

- 1 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the
2 presence of prostate cancer at least equal to the coverage required by
3 G.S. 58-51-58.
- 4 (3) Reconstructive breast surgery resulting from a mastectomy at least
5 equal to the coverage required by G.S. 58-51-62.
- 6 (4) For a qualified individual, scientifically proven bone mass
7 measurement for the diagnosis and evaluation of osteoporosis or low
8 bone mass at least equal to the coverage required by G.S. 58-3-174.
- 9 (5) Prescribed contraceptive drugs or devices that prevent pregnancy and
10 that are approved by the United States Food and Drug Administration
11 for use as contraceptives, or outpatient contraceptive services at least
12 equal to the coverage required by G.S. 58-3-178, if the plan covers
13 prescription drugs or devices, or outpatient services, as applicable. The
14 same exceptions and exclusions as are provided under G.S. 58-3-178
15 apply to standard plans developed and approved under G.S. 58-50-125.
- 16 (6) Colorectal cancer examinations and laboratory tests at least equal to
17 the coverage required by G.S. 58-3-179.
- 18 (b) Notwithstanding G.S. 58-50-125(c), in developing and approving the plans
19 under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to
20 cost-effective and life-saving health care services and to cost-effective health care
21 providers."

22 **SECTION 3.** This act becomes effective January 1, 2002, and applies to all
23 health benefit plans that are delivered, issued for delivery, or renewed on and after that
24 date. For the purposes of this act, renewal of a health benefit plan is presumed to occur
25 on each anniversary of the date on which coverage was first effective on the person or
26 persons covered by the health benefit plan.