

§ 58-65-150. Construction of Chapter as to single employer plans; associations exempt.

(a) Nothing in this Article and Article 66 of this Chapter shall be construed to affect or apply to dental, health care, medical, or vision service plans which limit their membership to employees and the immediate members of the families of the employees of a single employer or his or its subsidiary or subsidiaries and which plans are operated by such employer of such limited group of the employees.

(b) Nothing in this Article and Article 66 of this Chapter [shall] be construed to affect or apply to any nonstock, nonprofit medical service association which was, on January 1, 1943, organized solely for the purpose of, and actually engaged in, the administration of any medical service plan in this State upon contracts and participating agreements with physicians, surgeons, or medical societies that underwrite the medical service plan by contributing their services to members of the association upon agreement with the association as to the schedule of fees to apply and the rate and method of payment by the association from the common fund paid in periodically by the members for medical, surgical and obstetrical care.

(c) All service plans described in subsection (a) of this section and all medical service associations described in subsection (b) of this section are exempt from the provisions of this Article and Article 66 of this Chapter.

(d) The Commissioner of Insurance may require from any full-service or single-service plan or medical service association any information necessary to enable the Commissioner to determine whether the service plan or medical service association is exempt from the provisions of this Article and Article 66 of this Chapter. (1941, c. 338, s. 18; 1943, c. 537, s. 10; 1947, c. 140; 1961, c. 1149; 2021-169, s. 1.)