance policies	Before 2012	40.51 (8) 66.0137 (4) 120.13 (2) (g) 185.981 (4t) 185.983 (1) (intro.) 632.855 (2) (intro.) 632.855 (3) 632.855 (3) (bm) 632.87 (1) 632.87 (6)
Diabetes equipment and supplies	Group and individual policies, including HMOs, PPOs, and LSHOs	Before 2012	632.895(6)

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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.	Before 2012	632.89
Drugs for Treatment of HIV Infection	All health insurance policies, except for those issued by a limited service health organization	Before 2012	632.895(9)
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	Before 2012	632.895 (17)
Congenital Defects & Birth Abnormalities	Group, Individual	Before 2012	632.895(5)